2025 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.

2025

Accommodations Tax Funds Request Application

Date Received: 09/05/2024 Time Received: 06:25 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 6, 2024

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:

Event Date: Various

award@exploremitchelville.org

Contact Phone: 843-255-7301

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Event Location: Historic Mitchelville Freedom Park /

Locations TBD

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) 2025 Blues and BBQ, 4) 2025 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: 34,240

A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.

B. Total Number of Physical Visitors Served: 14,675

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: 19,896

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): 68,811

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. HMFP uses Placer A.I. software to also calculate the number of people that come on the Park site on a weekly and monthly basis. Numbers are determined by the total visitation juxtaposed with guided tours, events and school visits.

The Holiday Nights and Lights continues to be a key event for HMFP with **3,000** people in attendance over a three-day period with **1,800** tourists participating according to the donation cards passed out at the entrance and collected at the exit. The States represented in the data were: Florida, Georgia, Louisiana, Kentucky, Mississippi, New York, New Jersey, North Carolina, Ohio, Pennsylvania and Tennessee.

The Freedom Day program highlighting Aunt Pearlie Sue and the Gullah Kinfolk had **250** people in attendance.

HMFP celebrated the 10th Annual Juneteenth Celebration with a week's worth of programming. The organization brought back the Mitchelville 5k on June 8th with **150** people in attendance. Our program with Hilton Head Audubon brought **200** enthusiasts to Harriet Tubman Way. The annual sleepover with Joseph McGill from the Slave Dwelling Project continues to grow with **50** people in the Park. The Juneteenth Drum Circle on June 14th brought **250** people to the Park to kick off the celebration. welcomed **1,530** people back to the Park for the annual Juneteenth celebration at the Park on June 15th. The states represented at the Juneteenth Event were Alabama, Florida, Georgia, Kentucky, Michigan, New York, New Jersey, North Carolina, Ohio, Pennsylvania, and Virginia.

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 **2,068** scans since January 2024 (over **9,700** total) with tourists ranging from 33 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** and **Mexico**

We reached **1,924** school aged children with the Ho'Well Do You Know Hilton Head History Hike, The Griot's Corner literacy program in the Park and specialized tours. HMFP also welcomed **490** people through bike tours during this time frame.

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 68,811 people with the out of area percentage reaching 71%.

B. DESCRIPTION OF OPERATIONS:

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

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

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

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

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

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

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

Total \$190,000

Please refer to section B7 for more details about programming.

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

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

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

HMFP events, such as Juneteenth and Holiday Nights and Lights (**5,305 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 2025. 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, **\$1,809,926.40**.

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

1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	57	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	35	%
3 - Tourism-Related Facilities Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.	8	%
4 - Tourism-Related Public Services The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.	0	%
5 - Tourist Public Transportation Tourist shuttle transportation.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
7 - Operation of Visitor Information Centers Operating visitor information centers.	0	%

Total:

100 %

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

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

HMFP is working with the Association of African American Museums, the Southeastern Museums Conference and the Association for the Study of African American Life and History to promote the Park as construction begins in the Park. In addition, HMFP is working with the National Park Service Reconstruction Monument and the International African American Museum on program partnerships. HMFP enjoys meaningful relationships with the Smithsonian Institution, specifically, the National Museum of African American History and Culture and the National Museum of American History that will continue to lift the profile of our site. HMFP is engaged with the National Museum of American History to assist them in presenting an important exhibition on Gullah artifacts from the Lowcountry that will go on display at the facility in 2026.

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 eleventh 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.

Blues and BBQ marks its seventh annual appearance on the HMFP calendar in March 2025 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 our anniversary 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 during the first weekend of

December. The "HMFP" branding effort/project marketing will promote our "Ghosted Structures" that were unveiled in June 2024 and the upcoming 4000 square foot "Archaeological Research Facility / Auditorium" scheduled to open on the Park site at the end of 2025. In addition, HMFP will add promotional materials, collateral pieces, as well as signage in the Park that will improve interpretation for our visitors, collect important demographic information and support docents telling the story of Mitchelville.

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1.	Please describe	how the	organization	is currentl	y 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 fundin	q

38	Government Sources	36.3	and Grants
15.8	Corporate Support, Sponsors	3.5	Membership, Dues, Subscriptions
5.8	Ticket Sales, or Sales and Services	0.6	Other

3. Has the organization	requested other	ATAX or any	other funding fr	om other pu	ublic sources or
organizations?					

Yes <u>X</u> No ___

If so, please list top 3 sources and amounts.

Beaufort County ATAX

\$35,000.00

South Carolina Department of Parks, Recreation, and Tourism Advertising Grant

\$31,000.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Provided: Yes

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

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2022- Previous FY 1 2023- Previous FY 1

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

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2023 - Previous FY 1

2022 - Previous FY 1

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2020 - Previous FY 1

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

application.

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

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

F. MEASURING EFFECTIVENESS:

If you received 2023 or 2024 HHI ATAX funds

1. List any ATAX award amounts received in 2023 and/or 2024.

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)
2024	\$190,000.00	Historic Mitchelville Freedom Park - Various Projects

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

The Historic Mitchelville Freedom Park received an ATAX award in the amount of \$190,000 for 2024. The Holiday Nights and Lights boasted 3,000 people (a 6.6% increase from the previous year) over a three-day period with 1,800 tourists participating according to the donation cards passed out at the entrance and collected at the exit. The States represented in the data were: Florida, Georgia, Louisiana, Kentucky Mississippi, New York, New Jersey, North Carolina, Ohio, Pennsylvania and Tennessee. The Freedom Day program highlighting Aunt Pearlie Sue and the Gullah Kinfolk had 250 people in attendance. HMFP welcomed 1,530 people (an 8.5% increase from 2023) to the tenth annual Juneteenth celebration on June 15th and 2,305 people during the full week of Juneteenth events. The states represented during Juneteenth: Alabama, Florida, Georgia, Kentucky, Michigan, New York, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee and Virginia. The HMFP QR code stations yielded 2,068 scans with tourists ranging from over 33 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, 2024.

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 extend our "Dawn of Freedom" docent tours to two days a week (Tuesday and Thursday mornings at 10:00am) where we connected with **1,100** visitors /tourists (an increase of **45%** from last year) from all over the nation. Coupled with the promotion of the new Ghosted Structures in the Park, the overall profile of the organization continues to increase. Our metrics suggest that this will lead to more cultural heritage travelers attending the 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 are drawing 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 and YouTube.

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 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: 843-255-7301

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 2024*

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS When possible, provide planned results vs. actual results, and/or current year vs. prior year results .
Purchase strategic marke	eting management services			
Printing, Brand strategy, Media relations/ coordination, Website update, Defined branding effort for creation of Historic Mitchelville Freedom Park with new logo material. Demographic software	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 AYA logo and Historic Mitchelville Freedom Park launch.	\$75,000	\$47,000	Strategic marketing for Freedom Day / Griot's Corner / Blue and BBQ, Finding Freedom's Home, Ghosted Structures and expanded tours in the Park. Full page ads in CH2 magazine / USA Today. Implementation of Placer. A.I software that assists in tracking visitors to the Park, visitor demographics including education, salary and other interests. Website: January - September 2024 / Visits: 34K,. Returning: 2.6k. New Users: Referrals: 1.2k / Organic: 900 / Direct:: 1.3k
Social Media	Maintenance and updating of social media: Facebook, Pinterest, Twitter and Blogs, surveys and data reports	\$30,000	\$23,000	Facebook Reach - 339,000. Instagram Reach 14,000 with a 30.4% increase in reach from last year. Social media reach for Juneteenth, Freedom day and Blues and BBQ programs - 104,420
Total		\$105,000	\$70,000	
Implementation of key p	rogramming			•

ATAX EFFECTIVENESS MEASUREMENT

TOPIC	THE PLAN	1	BUDGET	ACTUAL SPENT	RESULTS When
					possible, provide planned results vs. actual results, and/or
					current year vs. prior year results .
Juneteenth Celebration, Dawn of Freedom Tours Mitchelville Anniversary	Event services, contractors, materials for tours/presentations, venue expenses, Event permitting, Juneteenth and group tours transportation.	\$	70,000.00	\$70,000	Blues and BBQ took place in the Park with 250 people in attendance; Juneteenth Celebration - 1,530 people from 14 different states - Overall Juneteenth week 15% increase from 2022. Dawn of Freedom guided tours welcomed 1,100 people to HMFP. Tourists made up 62% of participation. Holiday Nights and Lights boasted 3,000 people in attendance over a three-day (six hours)period. The Finding Freedom's Home exhibition still reached 25,000 tourists as of August 30, 2024. The Anniversary Forum Film Series scheduled for October 23-24 will take place at the Hilton Head Island USCB Campus. Expected attendance - 200.
Total		\$	70,000.00	\$70,000	
		,		7.0,000	
Park site maintenance an	d updates				
Park site maintenance, Park updates Event Insurance, Liability /Event Insurance		\$	15,000.00	\$ 15,000.00	Maintenance of / Insurance for Historic Mitchelville Freedom Park. Enabled organization to protect the interests of Historic Mitchelville Freedom Park and our patrons. Most site maintenance scheduled for later part of year. Renewal for General Liability / Event/ Terrorism Insurance

15,000.00 \$

15,000.00

Total Budget to Actual \$190,000.00 \$155,000.00

Total

\$

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:

HMFP Board Meeting Minutes – May 15, 2024

Present – Omolola Campbell (Board Chair), Herbert Ford (Vice Chair), Erin Erenberg (Secretary), Napoleon Nelson (Treasurer), Hester Hodde, Bill Patterson, Sonya Grant, Ahmad Ward, Meghan Gregory, Latrice Campbell, Eric Washington and Joyce Wright. **Absent** – Michael Tighe, Sharon Sanders-Funnye, and Andrea Guess

Call to Order: Lola Campbell opened the meeting at 4:03pm

- Lola extender kudos to Ahmad and staff working on the progress of the structures in the park.
- Chair sent board member, Dr. Andrea Grant-Guess a letter stating removal from board due to missing board meetings. This is in accordance with BY-LAWS 3.5 REMOVAL OF DIRECTORS and 7.4 REMOVAL OF OFFICERS. Current board members will vote at the June meeting.

Motion for acceptance of April 2024 board meeting minutes, May agenda and committee reports that were submitted. Clinton Hallman motion & Erin Erenberg second. It was approved unanimous.

Finance – Meghan Gregory/Napoleon Nelson

- A \$4K difference; slight change from March report.
- Actuals we are 1/3 through the year; negative is smaller than previously. TOHH MOU disbursement was approved at \$105K and mailed 5/17/24 and will cover the negative margin.
- Blue and BBQ Fundraiser income = \$54,656.13; Operation = \$33,692.
- Will be receiving \$105K from the Town of Hilton Head.
- Ahmad suggested to have Don Stephenson, Development Officer, to join the next board meeting to give us insight on citizens campaign. Committee will also present in the upcoming meetings the latest projections and actuals regarding the capital campaign.

Executive Director Report – Ahmad Ward

• Will probably get \$1 million from the upcoming State budget. Heather Rath sent a preliminary request for earmarks from Senator Graham for \$1 to \$2 million for Capital Projects.

- HMFP received the 2024 allotment of \$50,000 from the De Sole Foundation. This is a three-year pledge to support Historic Mitchelville Freedom Park Capital Campaign. \$200,000goes toward the Interpretive Center and \$250,000 towards the Gallery program.
- **Donations / Program / Campaign** income received since the April meeting: \$57,768.02 (includes some Blues and BBQ payments and Beaufort County ATAX initial payment of \$17,500. We will receive the balance after expenditure of the \$35,000 award)

• Programming Events:

• Our 10^{th} Anniversary Juneteenth Celebration is set for June 8-15, 2024 with a full week of festivities. There is a 5K on June 8^{th} that will start the program. The next week features a youth day, a program with the Audabon Society, a "kickoff" at Ruby Lee's, the Sleepover, Drum Circle and then the Saturday festival that will feature The S.O.S. Band as the headliner. Tickets are on sale now! Because it is our 10th anniversary, all adult tickets will be \$10.

Organizational Strategy

- The Ghosted Structures installation has been completed. There are some grading efforts that need to happen and some limited application of concrete to shore up two structures, but these are simple jobs that will be completed before our scheduled Ribbon Cutting on June 7th at 10AM in the Park.
- The Ribbon Cutting on June 7th will consist of a press conference at 10AM and then participants will be able to tour the new area. We are inviting representatives from Town, County and State Government as well as former Board members, community leaders, Advisory Council members, and friends of the organization. Speakers will include our Board Chair, our Campaign Chair, Peaches Peterson, Senator Tom Davis and Mayor Alan Perry.

We are contracting with S&ME (https://www.smeinc.com/) to conduct an archaeological survey in the area where the **Classroom/Archaeological Lab Building** will be constructed. Permits for brush clearing have been submitted and the survey should begin in June. We should have a preliminary design for the building from Pearce Scott Architects very soon.

- Heather Rath and I will be meeting with Town Manager, Marc Orlando to discuss money that will be available in Capital Improvement Projects, to see if we can convince the Town to fund the construction of the General Store replica in the Master Plan document.
- June 4th, the Town Council will present Juneteenth Proclamation.

Executive Director, requested permission from the board to apply for ATAX funds next year. The board motion to approve Executive Director to apply for ATAX funds next year. Eric Washington moved & Erin Erenberg seconded. It was approved unanimous.

Clinton Hallman suggested a timeline for a construction of classroom/lab building. A schedule from Shoreline on a monthly basis.

Governance Report – Eric Washington – No Report

Nomination Report – Herbert Ford

• No report. Herbert expects to have candidates for review at the June meeting.

Development Report – Clinton Hallman

• No report. Thanked the board for the feedback on the Board Member Welcome Letter.

Marketing – Hester Hodde/Sonya Grant

• Hester Hodde

Hester reviewed books at Barnes and Nobels, Local Culture & History Section to find anything on Mitchelville. The book, South Country Lowcountry is published by Arcadia Publishing Company. Hester will contact the publishing company to see if they would consider doing a piece on Mitchelville.

Erin mentioned a children's book called Who Is, What Was. She will research using her contacts to see if they would be interested in doing a piece on Mitchelville.

Old Business – None

New Business - None

Meeting ended 5:11pm. NOTE: Next meeting will be June 20th, Zoom Only.

Historic Mitchelville Freedom F	ark		2025
REVENUES			
Grants (Regional)			256,000
Crante (regional)			200,000
Donations / Citizenships (member	ership)		200,000
Management Agreement - TOHH	1		105,000
Grants (Organizational)			172,500
Grants (Grganizational)			172,500
Program Income			50,000
Individual Business Contributions	S & Sponsorships Corporate Sponsorships	o rahin	455,000
		orsnip 202416 members	155,000 16,000
	Board Fledges	at \$1,000	10,000
		αι ψ1,000	
Gifts-in-kindRental Space HMF			14,000
Miscellaneous Revenue (tours, e	tc.)		7,000
Investment Income			
investment income	Interest - CD		1,500
	Interest 65		1,000
TOTAL RECEIPTS			977,000
EXPENSES			
Staff - Paid Event / Program Sta	ff		346,000
Program Costs (speakers/venue/			153,750
(2)			
Marketing (programs)			79,000
Fundraising costs			75,000
Grant Preparation /Lobbying/Con General Project marketing	isuitation		42,000 35,000
Promotion of Master Plan (print,	displays direct marke	ting)	20,000
Payroll Taxes	aiopiayo, airoot marko		16,000
Conferences/Natl. Meetings/Wor	kshops		16,000
Trash removal (Park)			15,000
Park maintenance & updates			15,000
Rent, Parking & Utilities HMFP O	iffices		14,000
Audit Fees Misc. Indirect Program Costs			13,300
Donor software and associated of	nete		13,000 12,500
Benefits (Insurance / 401k / Dent			12,250
Group Management Systems Ad			9,500
Accounting fees			9,000
Educational Outreach/Curriculum			8,000
Property / Terrorism / Liability Ins			8,000
		1	7,500
Dues / Memberships and Subscr	iptions		7,000
Dues / Memberships and Subscr Bookkeeping fees	riptions		7,000 5,000
Dues / Memberships and Subscr Bookkeeping fees Hospitality	iptions		5,000
Dues / Memberships and Subscr Bookkeeping fees	iptions		5,000 5,000
Dues / Memberships and Subscr Bookkeeping fees Hospitality Board Retreat / Training			5,000 5,000 5,000
Dues / Memberships and Subscr Bookkeeping fees Hospitality Board Retreat / Training Park Utilities			5,000

Technology upgrades for Project	3,000
Legal Counsel	3,000
Rotary fees	3,000
Organizational Supplies	2,500
Storage	2,500
Web site hosting	2,000
Printing and Copying Expenses	2,000
Postage, Mailing Service	2,000
Professional Fees - Chamber of Commerce	1,500
County Property Tax	700
Online Payment System Fees	500
Admin Fees - Community Foundation	500
PayPal fees	500
Total	977,000
Revenue Over (Under)	0

Statement of Financial Position

As of September 5, 2024

	TOTAL
SSETS	
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	321,297.34
10500 South State Capital Acct	2,000.00
10600 South State Sweep Acct	2,126,973.96
Total Bank Accounts	\$2,749,835.22
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	
MOU TOHH 2021	0.00
Total Unrestricted Board Pledges Receivable 2021	0.00
Total Pledge Receivables	0.00
Total Accounts Receivable	\$0.00
Other Current Assets	
MOU Town of HHI	0.00
Prepaid Expenditures	0.00
Prepaid Expenditures-Anniversary Forum	0.00
Prepaid Expenditures-Blues and BBQ	
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	
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	\$185,000.00

Statement of Financial Position

As of September 5, 2024

	TOTAL
Total Current Assets	\$2,934,835.22
Fixed Assets	
Furniture and Equipment	36,965.09
Signage	2,655.00
zAccumulated Depreciation	-31,329.11
Total Fixed Assets	\$8,290.98
Other Assets	
Collections-Exhibits	10,000.00
Total Other Assets	\$10,000.00
TOTAL ASSETS	\$2,953,126.20
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	32,356.31
Total Accounts Payable	\$32,356.31
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
Employee Benefits Payable	0.00
Employee medical payable	0.00
Total Employee Benefits Payable	0.00
Payroll Tax Payable	0.00
FICA/Med taxes payable	0.00
FIT Payable	0.00
State withholding taxes payable	0.00
Total 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
Workers Comp Payable	0.00
Total Other Current Liabilities	\$0.00

Statement of Financial Position

As of September 5, 2024

	TOTAL
Total Liabilities	\$32,356.31
Equity	
Net Assets With Donor Restrictions	69,795.48
Capital Campaign	97,850.00
MAGIC Project	50,000.00
Total Net Assets With Donor Restrictions	217,645.48
Net Assets Without Donor Restrictions	3,235,005.51
Opening Balance Equity	-757.32
Net Revenue	-531,123.78
Total Equity	\$2,920,769.89
TOTAL LIABILITIES AND EQUITY	\$2,953,126.20

Statement of Financial Position

As of December 31, 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	162,652.71
10500 South State Capital Acct	2,000.00
10600 South State Sweep Acct	2,808,973.34
Total Bank Accounts	\$3,273,189.97
Accounts Receivable	
Pledge Receivable - Blues and BBQ	0.00
Pledge Receivables	5,000.00
Total Accounts Receivable	\$5,000.00
Other Current Assets	
MOU Town of HHI	0.00
Prepaid Expenditures	0.00
Prepaid Property Insurance	0.00
TOHH A-Tax Receivable	185,000.00
Uncategorized Asset	0.00
Total Other Current Assets	\$185,000.00
Total Current Assets	\$3,463,189.97
Fixed Assets	
Furniture and Equipment	36,965.09
Signage	2,655.00
zAccumulated Depreciation	-28,560.08
Total Fixed Assets	\$11,060.01
Other Assets	
Collections-Exhibits	10,000.00
Total Other Assets	\$10,000.00
TOTAL ASSETS	\$3,484,249.98

Statement of Financial Position

As of December 31, 2023

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	\$32,356.31
Credit Cards	
South State Bank CC	0.00
Total Credit Cards	\$0.00
Other Current Liabilities	\$0.00
Total Current Liabilities	\$32,356.31
Total Liabilities	\$32,356.31
Equity	
Net Assets With Donor Restrictions	69,795.48
Capital Campaign	97,850.00
MAGIC Project	50,000.00
Total Net Assets With Donor Restrictions	217,645.48
Net Assets Without Donor Restrictions	587,865.37
Opening Balance Equity	-757.32
Net Revenue	2,647,140.14
Total Equity	\$3,451,893.67
TOTAL LIABILITIES AND EQUITY	\$3,484,249.98

Statement of Financial Position As of December 31, 2022

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

LIABILITIES AND EQUITY

Liabilities

Statement of Financial Position As of December 31, 2022

	TOTAL
Current Liabilities	
Credit Cards	
South State Bank CC	0.00
Total Credit Cards	\$0.00
Other Current Liabilities	
Accounts Payable	10,991.05
Deferred Revenue - Blues and BBQ	0.00
Payroll Tax Payable	0.00
Unearned or Deferred Revenue	0.00
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
OTAL LIABILITIES AND EQUITY	\$989,426.31

Statement of Activity

January 1 - September 5, 2024

	TOTAL
Revenue	
40000 CONTRIBUTIONS, GIFTS & GRANTS	
40100 Government Grants - Local	
40110 Beaufort County ATax	17,500.00
40130 TOHH - ATAX 2023	83,740.22
40140 TOHH - ATAX 2024	154,080.46
Total 40100 Government Grants - Local	255,320.68
40200 Government Grants - State	
40210 SCPRT Grant	7,183.75
Total 40200 Government Grants - State	7,183.75
40300 Direct Public Support	
40310 MOU with Town Of HHI	105,000.00
40320 Gifts in Kind - Rental Space	4,666.72
Total 40300 Direct Public Support	109,666.72
40400 Direct Public Grants	
40410 Breedlove Foundation - Grant	24,250.00
40430 Various Public Grants	50,000.00
Total 40400 Direct Public Grants	74,250.00
40500 Contributions - Individual & Business	33,000.66
Total 40000 CONTRIBUTIONS, GIFTS & GRANTS	479,421.81
41000 PROGRAM INCOME	
41020 Misc Tour & Special Events Revenue	5,780.90
41100 Juneteenth Celebration	6,324.00
41110 Juneteenth Celebration Admissions	6,439.64
41120 Juneteenth Celebration -Donation	191.00
41130 Juneteenth Celebration - Sponsors	4,700.00
41140 Juneteenth Celebration -Vendor Payments	1,326.80
41150 Merchandise Sales	386.18
Total 41100 Juneteenth Celebration	19,367.62
41200 Misc Program Income	100.00
Total 41000 PROGRAM INCOME	25,248.52
42000 FUNDRAISING INCOME	
42100 Blues and BBQ	55,256.13
42200 Capital Campaign	131,000.00
Total 42000 FUNDRAISING INCOME	186,256.13

Statement of Activity

January 1 - September 5, 2024

	TOTAL
43000 INVESTMENT INCOME	68,915.37
Total Revenue	\$759,841.83
GROSS PROFIT	\$759,841.83
Expenditures	
60000 MANAGEMENT & ADMINISTRATION	
60010 Bank Fee	1,090.00
60015 Board Retreat and Training	100.80
60020 Conference, Convention, Meeting	7,997.00
60025 Donor Software Costs	790.44
60030 Dues and Subscriptions	4,048.53
60040 Insurance Expense	2,418.67
D&O, Liability, Exhibit Expense	698.00
Liability/Event/Terrorism Insurance	1,573.50
Total 60040 Insurance Expense	4,690.17
60045 Interest Expense	652.49
60050 Legal Counsel	156.25
60055 Office/Organizational Supplies	3,069.32
60060 Postage, Mailing Service	575.14
60065 Printing/Copying Expense	222.56
60070 Project Travel Costs	131.17
60075 Property Taxes	326.43
60080 Technology Upgrades	12,465.38
61000 Facilities and Equipment	27,859.34
62000 Consultants/Contract Labor	121,209.68
63000 Payroll Expenses	
63100 Administrative Asst	13,337.60
63200 Director of Finance	43,000.00
63300 Director of Programs	40,000.00
63400 Executive Director	65,992.80
63500 Payroll Processing Fee	5,010.85
63600 Payroll Taxes	12,383.21
63700 Workers Comp Expense	194.80
63800 Employee Benefits Expense	8,067.02
63801 Ahmad HSA Reimbursement	7,750.00
Total 63800 Employee Benefits Expense	15,817.02
Total 63000 Payroll Expenses	195,736.28
Constant Contact	693.36
Total 60000 MANAGEMENT & ADMINISTRATION	381,814.34
70000 FUNDRAISING EXPENSES	
70050 Blues and BBQ Marketing	4,525.00
70100 Blues and BBQ Operations	34,439.08
70150 Compass Group - Fundraising Exp	78,750.00

Statement of Activity

January 1 - September 5, 2024

	TOTAL
70200 Fundraising Event Exp - Hosp/Misc	241.98
Total 70000 FUNDRAISING EXPENSES	117,956.06
71000 PROGRAM SERVICES EXPENSE	
71110 Archaeology Project	25,000.00
71120 Educational Outreach/Curriculum Dev	2,500.00
71130 Misc Indirect Program Costs	8,559.92
71135 Hospitality	2,819.73
Total 71130 Misc Indirect Program Costs	11,379.65
71200 Program Marketing	147,682.74
71500 Program Costs	127,047.55
Misc Indirect Program Expense	0.00
Total 71000 PROGRAM SERVICES EXPENSE	313,609.94
80000 Capital Expense	477,585.27
Total Expenditures	\$1,290,965.61
NET OPERATING REVENUE	\$ -531,123.78
NET REVENUE	\$ -531,123.78

Note

Capital Expenses of \$477,585.27 and Compass Group expenses of \$78,750.00 are not real operational costs and derive from HMFP Capital Projects budget. The actual Net Revenue for this time period is \$25,211.49

Statement of Activity

	TOTAL
Revenue	
40000 CONTRIBUTIONS, GIFTS & GRANTS	
40100 Government Grants - Local	
40110 Beaufort County ATax	35,000.00
40120 TOHH - ATAX 2022	71,015.24
40130 TOHH - ATAX 2023	243,598.54
Total 40100 Government Grants - Local	349,613.78
40200 Government Grants - State	
40210 SCPRT Grant	1,228,940.48
Total 40200 Government Grants - State	1,228,940.48
40300 Direct Public Support	
40320 Gifts in Kind - Rental Space	7,000.08
Total 40300 Direct Public Support	7,000.08
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	11,738.72
40510 Board Pledges	6,400.00
40520 Donations & Memberships - Individuals	202,158.03
40530 Corporate Contributions	1,619.00
Total 40500 Contributions - Individual & Business	221,915.75
Total 40000 CONTRIBUTIONS, GIFTS & GRANTS	3,082,470.09
41000 PROGRAM INCOME	
41020 Misc Tour & Special Events Revenue	5,383.00
Juneteenth Celebration	10,578.73
Total 41000 PROGRAM INCOME	15,961.73
42000 FUNDRAISING INCOME	
42100 Blues and BBQ	
Blues and BBQ Admissions	5,938.31
Blues and BBQ Donations	47,692.16
Total 42100 Blues and BBQ	53,630.47
42200 Capital Campaign	770,500.00
Total 42000 FUNDRAISING INCOME	824,130.47
43000 INVESTMENT INCOME	
43200 Interest - SouthState Checking	352.72
43300 Interest - SouthState Capital Acct	15,122.00
43400 Interest - Sweep Acct	62,426.84
Total 43000 INVESTMENT INCOME	77,901.56
Total Revenue	\$4,000,463.85
GROSS PROFIT	\$4,000,463.85
Expenditures	

Statement of Activity

	TOTAL
60000 MANAGEMENT & ADMINISTRATION	
60010 Bank Fee	640.00
60011 Late Fee/Penalty	891.66
Total 60010 Bank Fee	1,531.66
60020 Conference, Convention, Meeting	13,114.10
60025 Donor Software Costs	10,283.29
60030 Dues and Subscriptions	1,372.60
60032 Museum Associations/Orgs	3,350.00
60033 Rotary Fees	1,425.00
Total 60030 Dues and Subscriptions	6,147.60
60040 Insurance Expense	
D&O, Liability, Exhibit Expense	698.00
Liability/Event/Terrorism Insurance	5,851.30
Total 60040 Insurance Expense	6,549.30
60045 Interest Expense	1,513.90
60050 Legal Counsel	137.50
60055 Office/Organizational Supplies	3,796.78
60060 Postage, Mailing Service	1,286.26
60075 Property Taxes	642.25
60080 Technology Upgrades	10,435.78
61000 Facilities and Equipment	
61050 Depr and Amort - Allowable	3,692.04
61100 Donated Facilities	7,000.08
61150 Park Maintenance & Updates	25,200.00
61200 Park Utilities	1,741.00
61300 Public Storage - Archaeology	3,542.79
61350 Trash Removal	10,200.00
Park Lease	41.00
Total 61000 Facilities and Equipment	51,416.91
62000 Consultants/Contract Labor	0.00
62100 Accountant	22,939.00
62200 Bookkeeper	4,287.60
62300 Consultant	93,499.92
62400 Event/Tour Coordinator	1,800.00
62500 Griot's Corner Facilitator	7,200.00
62600 History Hike Facilitator	5,000.00
62700 MAGIC Facilitator	10,800.00
Total 62000 Consultants/Contract Labor	145,526.52
63000 Payroll Expenses	
63100 Administrative Asst	17,922.40
63200 Director of Finance	12,500.00
63300 Director of Programs	49,700.04
63400 Executive Director	103,938.66
63500 Payroll Processing Fee	4,391.74

Statement of Activity

	TOTAL
63600 Payroll Taxes	14,080.67
63700 Workers Comp Expense	118.68
63800 Employee Benefits Expense	12,033.30
Total 63000 Payroll Expenses	214,685.49
Constant Contact	966.62
Reconciliation Discrepancies	-1,749.06
otal 60000 MANAGEMENT & ADMINISTRATION	466,284.93
70000 FUNDRAISING EXPENSES	
70050 Blues and BBQ Marketing	4,145.00
70100 Blues and BBQ Operations	72,381.30
70150 Compass Group - Fundraising Exp	105,000.00
70200 Fundraising Event Exp - Hosp/Misc	479.90
otal 70000 FUNDRAISING EXPENSES	182,006.20
1000 PROGRAM SERVICES EXPENSE	
71110 Archaeology Project	13,481.21
71120 Educational Outreach/Curriculum Dev	7,200.34
71130 Misc Indirect Program Costs	12,554.78
Hospitality	2,158.64
Total 71130 Misc Indirect Program Costs	14,713.42
71200 Program Marketing	
71210 Freedom Day Marketing	9,735.00
71220 Griot's Corner Marketing	10,719.21
71230 History Hike Marketing	120.00
71240 Holiday/Tree Lighting Marketing	26,746.61
71250 Juneteenth Marketing	39,979.51
71260 MAGIC Marketing	64.08
71270 Mitchelville Anniversary Forum Marketing	3,150.00
71300 General Project Marketing	52,982.84
71400 Master Plan Marketing	43,747.32
Total 71200 Program Marketing	187,244.57
71500 Program Costs	
71520 Freedom Day	17,725.00
71530 Griot's Corner Expense	1,808.98
71540 History Hike	621.92
71550 Holiday Event	28,305.09
71560 Juneteenth Celebration	79,400.45
Juneteenth Celebration - Performance	4,600.00
Total 71560 Juneteenth Celebration	84,000.45
71570 MAGIC Expense	2,928.06
71580 MPP Anniversary Forum Expenses	15,279.75
Total 71500 Program Costs	150,669.25
otal 71000 PROGRAM SERVICES EXPENSE	373,308.79
Ask My Accountant	-11,393.54

Statement of Activity

	TOTAL
Capital Expense	343,117.33
Total Expenditures	\$1,353,323.71
NET OPERATING REVENUE	\$2,647,140.14
NET REVENUE	\$2,647,140.14

Statement of Activity January - December 2022

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

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

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

A	For the	e 2022 calendar year, or tax year beginning	, and ending						
В_	Check if a	applicable: C Name of organization Mitchelvill	e Preservation Proje	ct,	D Employe	r identification number			
	Address c	change Inc.							
╗	Name cha	Doing business as Historic M :	itchelville Preservat	ion	27-2	308109			
룩		Number and street (or P.O. box if mail is not delivere	ed to street address)	Room/suite	E Telephon				
ᆗ	Initial return		praign poetal code		043-	255-7300			
	terminated		• .			CE4 244			
	Amended		C 29925		G Gross rec	eipts\$ 654,344			
Ħ	Application	' '		H(a) Is this a g	roup return for	subordinates? Yes X No			
	Арріісаціон	pending Ahmad Ward			·	.			
				H(b) Are all su					
				IT "NO	," attach a list.	See instructions			
I	Tax-exem	npt status: X 501(c)(3) 501(c) () (insert							
J	Website:		E.ORG	H(c) Group ex					
K	Form of c	organization: X Corporation Trust Association	Other	L Year of formation: 2	010	M State of legal domicile: SC			
F	Part I	Summary							
		Briefly describe the organization's mission or most s	significant activities:						
Se		See Schedule O							
nar	l .								
Ver									
Governance	2 0	Check this box $\ \ \ \ \ \ \ \ \ \ \ \ \ $	ts operations or disposed of more that	an 25% of its net as	sets.				
∞ಶ		Number of voting members of the governing body (P	Part VI, line 1a)		3	16			
es	4 1	Number of independent voting members of the gover	rning body (Part VI, line 1b)		4	16			
Ξ	5 T	Total number of individuals employed in calendar year	ar 2022 (Part V, line 2a)		5	3			
Activities		Total number of volunteers (estimate if necessary)				0			
1	7a⊺	Total unrelated business revenue from Part VIII, colu	······ (0) I'··· - 40		7-	0			
		Net unrelated business taxable income from Form 99				0			
				Prior Ye		Current Year			
ø	8 0	Contributions and grants (Part VIII, line 1h)		62	8,626	640,646			
ž		Dragrama comiles reviewus (Dort VIII line Oct)							
Revenue	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		1,457	0			
œ	11 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)	_	5,459	-50,865			
		Fotal revenue – add lines 8 through 11 (must equal I			8,689	603,479			
	13 0	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0			
	14 B	Benefits paid to or for members (Part IX, column (A),				0			
Ø	15 S	Salaries, other compensation, employee benefits (Pa	art IX, column (A), lines 5–10)	15	0,576	166,237			
xpenses	16a P	Salaries, other compensation, employee benefits (Pa Professional fundraising fees (Part IX, column (A), lir Fotal fundraising expenses (Part IX, column (D), line	ne 11e)		0,000	192,500			
ē	. b⊤	otal fundraising expenses (Part IX, column (D), line	210,404		•	•			
ш	17 C	Other expenses (Part IX, column (A), lines 11a-11d,	, 11f–24e)	37	8,987	408,118			
		Total expenses. Add lines 13–17 (must equal Part IX			9,563	766,855			
		Revenue less expenses. Subtract line 18 from line 1			0,874	-163,376			
50		<u> </u>		Beginning of Cu	rrent Year	End of Year			
Net Assets or	20 T	Total assets (Part X, line 16)			7,556	818,286			
t As	21 T			<u> </u>	0,994	0			
<u> </u>	22 N	Net assets or fund balances. Subtract line 21 from lin	ne 20	97	6,562	818,286			
F	Part II	Signature Block							
U	Inder per	nalties of perjury, I declare that I have examined this return	n, including accompanying schedules and	statements, and to the	ne best of m	y knowledge and belief, it is			
tr	ue, corre	ect, and complete. Declaration of preparer (other than office	cer) is based on all information of which p	oreparer has any know	vledge.				
Si	gn	Signature of officer			Date				
He	ere	Ahmad Ward	Key Emp	loyee					
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN			
Pai	id	David E Williams, CPA	avid E Williams, CPA	12/05	/23 self-em	ployed P01510199			
Pre	parer		ams C.P.A., LLC	<u> </u>	Firm's EIN	46-1684469			
Us	e Only	840 William Hil	•						
		Firm's address Hilton Head, SC			Phone no.	843-715-9568			
Ma	y the IR	S discuss this return with the preparer shown above		L		X Yes No			

-orm 990 (2022) MITCHEIVIIIE Prese		.09 Page Z
Part III Statement of Program Servic	-	III X
	response or note to any line in this Part	<u> </u>
1 Briefly describe the organization's mission: See Schedule O		
see schedure o		
·		
*		
2 Did the organization undertake any significant pro-	gram services during the year which were not listed	I on the
If "Yes," describe these new services on Schedule		🗀 🕶 🖽 👊
	ignificant changes in how it conducts, any program	
		□.,
If "Yes," describe these changes on Schedule O.		
	mplishments for each of its three largest program s	services, as measured by
expenses. Section 501(c)(3) and 501(c)(4) organize	zations are required to report the amount of grants	and allocations to others,
the total expenses, and revenue, if any, for each	program service reported.	
It was on June 19, 1865 warrived at Galveston, Texa	then union officer Major of as with news that the war its annual Juneteenth co . This program highlight ltural programming that of ille. It promotes Africa aturing traditional music	r had ended and all slaves elebration in Historic as the park and features gives visitors a unique an American culture, e, art, crafts, food and
· · · · · · · · · · · · · · · · · · ·		
• • • • • • • • • • • • • • • • • • • •		
4b (Code:) (Expenses \$ See Schedule O	including grants of\$	
•		
• • • • • • • • • • • • • • • • • • • •		
•		
•		
• • • • • • • • • • • • • • • • • • • •		
4c (Code:) (Expenses \$ 26	, 485 including grants of \$) (Revenue \$)
Holiday Event - Community	event for the entire fam	nily to kick off the
		near the big oak tree in
Historic Mitchelville Fre	edom Park	
•		
•		
4d Other program services (Describe on Schedule O	.)	
4d Other program services (Describe on Schedule O (Expenses \$ 217,949 including	.) g grants of \$) (Revenue	

Form 990 (2022) Mitchelville Preservation Project, 27-2308109

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

Page 3

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 2 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 Х 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Х 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, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III X 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 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 11b 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 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 Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 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 14b 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

X

Pa	art IV Checklist of Required Schedules (continued)			
22	Did the agreement or respect to the CT 000 of greents or other conjetence to an few demonstrative individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	ampleyees? If "Ves." complete Schodyle I	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		x
24	conservation contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32		32		х
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	acetions 204 7704 2 and 204 7704 22 K Was " accomplate Calendada D. Dant I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
54	an IV and Dard V For A	34		х
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	504		
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			_Ш_
			Yes	No
1a				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 3			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1с		X

Form	990 (2022) Mitchelville Preservation Project, 27-2308	109			P	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance (co		ed)		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 re	turns?		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 Scheduler and the second	ule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	cial acc	count)?	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 Financi					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	saction ⁶	?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	I the				
	organization solicit any contributions that were not tax deductible as charitable contributions? \dots			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	utions c	or			
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or good	ls			
				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \dots			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	ained b	by the			
•				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
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:	100				
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		-		
11	Section 501(c)(12) organizations. Enter:	LIUD		-		
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	110				
	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 F)41?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	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 Sche			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu					
	excess parachute payment(s) during the year?			15		_X_
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ent inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any a	activities	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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Pa	Irt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and fo	r a "N	lo"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See	instru	ic <u>tio</u> ns
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	:		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>е Со</u>	de.)	
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u> </u>
b				
12a		12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	<u> </u>	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	List the atotac with which a capy of this Form 000 is required to be filed. SC			
17 10	List the states with which a copy of this Form 990 is required to be filed SC Section 6104 requires an expanization to make its Forms 1023 (4024 or 1024 A if applicable), 900, and 900 T (section 501(s))			
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.			
10	Own website Another's website X 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,			
20	and financial statements available to the public during the tax year.			
20 M∈	State the name, address, and telephone number of the person who possesses the organization's books and records PO Box 21758			

SC 29925

Hilton Head Island

Form 990	(2022)	Mitchelville	Preservation	Project	27-2308109
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Jamie Berndt									
	0.00	٠,							
Director (2) Carlton Dallas	0.00	X					0	0	0
(2) Cariton Dallas	0.00								
Director	0.00	х					0	0	0
(3) Herbert Ford									
Director	0.00	x					0	0	0
(4) DrAndrea Grant	Guess								
Director	0.00	x		х			0	0	0
(5) Hester Hodde									
	0.00								
Director	0.00	X					0	0	0
(6)Kirsten Hotchki	0.00								
Director	0.00	x					0	0	0
(7) Myla Lerner	0.00								<u> </u>
(,2	0.00								
Director	0.00	X		Х			0	0	0
(8) Anna Ponder PhD									
<u></u>	0.00								
Director	0.00	X					0	0	0
(9) Grace Stepp	0.00								
Director	0.00	x					0	0	0
(10) Michale Tighe	0.00	<u> </u>							
(10,11101111111111111111111111111111111	0.00								
Director	0.00	X					0	0	0
(11)Billy Watterson									
<u></u>	0.00								_
Director	0.00	X					0	0	0

Form 990 (2022) Mitchelville Preservation Project, 27-2308109

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

Part VII Section A. Officer	s, Directors, I	ruste	ees,	ney		ipioy	ees	, and Highest Compens	ated Employees (continu	ea)
(A) Name and title	(B) Average hours per week	offi	k, unle	Pos check ess pe	rson	than of the the than of the theorem.	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) Raymond Wert	s 0.00									
Director	0.00	x						0	0	0
(13) Margot Brown	0.00									
Treasurer	0.00			x				0	0	0
(14) Lola Campbel										
Vice Chairperson	0.00			x				0	0	0
(15) Thomas C Bar	nwell Jr	•								
Chairman Emeritus	0.00			x				0	0	0
(16) Didi Summers	, PHD									
Chairman	0.00			x				o	0	0
(17) Gloria Holme	s, PHD									
Secretary	0.00			x				0	0	0
(18) Ahmad Ward	0.00			Λ				0	0	0
Key Employee	0.00			x				0	0	0
1b Subtotal	eets to Part VII		ction	 1 A						
d Total (add lines 1b and 1c) Total number of individuals (ii								we) who received more that	an \$100,000 of	
reportable compensation from	•		0					Tro, who received more and		Yes No
3 Did the organization list any f									ted	
employee on line 1a? <i>If "Yes</i> , 4 For any individual listed on line									n from the	3 X
organization and related orga individual	nizations greate						es,'	' complete Schedule J for	such	4 X
5 Did any person listed on line	1a receive or a	ccrue	e cor	nper	sati	on fr				
for services rendered to the of Section B. Independent Contract	-	Yes,	CO	mpie	te S	cnec	iuie	J for such person		5 X
Complete this table for your f compensation from the organ	ive highest com	pens	ated	inde	eper for	ident	cor	ntractors that received more	e than \$100,000 of	vear
	(A) d business address	, , , , , , , , , , , , , , , , , , ,	701100	20011	101	410 (1		(B) tion of services	(C) Compensation
2 Total number of independent	contractors (incl	ludin	a hu	t not	limi	ted t	o th	ose listed above) who		
received more than \$100,000								and anovo, will	0	

ra	irt v			edule O con	tains	a resp	onse or not	e to any line in	this Part VIII		П
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated camp	naigns		1a						
3rar Our	b	Membership du	es		1b						
s, (An	C	Fundraising eve	ents		1c		63,910				
ar	d	Related organiz	ations		1d						
s, (е	Government grants (d	contribution	ons)	1e		133,111				
Contributions, Gifts, Grants and Other Similar Amounts	f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above		1f		443,625					
혉	g	Noncash contributions lines 1a-1f			1g	œ.					
Sol	h	Total. Add lines						640,646			
<u></u>	-"	Total: Add lines	ia i	·			Business Code	010,010			
е	2a	Reenactmen	+ e &	Tours			Dusiness Code	13,698	13,698		
rvic	b	*									
Program Service Revenue	c										
ame	d										
0gr	e										
	f	All other program									
		Total. Add lines						13,698			
	3	Investment inco									
		other similar am	nounts)							
	4	Income from inv	estme	nt of tax-exemp	ot bon	d procee	ds				
	5	Royalties									
				(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6с								
	_d	Net rental incom	ne or (loss)							
	/a	Gross amount from sales of assets		(i) Securities	3	(ii) Other				
_		other than inventory	7a								
Revenue	b	Less: cost or other									
š		basis and sales exps.	7b								
æ	С	Gain or (loss)	7c								
Other		Net gain or (loss									
ŏ	8a	Gross income from									
		(not including \$									
		of contributions rep			_						
		1c). See Part IV, li			8a		50,865				
		Less: direct exp			8b			-50,865			
		Net income or (,	-	event	s I		-50,865			
	9a	Gross income fr	_	•	00						
	L	activities. See P			9a 9b						
		Less: direct exp Net income or (
		Gross sales of i	,		livilles	T					
	IVa	returns and allo			10a						
	h	Less: cost of go			10b		-				
		Net income or (/ /					
<u></u>		. tot intonitio of (i	.550) 1	.cm calco of fill			Business Code				
Miscellaneous Revenue	11a										
ane	b	• • • • • • • • • • • • • • • • • • • •									
eve	С										
Mis R	d	All other revenu									
		Total. Add lines	11a-	<u>11d</u>	<u></u>	<u></u>					
		Total revenue.						603,479	13,698	0	0

Form 990 (2022) Mitchelville Preservation Project, 27-2308109

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must of	-		omplete column (A).								
	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, れ), (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising							
8b, 9	Pb, and 10b of Part VIII.	,	expenses	general expenses	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,											
Ū	trustees, and key employees											
6	Compensation not included above to disqualified											
U	persons (as defined under section 4958(f)(1)) and											
-	persons described in section 4958(c)(3)(B)	152 212	26 046	112 277	12 700							
7	Other salaries and wages	153,212	26,046	113,377	13,789							
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes	13,025	2,214	9,639	1,172							
11	Fees for services (nonemployees):											
а	Management											
b	Legal	414		414								
С	Accounting	10,259		10,259								
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17	192,500			192,500							
f	Investment management fees	_										
q	Other. (If line 11g amount exceeds 10% of line 25, column											
	(A) amount, list line 11g expenses on Schedule O.)	85,345	84,599	746								
12	Advertising and promotion	102,706	68,437	34,269								
13	Office expenses	20,126	174	19,952								
14	Information technology	6,281	6,281	13,752								
		0/201	0/201									
15	Royalties	38,657	11,517	24,197	2,943							
10	Occupancy	30,037	<u> </u>	21,131	2/743							
17	Travel											
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	17 276	0 070	9 404								
19	Conferences, conventions, and meetings	17,276	8,872	8,404								
20	Interest	2,952		2,952								
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	204	204	2 225								
23	Insurance	8,025		8,025								
24	Other expenses. Itemize expenses not covered											
	above (List miscellaneous expenses on line 24e. If											
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O.)											
а	Juneteenth Event	66,127	66,127									
b	Holiday Event	26,485	26,485									
С	MPP Anniversary	13,127	13,127									
d	Freedom Day	9,515	9,515									
	All other expenses	619	619									
25		766,855	324,217	232,234	210,404							
	Joint costs. Complete this line only if the	130,000	,	,								
	organization reported in column (B) joint costs											
	from a combined educational campaign and											
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)											
DAA	TUILUWING SUF 70-2 (ASC 700-120)				Form 990 (2022)							
					1 01111 000 (2022)							

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 88 Cash—non-interest-bearing 88 Savings and temporary cash investments 674,221 637,010 2 297,645 295,757 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 1,316 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 25,462 **b** Less: accumulated depreciation 10b 24,868 594 4,286 10c Investments—publicly traded securities -125,16311 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 10,000 10,000 Other assets. See Part IV, line 11 15 15 987,556 818,286 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 10,994 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 10,994 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here X Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 976,562 670,436 27 27 Net assets with donor restrictions 147,850 28 28 Organizations that do not follow FASB ASC 958, check her and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30

> 818,286 Form **990** (2022)

818,286

31

32

976,562

987,556

31

32

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Forn	n 990 (2022) Mitchelville Preservation Project, 27-2308109			Paç	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	$oxed{\Box}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>479</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	76	56,8	<u> 355</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-16	53,3	<u> 376</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97	16,5	<u> 562</u>
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		5, 1	<u> 100</u>
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	81	L8,2	<u> 286</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Щ,
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audite, explain why on Schodule O and describe any stone taken to undergo such audite		3h		1

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

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.)

Pa	art I	Reas	on for Public Charity	/ Status. (All organizatio	ns mus	t comp	lete this part.) See instr	uctions.				
he	orga	nization is not	a private foundation because	se it is: (For lines 1 through 12,	, check o	nly one b	ox.)					
1	\Box	A church, co	nvention of churches, or as	sociation of churches described	d in secti	on 170(l	o)(1)(A)(i).					
2	П)(A)(ii). (Attach Schedule E (Fo			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
3	П			rice organization described in s			A)(iii).					
4	Н	-		d in conjunction with a hospital				e hosnital's name				
•	ш	city, and stat	•	a in conjunction with a neophal	describe	a iii 300		o noopitaro namo	',			
5		•		of a college or university aways	d or oper	otod by a	governmental unit described					
J	Ш	_	•	of a college or university owner	u or oper	aleu by a	governmental unit described	111				
6			ection 170(b)(1)(A)(iv). (Complete Part II.) federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
6	₩		organization that normally receives a substantial part of its support from a governmental unit or from the general public									
7	X		section 170(b)(1)(A)(vi).		rom a go	vernmeni	ar unit or from the general pu	DIIC				
8	П			170(b)(1)(A)(vi). (Complete Pa	art II)							
9	Н	-		scribed in section 170(b)(1)(A		rated in c	conjunction with a land-grant c	ollege				
3	Ш	-	_	of agriculture (see instructions)				-				
		university:				,	,,					
10		An organizat		l) more than 33 1/3% of its sup		contribu	tions, membership fees, and	gross				
				npt functions, subject to certain				3				
				nd unrelated business taxable								
4.4	\Box		•	30, 1975. See section 509(a)(•					
11	Н	J	•	exclusively to test for public sa	•		` ` ` `					
12	Ш	•	•	exclusively for the benefit of, to tions described in section 509	•			•				
				escribes the type of supporting								
	а		=	perated, supervised, or controlle	-			=				
	_			wer to regularly appoint or elect	-			gg				
				complete Part IV, Sections A	-	•						
	b	Type II.	A supporting organization su	upervised or controlled in conn	ection wit	h its sup	ported organization(s), by hav	ing				
				rting organization vested in the	same pe	rsons tha	at control or manage the supp	orted				
		\Box	•	e Part IV, Sections A and C.								
	С			supporting organization operat structions). You must complete				d with,				
	d			ed. A supporting organization o				ration(s)				
	_			e organization generally must s								
				must complete Part IV, Section			The state of the s					
	е			ceived a written determination fr								
				on-functionally integrated suppo	orting orga	anization.		_				
	f		mber of supported organization					L				
	g	Provide the f	following information about t	the supported organization(s).	L							
(i)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (s				
	oig	jai lizatioi i		above (see instructions))	docur		instructions)	instructions)	300			
					Yes	No	,	,				
(A)												
(B)												
(C)												
(D)												
					1							
(E)												
ota	<u> </u>											

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

Schedule A (Form 990) 2022

Page 2

m 990) 2022 Mitchelville Preservation Project, 27-2308109
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	365,145	579,318	1,099,708	628,626	640,646	3,313,443
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				13,800
4	Total. Add lines 1 through 3	372,045	586,218	1,099,708	628,626	640,646	3,327,243
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.						3,327,243
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	372,045	586,218	1,099,708	628,626	640,646	3,327,243
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	624	1,429				2,053
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						3,330,056
12	Gross receipts from related activities, etc.						191,788
13	First 5 years. If the Form 990 is for the o	•	second, third, four	th, or fifth tax yea	r as a section 501	(c)(3)	
Caa	organization, check this box and stop he						
	tion C. Computation of Public S			(D)		1441	
14	Public support percentage for 2022 (line 6	i, column (f) divide	d by line 11, colur	mn (f))		14	99.92 %
15	Public support percentage from 2021 Sch 33 1/3% support test—2022. If the organ	edule A, Part II, III	le 14				99.90 %
ıba							X
b	box and stop here. The organization qua 33 1/3% support test—2021. If the organization qua					more check	A
b	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa organization	acts-and-circumstar	nces test. The org	anization qualifies	as a publicly sup	ported	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the	D21. If the organization meets the facts-and-circums	ation did not check and-circumstances stances test. The o	a box on line 13, test, check this borganization qualifi	16a, 16b, or 17a, ox and stop here es as a publicly s	and line Explain Supported	
18	organization Private foundation. If the organization di instructions	d not check a box	on line 13, 16a, 1	6b, 17a, or 17b, c	heck this box and	see	
						• • • • •	7

Part III

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

Sec	tion A. Public Support			, ,	•			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(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							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
<u>Sac</u>	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	$\frac{1}{2}$	(f) Total
9	Amounts from line 6	(a) 2010	(6) 2010	(6) 2020	(u) 2021	(6) 202		(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b						ightharpoonup	
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, check this box and stop he					(/ (/		
Sec	tion C. Computation of Public		 entage				<u></u>	
<u>555</u> 15	Public support percentage for 2022 (line			umn (f))			15	%
16	Public support percentage from 2021 Sch						16	%
	tion D. Computation of Investm							,,,
 17	Investment income percentage for 2022			13, column (f))			17	%
	nvestment income percentage from 2021		III P 47				18	%
	33 1/3% support tests—2022. If the org						ne	
	17 is not more than 33 1/3%, check this b							L
b	33 1/3% support tests—2021. If the org	ganization did not o	check a box on lin	e 14 or line 19a, a	nd line 16 is more	e than 33 1/3	%, and	_
	line 18 is not more than 33 1/3%, check t	-	_			_		_
20	Private foundation. If the organization of	did not check a bo	x on line 14, 19a,	or 19b, check this	box and see inst	ructions		

Schedule A (Form 990) 2022

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b	L	<u> </u>
che	dule A	(Form 9	90) 2022

Mitchelville Preservation Project, 27-2308109 Schedule A (Form 990) 2022 Page 5 **Supporting Organizations** (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 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 A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). а The organization satisfied the Activities Test. Complete line 2 below. h The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below. No 2 Yes Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would 2b have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

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

3a

3b

Sched	ule A (Form 990) 2022 Mitchelville Preservation	Pro	ject, 27-230	8109	Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20	, 1970 (explain in Part	VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations me	ust cor	mplete Sections A throu	ugh E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current (optional	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
t	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6_	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C – Distributable Amount			Current \	⁄ear
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	d Type	e III supporting organiza	ation	

(see instructions).

Schedule A (Form 990) 2022

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

b Excess from 2019

and 4c.

8 Breakdown of line 7:a Excess from 2018 . . .

c Excess from 2020d Excess from 2021e Excess from 2022

Schedule A (lville							Page 8
Part VI						Provide the							
						lines 1, 2,							
						on C, line t V, Section							
						te this par						art v, t	bootion L,
										,	,		
Part	II,	Line	10	- Ot	her	Income	Deta	il	 		 		
								\$	760	1			
• • • • • • • • • • • • • • • • • • • •								7	 		 		

DAA Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

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

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.

2022
Open to Public Inspection

Department of the Treasury Attach to Form 990. Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization Employer identification number Mitchelville Preservation Project, 27-2308109 Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- **b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenue included on Form 990, Part VIII, line 1 \$
 (ii) Assets included in Form 990, Part X \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1
 \$

 b Assets included in Form 990, Part X
 \$

Sche	edule D (Form 990) 2022 Mitchelv							Pag	
Pa	art III Organizations Maintainir	•	•		•		ssets (c	ontinue	эd)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other recor	ds, check any c	f the following t	hat make sig	nificant use of its			
а	Public exhibition	d 🗌	Loan or exchar	ige program					
b	Scholarly research	е 🗍	Other						
С	Preservation for future generations								
4	Provide a description of the organization's	collections and expla	ain how they fur	her the organiz	ation's exemp	ot purpose in Part			
	XIII.	·	·	J	•				
5	During the year, did the organization solicit	or receive donations	s of art, historica	al treasures, or	other similar				
	assets to be sold to raise funds rather than						TY	es X	No
Pa	art IV Escrow and Custodial A								
	Complete if the organization 990, Part X, line 21.	on answered "Ye	es" on Form	990, Part IV,	line 9, or	reported an am	nount on	Form	
1a	Is the organization an agent, trustee, custo	dian or other interme	ediary for contrib	outions or other	assets not				_
							L Y	es 🔛	No
b	If "Yes," explain the arrangement in Part X	III and complete the	following table:				Δ		_
							Amoun	t	_
	Beginning balance					1c			_
d	Additions during the year					1d			_
е	Distributions during the year								_
f	Ending balance					1f		-	_
	Did the organization include an amount on								No
	If "Yes," explain the arrangement in Part X	III. Check here if the	explanation has	been provided	on Part XIII .				
Pa	art V Endowment Funds.	1.657	,, –	000 D (I) (l' 40				
	Complete if the organization						T		
	-	(a) Current year	(b) Prior yea	r (c) Two	years back	(d) Three years back	(e) Fou	r years bad	ck
	Beginning of year balance								
	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
	End of year balance								
	Provide the estimated percentage of the cu	irrent year end balar	ice (line 1g, colu	ımn (a)) held as	: :				
	Board designated or quasi-endowment		, 0,	· //					
	Permanent endowment %								
	Term endowment %								
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%.							
3а	Are there endowment funds not in the post	·	zation that are h	neld and admini	stered for the				
-	organization by:	2000.0 o. a.o o.ga			310.00 10. 11.0			Yes 1	No
	g ,						3a(i)		•••
	(i) Unrelated organizations								
h	(ii) Related organizations	izatione lietad ae rad	uired on Schad				3b		
	Describe in Part XIII the intended uses of						[30]		
	art VI Land, Buildings, and Ed		downlent lunds.						
1 6	Complete if the organization	•	s" on Form	000 Part I\/	lina 11a 9	See Form 990	Part X I	ina 10	
	Description of property	(a) Cost or other		Cost or other basis		Accumulated	(d) Book		
	bescription of property	(investment)	' '	(other)	1 '	preciation	(a) Dook	value	
1-	Land	` '		(/	de				
	Land								
	Buildings								
	Leasehold improvements								
	Equipment			25,46	2	24 969		E (94
	Other		art V column /F		4	24,868			94

Schedule D (Form 990) 20	022 Mitchelville	Preservation	Project,	27-2308109
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Part VII	Complete if the organization answered "Yes" or	n Form 990, Part IV,	line 11b. See Form 990), Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	r market value
(1) Financial o	derivatives			
	d equity interests			
(3) Other				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(山)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" or	Form 990, Part IV,	line 11c. See Form 990), Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
i dit ix	Complete if the organization answered "Yes" or	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)				
	(b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization answered "Yes" or	n Form 990, Part IV,	line 11e or 11f. See Fo	orm 990, Part X,
	line 25.		İ	(L) Death
1. (1) Fodoral i	(a) Description of liability			(b) Book value
	ncome taxes			
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the for	otnote to the organization'	s financial statements that re	ports the
	ability for uncertain tax positions under FASB ASC 740. Che			

sche	edule D (Form 990) 2022 MITCHEIVIIIE Preservation Pi			
Pa	art XI Reconciliation of Revenue per Audited Financial State		ue per Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	art XII Reconciliation of Expenses per Audited Financial State	ements With Exper	ses per Return.	
	Complete if the organization answered "Yes" on Form 990		-	
1	T. 1		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	•		
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4		.1		
_				
a	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		
	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b			
b	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	4c	
b c	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b		
b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	4b	5	
b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	IV, lines 1b and 2b; Part \	V, line 4; Part X, line	
b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part Vie any additional information	J, line 4; Part X, line on.	
b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part Vie any additional information	J, line 4; Part X, line on.	
b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part Vie any additional information	J, line 4; Part X, line on.	
b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part Vie any additional information	J, line 4; Part X, line on.	
b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part Vie any additional information	J, line 4; Part X, line on.	
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b c 5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b and 2b; Part Vie any additional information	J, line 4; Part X, line on.	
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Schedule D (F	Form 990) 2022	Mi	tchelville.	Preservation	Project,	27-2308109	Page 5
Part XIII	Supplemer	ntal	Information (con	Preservation tinued)			
	• • •		,	,			

SCHEDULE G (Form 990)

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. Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

OMB No. 1545-0047

27-2308109 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 7 8 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Mitchelville Preservation Project, 27-2308109 Schedule G (Form 990) 2022 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Blues and BBQ (add col. (a) through None (event type) col. (c)) (event type) (total number) Revenue 63,910 63,910 1 Gross receipts 63,910 2 Less: Contributions 63,910 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Expenses 7 Food and beverages Direct 8 Entertainment 50,865 50,865 **9** Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 50,865 11 Net income summary, Subtract line 10 from line 3, column (d) ... -50,865 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor 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? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	dule G (Fo	orm 990) 2022	<u>Mitchelvill</u>	Le P	reservatio	<u>n Project</u>	, 27-2308109				Page	₃ 3
11	Does the	organization cond	uct gaming activities w	vith noni	members?					Yes		No
12	Is the org	janization a grantor	r, beneficiary or trustee	e of a tru					_			
	formed to	administer charita	able gaming?							Yes		No
13			gaming activity conduct						_		_	
а								13a				%
b	An outsic	1 6 117						13b				<u></u>
14			s of the person who p									_
	records:		p		and enganements gr							
	Name											
										•		
	Address											
										•		
15a	Does the	organization have	a contract with a third	l party fr	om whom the organi	zation receives gar	mina					
	revenue?	-			•	•	•		П	Yes		No
b			of gaming revenue rece	eived by	the organization		and the		ш		ш	
-			retained by the third pa		\$							
c			dress of the third party		Ψ							
·	100,	onto namo ana aa	aroos or the time party	,-								
	Name											
										•		
	Address											No %_ %_ No
	71001000											
16	Gaming	manager informatio	on.									
. •	Ourning !	managor imorridae										
	Name											
	Gaming	manager compens	ation \$									
	3		*									
	Description	on of services prov	vided .									
	•	•										
	Direc	ctor/officer	Employee		Independent conti	actor						
	_											
17	Mandator	y distributions:										
а	Is the org	ganization required	under state law to ma	ake chari	itable distributions fro	m the gaming prod	ceeds to					
	_									Yes		No
b	Enter the	amount of distribu	itions required under st	tate law	to be distributed to	other exempt organ	izations or		_			
	spent in t		own exempt activities d									
Pa	rt IV	Supplemental	I Information. Pr	ovide '	the explanations	required by Pa	rt I, line 2b, columns	(iii) ar	nd (v	/); ar	nd	
		Part III, lines 9	9, 9b, 10b, 15b, 15	5c, 16,	, and 17b, as ap	plicable. Also p	rovide any additional	inform	natio	n.		
		See instruction	ns.									
	<u> </u>						Sche	dule G	(For	m 99	0) 20)22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

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

Name of the organization Mitchelville Preservation Project,

Open to Public Inspection

Employer identification number

27-2308109 Inc. Form 990 - Organization's Mission Preserving the history of Mitchelville and preserving a historically significant site; to reveal an American story of former slaves who created a culture of sacrifice, resistence and resilience in a quest to define an inclusive freedom. Form 990 - Additional Information Part IV, Line 11g The Other fees for services expense is contract labor paid for office help, program services, grant writing and fundraising assistance. Form 990, Part III - Additional Information Mitchelville Preservation Project started Griot's Corner in 2018 which is a literacy program for children pre-K through third grade. Also new in 2018 is the Archaeology Dig at Mitchelville which will display excavated findings for the first large-scale dig lead by Brockington and Associates. The dig uncovered remains of old homes, wells and garbage pits, and recovered more than 20,000 artifacts representing the personal belongings, tools and household goods from the first self-governed Freed Slaves' Town in America, established on Hilton Head in 1862. The Mitchelville Anniversary Forum started in 2018 is a one-day symposium that examines different aspects of the Mitchelville story and how it resonates in present time. Each year has a unique theme.

Schedule O (Form 990) 2022 Page 2

Name of the organization

Mitchelville Preservation Project,

Employer identification number 27-2308109

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

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

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

more than 20,000 artifacts.

Schedule O (Form 990) 2022 Page 2

Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

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

Griot's Corner is a literacy program at Historic Mitchelville Freedom Park designed for early readers from pre-K through third grade and welcomes classes of up to thirty children for the program under the big oak tree in the park. Stories center on diversity with this year's special focus on relationships, story tellers, and will include guest readers from the

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

community. The children will also share in activities like art, games, and

MITCHELVILL 12/05/2023 12:47 PM Schedule O (Form 990) 2022 Page 2 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

Schedule O (Form 990) 2022 Page 2 Employer identification number Name of the organization 27-2308109 Mitchelville Preservation Project, inspection. Form 990, Part IX, Line 11g - Other Fees for Services Description Tot/Prog Service Mgt & General Fundraising Griot's Corner Coordinator \$ 7**,**200 Program Manager costs 2,200 Grant writing 100 Outside Services 73,859 \$ 746 All Other 1,240 Total 84,599 746 Page 4 of 4

Form **4562**

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

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

Mitchelville Preservation Project,

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

OMB No. 1545-0172

Identifying number

27-2308109 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,700,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 1,080,000 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 2,282 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 0 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 2,282 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2022 204 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (a) Classification of property (business/investment use (a) Depreciation deduction only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property S/I 25 yrs. MM S/L 27.5 yrs. Residential rental property 27.5 yrs. MM S/L ММ i Nonresidential real 39 yrs. S/L property MM Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/I 30-year 30 yrs. NMMS/I d 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 204 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the

MITCHELVILL Mitchelville Preservation Project,
27-2308109 Federal Asset Report
FYE: 12/31/2022 Form 990, Page 1

12/05/2023 12:47 PM

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	<u>Prior</u>	Current
1 2 3 4 5	MACRS: Sign - Speedy Sign Sign - Speedy signs Sign - Meeting Dynamics Theater Seating The Repertoire Computers - Gullah Great Computers Computer - Reidel	1/23/18 12/21/17 7/14/18 12/31/14 4/30/15 5/28/19	980 980 695 20,000 525 2,282 25,462		X X X X X X	573 485 375 10,000 262 0 11,695	7 HY S/L 7 HY S/L 7 HY S/L 7 HY S/L 5 HY S/L 5 HY S/L	407 495 320 17,199 473 2,282 21,176	82 69 53 0 0 0 204
	Grand Totals Less: Dispositions and Transf Less: Start-up/Org Expense Net Grand Totals	25,462 0 0 25,462			11,695 0 0 11,695		21,176 0 0 21,176	204 0 0 204	

MITCHELVILL Mitchelville Preservation Project, 27-2308109 Bonus Depreciation Report FYE: 12/31/2022 Form 990, Page 1

12/05/2023 12:47 PM

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	407	573
2	Sign - Speedy signs	12/21/17	980		0	0	495	485
3	Sign - Meeting Dynamics	7/14/18	695		0	0	320	375
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	25,462		0	0	11,485	11,695

12/05/2023 12:47 PM **All Business Activities** FYE: 12/31/2022 AMT Adjustments/ Preferences Form Unit Asset AMT Description Tax There are no assets that meet the criteria of this report

Form

Return of Organization Exempt From Income Tax

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

2021 Open to Public Inspection

OMB No. 1545-0047

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.

<u>A</u>	For the 2021 c	alendar year, or tax year beginning		, and ending								
В	Check if applicable:	C Name of organization Mitchelvil	le Prese	rvation P	roject,		Employer	identification number				
	Address change	Inc.										
一	Name change	Doing business as Historic 1	Mitchelvil	lle Prese	rvation		27-23	308109				
믬	Marie Change	Number and street (or P.O. box if mail is not delivered	ed to street address)				Telephone					
_	Initial return	PO Box 21758					843-2	255-7300				
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code										
	Amended return		SC 29925				Gross rece	eipts \$ 654,188				
믬	Amended Telum	F Name and address of principal officer:				114) la Haia a announc		ubordinates? Yes X No				
Ш	Application pending	Ahmad Ward				H(a) is this a group	up return for subordinates? Yes X No					
						H(b) Are all subor	dinates inclu	uded? Yes No				
						If "No," a	ttach a list.	See instructions				
$\overline{}$	Tax-exempt status:	X 501(c)(3) 501(c) ()	(insert no.)	4947(a)(1) or	527							
	· •	ww.EXPLOREMITCHELVILL		- (-)()		H(c) Group exemp	otion number					
	Form of organization:	X Corporation Trust Association	Other >		l y	ear of formation: 20		M State of legal domicile: SC				
		Immary	Outor P			car or formation. — •		in state of legal dofficile.				
•		scribe the organization's mission or most	significant activ	rities.								
4.		Schedule O										
nce		Doneture o										
rna	***********											
Governance		- h										
		s box if the organization discontinue						16				
∞ŏ	3 Number	of voting members of the governing body (Part VI, line 1a)				3	16 16				
Activities	4 Number	of independent voting members of the gove	erning body (Pa	irt VI, line 1b)			4					
ξį		nber of individuals employed in calendar ye	ear 2021 (Part V	√, line 2a)				3				
Ac		nber of volunteers (estimate if necessary)					6	40				
	7a Total unr	elated business revenue from Part VIII, col	lumn (C), line 1	2				0				
	b Net unre	ated business taxable income from Form 9	990-T, Part I, lin	<u>ie 11</u>	·····		7b	Ourrent Veer				
	9 Contribut	one and grants (Dort VIII line 1h)				Prior Year 1,099	708	Current Year 628,626				
ne	6 Contribut	ons and grants (Part VIII, line 1h)					,075	24,065				
Revenue							,274					
Re	10 Investme	nt income (Part VIII, column (A), lines 3, 4	, and /a)					1,457				
	1	enue (Part VIII, column (A), lines 5, 6d, 8c			I		,240	<u>-5,459</u>				
		enue – add lines 8 through 11 (must equal		nn (A), line 12)		1,123	, o	648,689				
		nd similar amounts paid (Part IX, column (0				
	1	paid to or for members (Part IX, column (A				1.4.4	100	0				
es	15 Salaries,	other compensation, employee benefits (P					,109	150,576				
sus	16a Professio	nal fundraising fees (Part IX, column (A), I				17	,500	210,000				
Expenses	b Total fund	draising expenses (Part IX, column (D), line		225,5	9.7. 2							
ш	I Other ex	penses (Part IX, column (A), lines 11a-11c					,046	378,987				
	18 Total exp	enses. Add lines 13–17 (must equal Part I	X, column (A),	line 25)			,655	739,563				
		less expenses. Subtract line 18 from line	12				,162	-90,874				
Net Assets or	30 T-1 1	ote (Dort V. line 40)			}	Beginning of Currer		End of Year 987,556				
Ssel	20 Total ass	ets (Part X, line 16)										
let A	21 Total liab	ilities (Part X, line 26)					,048	10,994				
		s or fund balances. Subtract line 21 from I	ine 20		<u></u>	1,067	,430	976,562				
		gnature Block										
	•	perjury, I declare that I have examined this return					of my kno	owledge and belief, it is				
	T &	omplete. Declaration of preparer (other than office	ceij is naseu on i	an iniomiation of v	willon preparer r	ias ariy kilowleuge.						
٠.	• -											
Sig)'' <u>'</u>	ignature of officer					Date					
He		Ahmad Ward			Key E	mployee						
	- ' '	ype or print name and title	T			Τ_						
ъ.		preparer's name	Preparer's signatu	re		Date	Check	if PTIN				
Pai	Davia	E Williams, CPA	David E Wil		_	06/22/2	22 self-emp					
	parer Firm's na					Firm	n's EIN 🕨	46-1684469				
Use	Only	840 William Hi			3							
	Firm's ad			3-3434		Pho	ne no.	843-715-9568				
May	y the IRS discus	s this return with the preparer shown above	e? See instruct	tions				X Yes No				

orm	orm 990 (2021) MITCheIVIIIe Preservation Project, 27-2308109	Page Z
Pa	Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1		
S	See Schedule O	
2	2 Did the organization undertake any significant program services during the year which were not listed on the	
2	5 000 000 570	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3		
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc the total expenses, and revenue, if any, for each program service reported.	ations to others,
	the total expenses, and revenue, if any, for each program service reported.	
J a w M s 1	4a (Code:) (Expenses \$ 66,883 including grants of \$ Juneteenth is the oldest known celebration to recognize It was on June 19, 1865 when union officer Major General arrived at Galveston, Texas with news that the war had were now free. MPP hosts its annual Juneteenth celebra Mitchelville Freedom Park. This program highlights the stage performances and cultural programming that gives look at Historic Mitchelville. It promotes African Amenistory, and education featuring traditional music, art live performances.	al Gordon Granger ended and all slaves ation in Historic park and features visitors a unique erican culture,
41:	45 (Onder) (Foressee 6	(D.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	4b (Code:) (Expenses \$ 61,842 including grants of \$ See Schedule O) (Revenue \$)
_	500 D01104410 V	
	•	
	·	
	······	
	1 (0 1) (5	(D)
H h	4c (Code:) (Expenses \$ including grants of \$ Holiday Event - Community event for the entire family the holiday season with entertainment and refreshments near Historic Mitchelville Freedom Park	
	• • • • • • • • • • • • • • • • • • • •	
	*	
	•	
	•	
4d	4d Other program services (Describe on Schedule O.)	
	(Expenses \$ 181,089 including grants of \$) (Revenue \$)
4e	4e Total program service expenses ▶ 309,814	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		3.5
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		х
7	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- -		<u> </u>
0		8	х	
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	۰		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3.5
4.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			3,5
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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

reportable gaming (gambling) winnings to prize winners?

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (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 3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_					
	and services provided to the payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _					
	required to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year	-					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
g h	If the organization received a contribution of qualified interlectual property, and the organization file a Form 1098-C?	79 7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	8					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans	-					
С	Enter the amount of reserves on hand						
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	4.5		v			
	excess parachute payment(s) during the year?	15		X			
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in						
17		17					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	"					

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

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

Section A. Governing Body and Management

<u>360</u>	tion A. Governing Body and Management					
			1.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16	-		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.		16			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					v
_	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					v
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			l _		37
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l		37
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	ne following:		37	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernai	Revenue C	iode.) 	
					Yes	-
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	orm?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				3.5	
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			40-		v
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			401		
<u></u>	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	ction	501(C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
10	Own website Another's website X Upon request Other (explain on Schedule O)	oot	liou and			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est po	licy, and			
20	financial statements available to the public during the tax year.	rde 🕨				
20 Me	State the name, address, and telephone number of the person who possesses the organization's books and recoelody Irvin PO Box 21758	us 🟲				
IJI (elody Irvin PO Box 21758	_	0.43	٥.		200

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orm 990 (2021)	MTCCHETATTE	Preservation	Pro lect.	Z/-Z3U01U3

Page 7

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) (B) Name and title Average hours per week			, unle cer a	Pos check ess pe nd a o	more rson i	than one is both a or/trustee	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Ahmad Ward										
	40.00								_	_
Key Employee	0.00			Х				100,000	0	0
(2) Jamie Berndt	0.00									
Discouling and an	2.00							_	_	_
Director	0.00	Х				\vdash		0	0	0
(3) Margot Brown	2.00									
Director	0.00	$ \mathbf{x} $						0	0	0
(4) Ochieng Ubri Car		1								<u> </u>
(+) 001110119 0221 000	4.00									
Director	0.00	$ \mathbf{x} $						0	0	0
(5) Carlton Dallas									Ţ.	
•	2.00									
Director	0.00	$ \mathbf{x} $						0	0	0
(6) Herbert Ford										
	2.00									
Director	0.00	X						0	0	0
(7) Hester Hodde										
	2.00									
Director	0.00	Х						0	0	0
(8) Kirsten Hotchkis										
Director	2.00 0.00	x						0	o	0
(9) Didi Summers, Pl		^						0	0	0
(a) Didi Sammers, Fi	2.00									
Director	0.00	x						0	0	0
(10) Anna Ponder PhD		 								
(,	2.00									
Director	0.00	$ \mathbf{x} $						0	0	0
(11) Michael Scioscia										
	2.00									
Director	0.00	X						0	0	0
<u> </u>										Form QQ () (2021)

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

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Part VII Section A. Officers	, Directors, Tru	stee	es, K	ey E	mpl	oyee	es, a	nd Highest Compensated	Employees (continued)				
					C)								
(A)	(B)	(d	lo not		ition more	than c	one	(D)	(E)	ĺ	(F)		
Name and title	Average	bo	x, unl	ess pe	erson i	is both	an	Reportable	Reportable	Esti	imated		
	hours per week				directo	or/trust	ee)	compensation from the	compensation from related	C	of oth ompens		
	(list any	Individual or director	nsti	Officer	Key	eş j	Former	organization (W-2/	organizations (W-2/		from t	he	
	hours for related	lirect	Institutional	ĕ	em	loye	ner	1099-MISC/	1099-MISC/	_	ganizatio	n and nizations	e
	organizations	or tr	. –		employee	l°s		1099-NEC)	1099-NEC)	Telate	o orga	HIZALIOH	5
	below	trustee	trustee		ee	Highest compensated employee				ĺ			
	dotted line)		ee			ated							
(12) Raymond Werts	\$												
	2.00												
Director	0.00	X						0	0	ĺ			(
(13) Lola Campbell													
	4.00												
Vice Chairperson	0.00			X				0	0				(
(14) Melody Irvin										ĺ			
	4.00												
Treasurer	0.00			X				0	0				(
(15) Thomas C Barr	well Jr												
	2.00												
Chairman Emeritus	0.00			x				0	0				(
(16) Gloria Holmes				† 									
(=0, 0=0=10 =10=1110=	4.00												
Secretary	0.00			x				0	0				(
(17) Shirley Peter			+						•				
(17) Billiey recei	4.00									ĺ			
Chairperson	0.00			x				0	0	ĺ			(
Chariperson	0.00			^				0	U				
			-										
_										<u> </u>			
1b Subtotal								100,000					
c Total from continuation sheet	ets to Part VII,	Sect	ion A	Δ									
d Total (add lines 1b and 1c)							•	100,000					
2 Total number of individuals (in				thos	e lis	ted a	bove	e) who received more than	\$100,000 of				
reportable compensation from	the organization	1 ▶	0									Vac	Na
2 Did the argenization list on the	umar officer di	· o ot o		otoo	leas		nlavi	aa ar highaat aamnanaata.		Г		Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	' complete Sche	ecio dule	I, III I fo	r suc	, Key h ind	i em dividi	pioye <i>ial</i>	ee, or nighest compensated	J		3		Х
4 For any individual listed on line	e 1a. is the sum	of r	epor	table	con	npens	satio	n and other compensation	from the				
organization and related organ													
individual								· · · · · · · · · · · · · · · · · · ·			4		X
5 Did any person listed on line 1	la receive or ac	crue	com	pens	satio	n fror	m an	ny unrelated organization or	· individual				
for services rendered to the or		es,"	' con	plete	Sc.	hedu	le J	for such person			5		X
Section B. Independent Contracto													
1 Complete this table for your five compensation from the organization.										-ar			
	(A) business address	Jinpe	Jilou		0	10 00	T		(B) ion of services	<u> </u>		(C) mpensati	
Name and	business address							Descript	ion of services	\longrightarrow	Cor	mpensati	on
							_			\longrightarrow			
							_						
2 Total number of independent of								se listed above) who					
received more than \$100,000	of compensation	n froi	m th	e orç	ganiz	ation	▶		0				

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

648,689

25,522

0

d All other revenue

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

Total revenue. See instructions .

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon-			olete column (A).	П
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		охролосо	goneral expenses	с.,фолосо
•	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				
Ū	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)	120 076	22 770	102 500	10 500
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 -00	1 010		
10	Payroll taxes	10,700	1,819	7,918	963
11	Fees for services (nonemployees):				
а	Management				
b	Legal	418		418	
С	Accounting	24,348		24,348	
d	Lobbying				
е	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	Occupancy	30,302	32,712		
	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,370	2,244	2,126	
_	Internat	1,370	2,211	2,120	
20	Interest				
21	Payments to affiliates	1,669	1,669		
22	Depreciation, depletion, and amortization	7,437	1,009	7,437	
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.)	C1 040	C1 040		
а	Archaeology Project	61,842	61,842		
b	Juneteenth Event	40,049	40,049		
С	Educational Outreach	7,146	7,146		
d	Freedom Day	5,200	5,200		
е	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 if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			88	1	88
2				995,762	2	674,221
3			81,363	3	297,645	
4					4	
5						
	trustee, key employee, creator or founder, substantia	al contribut	or, or 35%			
	controlled entity or family member of any of these pe				5	
6	Loans and other receivables from other disqualified					
	under section 4958(f)(1)), and persons described in		6			
7					7	
8					8	
9				2,316	9	1,316
10	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	25,462			
l k	Less: accumulated depreciation	1 400	21,176	5,955	10c	4,286
11					11	
12					12	
13				13		
14					14	
15				10,000	15	10,000
16				1,095,484	16	987,556
17		13,237	17	10,994		
18			18			
19		14,811	19			
20					20	
21	Escrow or custodial account liability. Complete Part	IV of Sche	dule D		21	
22						
22	trustee, key employee, creator or founder, substantia					
	controlled entity or family member of any of these pe	ersons			22	
23	Secured mortgages and notes payable to unrelated	third partie	s		23	
24		rd parties			24	
25						
	parties, and other liabilities not included on lines 17-	24). Compl	ete Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			28,048	26	10,994
	Organizations that follow FASB ASC 958, check	here ▶ X				
	and complete lines 27, 28, 32, and 33.					
27 28	Net assets without donor restrictions		L	1,067,436	27	976,562
28	Net accete with alconous sentilations			28		
	Organizations that do not follow FASB ASC 958,					
	and complete lines 29 through 33.		_			
29	Capital stock or trust principal, or current funds				29	
29 30 31	Paid-in or capital surplus, or land, building, or equipr				30	
31	Retained earnings, endowment, accumulated income				31	
32	Total not coasts or fund belonges			1,067,436	32	976,562
33				1,095,484	33	987 , 556

Form **990** (2021)

	rrt XI Reconciliation of Net Assets			1 6	age 12
Pa					
	Check if Schedule O contains a response or note to any line in this Part XI			4.0	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			689
2	Total expenses (must equal Part IX, column (A), line 25)	2			563
3	Revenue less expenses. Subtract line 2 from line 1	3			874
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,0	<u>67,</u>	<u>436</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	9	76,	562
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				
_					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

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

Page 2

Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support	rians to quality	under the test	3 ii3tca below,	picase compie	to rait iii.j	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	205,334	365,145	579,318	1,099,708	628,626	2,878,131
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	6,900	6,900	6,900			20,700
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	212,234	372,045	586,218	1,099,708	628,626	2,898,831
6	Public support. Subtract line 5 from line 4						2,898,831
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 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 or	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c))(3)	
	organization, check this box and stop her						▶
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2021 (line 6	, column (f) divided	l by line 11, colum	n (f))		14	99.90%
15	Public support percentage from 2020 Sche	edule A, Part II, line	e 14			15	99.88%
16a	33 1/3% support test—2021. If the organ				33 1/3% or more, o	check this	_
	box and stop here. The organization qual						► <u>X</u>
b	33 1/3% support test—2020. If the organ				15 is 33 1/3% or m	ore, check	. □
47-	this box and stop here. The organization					44:-	
17a	10%-facts-and-circumstances test—202 10% or more, and if the organization mee	=					
	Part VI how the organization meets the fa		•				
	organization		-				▶ □
b	10%-facts-and-circumstances test—202						····································
	15 is 10% or more, and if the organization	· ·		•			
	in Part VI how the organization meets the				-	•	
	organization			•	. , ,	•	▶ □
18	Private foundation. If the organization did	d not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	▶ □
	instructions						· · · · · · · · · · · · · · · · · · ·

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality dilucit	THE LEGIE HOLEG	bolow, ploado	complete r are	,	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees		, ,	``	, ,	``	
	received. (Do not include any "unusual grants.")						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar 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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) [First 5 years. If the Form 990 is for the organization of the properties		L second third fourth	h or fifth tax vear	L as a section 501/c	1	
•	organization, check this box and stop here	-					▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2021 (line 8,	column (f), divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2020 Sche						%
Sec	tion D. Computation of Investment	nt Income Pe	rcentage				
17	Investment income percentage for 2021 (lin	ne 10c, column (f)), divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2020 S						%_
19a	33 1/3% support tests—2021. If the organ						
	17 is not more than 33 1/3%, check this bo		=				▶ ⊔
b	33 1/3% support tests—2020. If the organ						, n
20	line 18 is not more than 33 1/3%, check thi		_			=	. \square
20	Private foundation. If the organization did	HOLCHECK a DOX	on line 14, 19a, or	I SD, CHECK THIS DO	ox and see instituct	.10115	

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	2-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		990) 2021
Sche	edule A	(Form 9	90) 2021

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Soci	supervised, or controlled the supporting organization.	2		
3 C CI	ion C. Type II Supporting Organizations	\neg	V	NI-
4	Were a majority of the averagization's divestors or trustons during the tay year also a majority of the divestors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
500	ion b. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions)	·	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	01		
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	o. no supported organizations in 100, docume in 1 dit vi inc 100 played by the organization in the regular.			

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

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

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A (Forr	m 990) 2021		Mitche	elville	Preser	vation	Project,	27-2308109	Page 8
Part VI	Supplement III, line 12; B, lines 1 at 3a, and 3b	Part IV, S and 2; Pai ; Part V, I	rmation. F Section A, rt IV, Secti ine 1; Part	Provide the lines 1, 2, 3 on C, line 1 t V, Section	explanation 3b, 3c, 4b, 1; Part IV, 3 B, line 1e;	ns required 4c, 5a, 6, 9 Section D, li Part V, Se	by Part II, line and a, 9b, 9c, 11a, nes 2 and 3; Paction D, lines 5,	10; Part II, line 17a of 11b, and 11c; Part IV art IV, Section E, line , 6, and 8; and Part V	or 17b; Part /, Section es 1c, 2a, 2b,
	lines 2, 5,	and 6. Als	so comple	te this part	for any ad	ditional info	rmation. (See in	nstructions.)	
Part I	I, 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 Open to Public

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

	ddic D (1 01111 330) 2021								agc z
Pa	rt III Organizations Maintainin	g Collections of	Art, Historical	Treasures, o	r Other Sim	lar Assets	(contir	nued)	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	, check any of the	following that ma	ike significant us	se of its			
а	Public exhibition	d \square I	Loan or exchange	orogram					
b	Scholarly research		Other	-					
	H '	·	Ou ici						
C	Preservation for future generations	a a lla a Carra a carral a constato	h (h 6(h (l			in Don't			
4	Provide a description of the organization's	collections and explain	now they further tr	ie organization s	exempt purpose	іп Рап			
_	XIII.								
5	During the year, did the organization solicit		· ·	<u> </u>				-	
	assets to be sold to raise funds rather than		part of the organization	ion's collection?			. L Ye	s X	- No
Pa	ert IV Escrow and Custodial A	_							
	Complete if the organization	on answered "Yes'	on Form 990,	Part IV, line 9	or reported	an amoun	t on Fo	rm	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custo	dian or other intermedi	ary for contribution	s or other assets	not				_
	included on Form 990, Part X?						. TY	s	No
b	If "Yes," explain the arrangement in Part X						. —		_
	• •	·	· ·				Amoun	t	
С	Reginning halance					1c			
4	• • • • • • • • • • • • • • • • • • • •					1d			
a	Additions during the year								
е	Distributions during the year					1e			
f	Ending balance					1f			_
	Did the organization include an amount on							es _	No
	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	planation has been	provided on Par	t XIII				
Pa	rt V Endowment Funds.								
	Complete if the organization	on answered "Yes'	<u>' on Form 990,</u>	Part IV, line 1	10.				
		(a) Current year	(b) Prior year	(c) Two years	s back (d) Th	ree years back	(e) Fou	r years	back
1a	Beginning of year balance								
	Contributions								
							1		
·									
	losses						+		
	Grants or scholarships						+		
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cu		e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment ▶	%							
	Permanent endowment ▶ %								
С	Term endowment ▶ %								
•	The percentages on lines 2a, 2b, and 2c s	nould equal 100%							
22	Are there endowment funds not in the poss	•	tion that are hold a	nd administered t	for the				
Зa	· ·	session of the organiza	uon mai are neid a	na aaministerea i	ior trie			V	Na
	organization by:						6	Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ	izations listed as requir	ed on Schedule Ra) 			. 3b		
4	Describe in Part XIII the intended uses of		wment funds.						
Pa	rt VI Land, Buildings, and Eq	uipment.							
	Complete if the organization		on Form 990,	Part IV, line 1	1a. See For	m 990, Par	t X, line	10.	
	Description of property	(a) Cost or other b		or other basis	(c) Accumulate		(d) Book		
	• • • •	(investment)	1 ''	other)	depreciation		-		
12	Land								
ıa L	Land								
D	Buildings			+					
	Leasehold improvements								
	Equipment					150			00.5
	Other			25,462	21	, 176			286
Total	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part	X, column (B), line	10c.)		•		4,	286

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (g) Descriptor the extractory control of the extractory (p) Rock stream (p) Rock s	Part VII		- Other Securities.	Forms 000 Post IV list	22 44h Can Farm 000	Dort V. line 40
Cost of a cost-of-year make value						
(1) Financial derivatives (2) Closely held equity interests (3) Other (4) (4) (6) (6) (7) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				(b) Book value	, ,	
(2) Closely held equity interests (3) Other (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(4) =:	•	<u> </u>		Cost of end-of-ye	ai market value
(3) Other (4) (6) (7) (8) (8) (9) (9) (9) (9) (9) (10)	(1) Financial	derivatives				
(A) (B) (C) (C) (C) (E) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F						
(6) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(3) Other					
(C)	(A)			_		
(C) (E) (F) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						
(6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1						
(G)	(D)					
(G) (H) (FOCUMENT (D) must equal Form 990, Part X cot. (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. (g) Description of Investment (h) Focus value (h) F	(E)					
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. (b) Sock value (b) Sock value (c) Method of valuation: Cotat or end-of-year market value (c) Cotat or end-of-year market value (d) Cotat or end-of-year market value (e) Cotat or end-of-year market value (f) Cotat or end-of-year market value (g) Cotat or end-of-ye	(F)					
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	2. Liability for	•	• •	J		

Pa	Int XI Reconciliation of Revenue per Audited Financial St. Complete if the organization answered "Yes" on Form		•	
1	Total account with a support was a will all formal distances.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		· · · · · · · · · · · · · · · · · · ·	
Pa	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form	-	-	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	, , , , , , , , , , , , , , , , , , , ,			
	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18</i> Int XIII Supplemental Information.	.)	5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18</i> Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; F	2art V, line 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18</i> Int XIII Supplemental Information.	Part IV, lines 1b and 2b; F	2art V, line 4; Part X, line	
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Schedule D (F	Form 990) 2021	Mitchelville	Preservation	Project,	27-2308109	Page 5
Part XIII	Supplement	al Information (cont	tinued)			
		,	,			
• • • • • • • • • • • • • • • • • • • •						

SCHEDULE G (Form 990)

Department of the Treasury

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

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Open to Public

OMB No. 1545-0047

27-2308109 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I

Form 990-EZ filers are not require	ed to complete th	ıs part.				
1 Indicate whether the organization raised funds throu	gh any of the followin	g activitie	es. (Check all that apply.		
a Mail solicitations	e Solicitation	of non-	gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gove	rnm	ent grants		
c Phone solicitations	g Special fur	ndraising	eve	ents		
d In-person solicitations						
 Did the organization have a written or oral agreeme or key employees listed in Form 990, Part VII) or et If "Yes," list the 10 highest paid individuals or entitie compensated at least \$5,000 by the organization. 	ntity in connection with	profess	iona	Il fundraising services	?	Yes X No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fu raiser ha custody control contributio	or of	(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 N				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			▶			
List all states in which the organization is registered registration or licensing.		contribution	ons	or has been notified i	t is exempt from	

Schedule G (Form 990) 2021 Mitchelville Preservation Project, 27-2308109 Page 2
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		gross receipts t	jieatei tiiaii \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total avanta
			Blues and BBQ		None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Pe		-	(event type)	(event type)	(total number)	55:: (4))
Revenue	1	Gross receipts	21,641			21,641
		Less: Contributions	21,601			21,601
	3	Gross income (line 1 minus	4.0			40
		line 2)	40			40
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ct Exp	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	5,499			5,499
	10	Direct expense summary.	Add lines 4 through 9 in column (d	d)	•	5,499
	11	Net income summary. Sul	btract line 10 from line 3, column (d)	• • • • • • • • • • • • • • • • • • •	-5,459
P	art	III Gaming. Com	plete if the organization answ	wered "Yes" on Form 990,	Part IV, line 19, or repo	orted more than
		\$15,000 on Fo	rm 990-EZ, line 6a.			
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) Bliligo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
ses	2	Cash prizes				
ens						
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary.	Add lines 2 through 5 in column (o	d)	>	
	8	Net gaming income summ	nary. Subtract line 7 from line 1, co	olumn (d)	•	
		Trot garring income carrin	iary. Cabacac into 7 from into 1, co	(a)	······································	_
9	Ent	tor the state(s) in which the	e organization conducts gaming ac	tivities:		
			conduct gaming activities in each			Yes No
						······
	 We	ere any of the organization's	s gaming licenses revoked. suspen	nded, or terminated during the tax	year?	Yes No
10a		ere any of the organization's Yes," explain:	s gaming licenses revoked, suspen	nded, or terminated during the tax	year?	Yes No
10a			s gaming licenses revoked, suspen	nded, or terminated during the tax	year?	Yes No

Sche	dule G (Form 990) 2021	Mitchelville	Preservation	Project,	27-2308109			Р	Page 3
11	Does the organization cond	duct gaming activities with	nonmembers?					Yes	No
12	Is the organization a granto						_		_
	formed to administer charit	able gaming?		·				Yes	No
13	Indicate the percentage of						ш	,	
а	The organization's facility					13a			%
b	An outside facility					13b			 %
14	An outside facility	ss of the person who prepa	ares the organization's gami	ng/special events bo	noks and				
	records:	so or the person who prope	iloo tilo organization o gami	ng/opeoidi evento be	ono ana				
	rccords.								
	Name >								
	Name								
	Address >								
	Address >								
15a	Does the organization have	e a contract with a third par	tv from whom the organizat	ion receives gaming					
	_	•		0 0				Yes	□ No
b	If "Yes," enter the amount of	of gaming revenue received	t by the organization ▶ \$		and the		ш		
	amount of gaming revenue				and the				
С	If "Yes," enter name and ac		Ψ						
·	ii 165, enter name and at	duless of the third party.							
	Name •								
	Name								
	Address ►								
16	Gaming manager informati	on:							
	Name ▶								
	Gaming manager compens	sation > \$							
	Description of services pro	vided ▶							
	Director/officer	Employee	Independent contra	ctor					
17	Mandatory distributions:								
а	Is the organization required			0 01				. 1	┌
	retain the state gaming lice	ense?					Ш	Yes	No
b	Enter the amount of distribu	·		er exempt organizati	ons or				
_	spent in the organization's			and the Death	l' Ol l /''	° 1 (· A -	1	
Pa			de the explanations re					na	
			16, and 17b, as application	cable. Also prov	ide any additional in	iiormati	on.		
	See instruction	ons.							

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2021

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

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

Open to Public Inspection

Name of the organization Mitchelville Preservation Project,

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

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

Schedule O (Form 990) 2021 Page 2

Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

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

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

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

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

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

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

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

leadership program was designed to engage area high school students in discovering their own leadership abilities by exploring historical concepts and participating in a variety of learning experiences. Lifelong learning

Schedule O (Form 990) 2021 Page 2

Name of the organization

Mitchelville Preservation Project,

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27-2308109

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

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

Schedule O (Form 990) 2021 Page 2

Name of the organization

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

Schedule O (Form 990) 2021

Name of the organization	Drogorestion	Drojest		Employer identification 27-2308109	number
	Preservation	Project,		27-2306109	
inspection.			 		
				Page 4 of	4

Department of the Treasury

Internal Revenue Service

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

Name(s) shown on return

Mitchelville Preservation Project, Identifying number 27-2308109 Inc.

	ess or activity to which this form relate							
<u>I</u>	<u>ndirect Depreciat</u>							
Pa	rt I Election To Expe	•	•					
	Note: If you have		<u>y, complete Pa</u>	rt V before you	complete Pa	rt I.		
1	Maximum amount (see instruction						1	1,050,000
2	Total cost of section 179 property						2	
3	Threshold cost of section 179 pro						3	2,620,000
4	Reduction in limitation. Subtract li						4	1 050 000
5	Dollar limitation for tax year. Subtract li		or less, enter -0 If m	<u> </u>			5	1,050,000
6	(a) Description	on of property		(b) Cost (business use	only) (c)	Elected cost		
							-	
7	Listed property. Enter the amoun				7			
8	Total elected cost of section 179		•				8	0
9	Tentative deduction. Enter the sr						9	2,282
10	Carryover of disallowed deduction	n from line 13 of your	2020 Form 4562				10	2,282
11	Business income limitation. Enter						11	0
12	Section 179 expense deduction.				l I	2 '	12 282	<u> </u>
13 Note	Carryover of disallowed deduction Don't use Part II or Part III below			<u> </u>	13	4,	202	
	rt II Special Depreciat			reciation (Don't	include liste	d proper	hy Sa	a instructions)
14	Special depreciation allowance for					а ріорсіі	ly. OC	c instructions.
	during the tax year. See instruction		•	. ,, .			14	
15	Property subject to section 168(f)						15	
16	Other depreciation (including AC	RS)					16	
	rt III MACRS Deprecia							
	m terte popiosia	alon (Don't morac	Secti	•	01101)			
				VII / 1				
17	MACRS deductions for assets pla	aced in service in tax					17	1,669
17 18	MACRS deductions for assets place	· · · · · · · · · · · · · · · · · · ·	years beginning be	efore 2021		▶ □	17	1,669
	If you are electing to group any assets place	· · · · · · · · · · · · · · · · · · ·	years beginning be ear into one or more gene	efore 2021	here	▶		1,669
	If you are electing to group any assets place	Assets Placed in Ser (b) Month and year placed in	years beginning be ear into one or more generative During 2021 (c) Basis for depre- (business/investmen	eral asset accounts, check Tax Year Using th ciation t use (d) Recovery	here	▶	ystem	1,669 (g) Depreciation deduction
	If you are electing to group any assets place Section B—. (a) Classification of property	Assets Placed in Ser (b) Month and year	years beginning be ear into one or more generativice During 2021 (c) Basis for depre	eral asset accounts, check Tax Year Using th ciation t use (d) Recovery	e General Dep	reciation S	ystem	-
18	If you are electing to group any assets place Section B—,	Assets Placed in Ser (b) Month and year placed in	years beginning be ear into one or more generative During 2021 (c) Basis for depre- (business/investmen	eral asset accounts, check Tax Year Using th ciation t use (d) Recovery	e General Dep	reciation S	ystem	-
18 19a	If you are electing to group any assets place Section B—, (a) Classification of property 3-year property	Assets Placed in Ser (b) Month and year placed in	years beginning be ear into one or more generative During 2021 (c) Basis for depre- (business/investmen	eral asset accounts, check Tax Year Using th ciation t use (d) Recovery	e General Dep	reciation S	ystem	-
18 19a b	Section B—. (a) Classification of property 3-year property 5-year property	Assets Placed in Ser (b) Month and year placed in	years beginning be ear into one or more generative During 2021 (c) Basis for depre- (business/investmen	eral asset accounts, check Tax Year Using th ciation t use (d) Recovery	e General Dep	reciation S	ystem	-
19a b	Section B—. (a) Classification of property 3-year property 5-year property 7-year property	Assets Placed in Ser (b) Month and year placed in	years beginning be ear into one or more generative During 2021 (c) Basis for depre- (business/investmen	eral asset accounts, check Tax Year Using th ciation t use (d) Recovery	e General Dep	reciation S	ystem	-
19a b c	If you are electing to group any assets place Section B—. (a) Classification of property 3-year property 5-year property 7-year property 10-year property	Assets Placed in Ser (b) Month and year placed in	years beginning be ear into one or more generative During 2021 (c) Basis for depre- (business/investmen	eral asset accounts, check Tax Year Using th ciation t use (d) Recovery	e General Dep	reciation S	ystem	-
19a b c	If you are electing to group any assets place Section B—. (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	Assets Placed in Ser (b) Month and year placed in	years beginning be ear into one or more generative During 2021 (c) Basis for depre- (business/investmen	eral asset accounts, check Tax Year Using th ciation t use (d) Recovery	e General Dep	reciation S	ystem	-
19a b c d e f	If you are electing to group any assets place Section B—. (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	Assets Placed in Ser (b) Month and year placed in	years beginning be ear into one or more generative During 2021 (c) Basis for depre- (business/investmen	eral asset accounts, check Tax Year Using th ciation t use period (d) Recovery period	e General Dep	reciation S (f) Meth	ystem	-
19a b c d e f	Section B—. (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	Assets Placed in Ser (b) Month and year placed in	years beginning be ear into one or more generative During 2021 (c) Basis for depre- (business/investmen	eral asset accounts, check Tax Year Using th ciation t use period (d) Recovery period	e General Dep (e) Convention	reciation S (f) Meth	ystem	-
19a b c d e f g h	If you are electing to group any assets place Section B—. (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real	Assets Placed in Ser (b) Month and year placed in	years beginning be ear into one or more generative During 2021 (c) Basis for depre- (business/investmen	eral asset accounts, check Tax Year Using th citation t use period (d) Recovery period 25 yrs. 27.5 yrs.	e General Dep (e) Convention	reciation S (f) Meth	ystem	-
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19a b c d e f g h i	(a) Classification of property 3-year property 5-year property 10-year property 20-year property Residential rental property Nonresidential real property Class life 12-year 30-year 40-year Listed property. Enter amount fro Total. Add amounts from line 12,	Assets Placed in Service (b) Month and year placed in service (b) Month and year placed in service service ssets Placed in Service assets Placed in Service assets Placed in Service	years beginning begar into one or more generated During 2021 (c) Basis for depret (business/investment only—see instruction only—see i	eral asset accounts, check Tax Year Using th ciation t use ons) 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ax Year Using the 12 yrs. 30 yrs. 40 yrs.	MM MM MM Alternative De MM MM Alternative De	S/L	ystem od System	(g) Depreciation deduction
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MITCHELVILL Mitchelville Preservation Project,
27-2308109 Federal Asset Report Form 990, Page 1

06/22/2022 11:46 AM

FYE: 12/31/2021

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

MITCHELVILL Mitchelville Preservation Project,
27-2308109
Bonus Depreciation Report
FYE: 12/31/2021
Form 990, Page 1

06/22/2022 11:46 AM

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	Sign - Speedy Sign	1/23/18	980		0	0	311	669
2	Sign - Speedy signs	12/21/17	980		0	0	414	566
3	Sign - Meeting Dynamics	7/14/18	695		0	0	257	438
4	Theater Seating The Repertoire	12/31/14	20,000		0	0	10,000	10,000
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	25,462		0	0	11,245	11,935

FYE: 12/31/2021

Form Unit Asset

All Business Activities

AMT Adjustments/ Preferences

Tax

AMT

06/22/2022 11:46 AM

There are no assets that meet the criteria of this report

Description

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

FYE: 12/31/2021

27-2308109

Taxable Interest on Investments

Description

Unrelated Exclusion Postal Acquired after Business Code Code 6/30/75 US Obs (\$ or %)

1,457 1,457 Total

Amount

6/22/2022 11:46 AM

27-2308109

FYE: 12/31/2021

Federal Statements

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

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

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

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

6/22/2022 11:46 AM

27-2308109

FYE: 12/31/2021

Federal Statements

Schedule A, Part II, Line 1(e)

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

Schedule A, Part II, Line 12 - Current year

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

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

27-2308109

FYE: 12/31/2021

Blues and BBQ

Other Direct Fundraising or Gaming Expenses

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

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning

, and ending

Mitchelville Preservation Project, 27-2308109 Inc.

Revenue					
Contributions		1,099,708			
Program service revenue		22,075 5,274			
Investment income		5 , 274			
Capital gain / loss					
Fundraising / Gaming:					
Gross revenue	1,500				
Direct expenses	4,740				
Net income		-3,240			
Other income		0			
Total revenue			1,1	<u>23,817</u>	
Expenses					
Program services		290,250			
Management and general		158,158			
Fundraising		28,247			
Total expenses			4	76,655	
Excess / (deficit)					647,162
Changes					
					1 068 436
Net Asset / Fund I	Balance at End of	Year			1,067,436
Reconciliation of	Revenue			deconciliation of	f Expenses
Reconciliation of otal revenue per financial statement	Revenue	Total			
Reconciliation of otal revenue per financial statement ess:	Revenue	Total Less:	expenses per	financial statem	f Expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains	Revenue	Total (Less: Do	expenses per	financial statement	f Expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services	Revenue	Total of Less:	expenses per onated service rior year adjus	financial statement	f Expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries	Revenue	Total of Less: Do	expenses per onated service rior year adjust osses	financial statement	f Expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other	Revenue	Total of Less: Do Pr	expenses per onated service rior year adjus	financial statement	f Expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other	Revenue	Total Less: Do Pr Lo Or Plus:	expenses per onated service rior year adjust osses ther	financial statem es stments	f Expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses	Revenue	Total e Less: Do Pi Lo Or Plus:	expenses per properties on a per	financial statem es stments	f Expenses
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	Revenue s	Total Less: Do Pr	expenses per properties of the control of the contr	financial statemes stments enses	f Expenses ents
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other us: Investment expenses	Revenue	Total Less: Do Pr	expenses per properties of the control of the contr	financial statem es stments	f Expenses ents
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other	Revenue s	Total Less: Do Pr	expenses per conated service rior year adjust cosses ther vestment exp ther Total expenses	financial statemes stments enses	f Expenses ents
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	Revenue s	Total de Less: Do Principal de Composition de Compo	expenses per conated service rior year adjust cosses ther vestment exp ther Total expenses	financial statemes stments enses	f Expenses ents 476,655
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	Revenue S 1,123,6 Beginning 599,	Total de Less: Do Printer	expenses per onated service rior year adjust osses ther vestment exp ther Total expenses	financial statem es stments enses nses per return	f Expenses ents 476,655
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return	Revenue S 1,123,8	Total de Less: Do Printer	expenses per onated service rior year adjust osses ther vestment exp ther Total expenses	financial statem es stments enses nses per return	f Expenses ents 476,655
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return Assets	Revenue S 1,123,6 Beginning 599,	Total Less: Do Pr Lo Of Plus: In Of Balance Sh Ending 332 1,095	expenses per onated service cior year adjust osses ther expenses ther Total expenses eet 484,048	financial statem es stments enses nses per return	f Expenses ents 476,655
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 599, 179, 420,	Total Less: Do Pr Lo Of Plus: In Of Balance Sh Ending 332 1,095	expenses per onated service cior year adjust osses ther expenses ther Total expenses eet 484,048	financial statemes es stments enses nses per return Differences	f Expenses ents 476,655
Reconciliation of otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return Assets Liabilities	Beginning 599, 179, 420,	Total Less: Do Print Lo Or Plus: In Or Balance Sh Ending 1,095 28 274 1,067	expenses per onated service cior year adjust osses ther expenses ther Total expenses eet 484,048	financial statemes es stments enses nses per return Differences	f Expenses ents 476,655

Form **8879-EC**

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

OMB	No	15/5-00/7

For calendar year 2020, or fiscal year beginning

....., 2020, and ending, 20 ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Taxpaver identification number Name of exempt organization or person subject to tax Mitchelville Preservation Project, Inc. 27-2308109 Name and title of officer or person subject to tax Ahmad Ward Executive Director Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b **b** Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here **b** Total tax (Form 1120-POL, line 22) 3b **b** Tax based on investment income (Form 990-PF, Part VI, line 5) _____ 4b 4a Form 990-PF check here ▶ 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here ▶ 7a Form 4720 check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that | X | I am an officer of the above organization or | | I am a person subject to tax with respect to , (EIN) and that I have examined a copy (name of organization) of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize David E. Williams C.P.A., LLC to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 57839707134 Do not enter all zeros

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

David E Williams, CPA ERO's signature

_ Date ▶

ERO Must Retain This Form — See Instructions

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

990

Return of Organization Exempt From Income Tax

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

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

2020 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2020 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization Mitchelville Preservation Project, Check if applicable: Address change Doing business as Historic Mitchelville Preservation 27-2308109 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 843-255-7300 Initial return PO Box 21758 Final return/ City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND SC 29925 1,128,557 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Ahmad Ward PO Box 21758 H(b) Are all subordinates included? If "No," attach a list. See instructions Hilton Head Island SC 29925 **X** 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or Tax-exempt status www.EXPLOREMITCHELVILLE.ORG **H(c)** Group exemption number ▶ Website: Year of formation: 2010 Form of organization: X Corporation Trust Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 16 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 2 5 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 579,318 1,099,708 Revenue 9 Program service revenue (Part VIII, line 2g) 78,195 22,075 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,429 5,274 26,652 -3,240 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 685,594 1,123,817 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 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) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 346,103 315,046 446,103 476,655 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 239,491 647,162 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year End of Year 5 599,332 1,095,484 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 179,058 28,048 22 Net assets or fund balances. Subtract line 21 from line 20 420,274 1,067,436 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sian Executive Director Here Ahmad Ward Type or print name and title Print/Type preparer's name Preparer's signature Check Paid David E Williams, CPA David E Williams, CPA 11/29/21 self-employed P01510199 Preparer Williams C.P.A., LLC 46-1684469 Firm's name Firm's EIN ▶ **Use Only** 840 William Hilton Pkwy Ste B 29928-3434 843-715-9568

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

Hilton Head, SC

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		х	
_	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	"		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			3.5
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		v
4-7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-7	х	
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundanising event gross income and contributions on	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		^
פו	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	The state of the s			

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

X

reportable gaming (gambling) winnings to prize winners?

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

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

	Ctatemente Regarding Carlot into I minge and Tax Compilation (Contains	aca,			Г	
٥-	Fater the courbest of combines are rested as Fam W.O. Taracci (tall of West and Tara				Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2-	2			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4		х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			2b		
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)		2-		x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-	4-		x
L	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ant)?	4a		
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
E 0			, ,	E0.		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for the five season of the form 1995 T2			50		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е		60		x
L	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution sittle ware not toy deductible?	ris oi		64		
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	jooas				
L	and services provided to the payor?					
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		:? 	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization of the personal benefit control of the organization of		00			
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization are relatively assistance and find a decrease of the decrease o			? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer	и бу п	ie			
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			00		
a						
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ا مما				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	IUD				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
a		Ha				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
122			2	122		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		,	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
				13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
D		13b				
r	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c				
с 14а				14a		х
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	 a O				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?			15		x
16	If "Yes," see instructions and file Form 4720, Schedule N.	incorr	102	16		х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yee" complete Form 4720. Schodule O	incom	l C (10		Λ
	If "Yes," complete Form 4720, Schedule O.					

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

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

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-orm 99()(2020) MILCHELVIII	e Preservation	Pro lect.	Z/-Z3U01U3

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any	box	x, unle	ess pei	tion more son i	than one s both an or/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) James Berndt									
Dina di an	5.00								•
Director (2) Charles Bogguess	0.00	X					0	0	0
(2) Charles Bogguess	5.00								
Director	0.00	x					0	0	0
(3) Margot Brown									
(3, 3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	2.00								
Director	0.00	X					0	0	0
(4) Lola Campbell									
	4.00								
Director	0.00	X					0	0	0
(5) Ochieng Ubri Car									
	1.00								
Director Ford	0.00	X					0	0	0
(6) Herbert Ford	4.00								
Director	0.00	x					0	0	0
(7) Kirsten Hotchkis		^						<u> </u>	<u> </u>
(/)KIIBCCII IIOCCIIKII	4.00								
Director	0.00	x					0	0	0
(8) Didi Summers, PI									
.,	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	Х					0	0	0
(11) Raymond Werts	2.00								
Director	0.00	x					0	0	0
	1 3.00								- 000

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

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Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	I			
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than cost both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) stimated of oth compens from	amount ner sation	
	(list any hours for	악전	Ins	읔	Key	₽JE	Fo	(W-2/1099-MISC)	(W-2/1099-MISC)		rganizati	on and	
	related organizations	Individual to director	nstitutional	Officer	y em	hest	Former			relat	ted orga	anization	S
	below dotted line)	or trustee			employee	compe							
		tee	trustee			Highest compensated employee							
(12) Charles Curl			 			۳							
	5.00												
Vice Chairperson	0.00			X				0	0				C
(13) Melody Irvin	4.00												
Treasurer	0.00			x				0	0				C
(14) Thomas C Barr													
	2.00							_					_
Chairman Emeritus	0.00 , PHD			X				0	0				
(15) Gloria Holmes	4.00												
Secretary	0.00			x				0	0				C
(16) Shirley Peter													
	13.00												_
Chairperson	0.00			X				0	0				C
1b Subtotal	<u> </u>												
c Total from continuation shee							>						
d Total (add lines 1b and 1c)						<u>.</u>	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A 400.000 f				
2 Total number of individuals (in reportable compensation from	the organization	ımıte n ▶	0	thos	e lis	ted a	IDOVE	e) who received more than	\$100,000 of				
												Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir <i>' complete Sche</i>	ecto dule	r, tru J foi	stee	, key h ind	/ emp dividu	ploye <i>ıal</i>	ee, or highest compensated	d		3		х
4 For any individual listed on line	e 1a, is the sum	of re	eport	table	con	npens	satio	n and other compensation	from the				
organization and related orgar individual											4		х
5 Did any person listed on line 1	1a receive or ac	crue	com	pens	ation	n fror	m an	ıy unrelated organization oı	r individual				
for services rendered to the or Section B. Independent Contractor		/es,"	com	plete	Sc.	hedu	le J	for such person			5		X
1 Complete this table for your five		ensa	ated	inde	pend	lent o	contr	actors that received more	than \$100,000 of				
compensation from the organiz		ompe	ensat	ion f	or th	ne ca	lend T			ear.		(C)	
Name and	(A) business address							Descript	(B) iion of services		Co	(C) mpensat	ion
2 Total number of independent of	contractors (inclu	ıdina	but	not	limite	ed to	thos	se listed above) who					
received more than \$100,000									0				

	rt V	'III Stateme	ent o	f Revenue		ervation Pr				Page 9
		Check II	Sch	edule O conta	ains a	response or note	(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	b c d	Federated camp Membership due Fundraising eve Related organiz Government grants (co	es ents ations		1a 1b 1c 1d	941,179				
Contributions and Other S	f g	All other contributions, and similar amounts no Noncash contributions Total. Add lines	gifts, gra ot include included	ants, ed above in lines 1a-1f			1,099,708			
Program Service Revenue	2a b c d	Reenactment	ts &	Tours			20,000 1,575 500	20,000 1,575 500		
Prog	g		m serv 2a–2f	rice revenue		>	22,075			
	4 5		nounts) restme	nt of tax-exemp	t bond	proceeds •	5,274	5,274		
Other Revenue	b c d 7a b	Gross rents Less: rental expenses Rental inc. or (loss) Net rental incom Gross amount from sales of assets other than inventory Less: cost or other basis and sales exps. Gain or (loss) Net gain or (loss Gross income from	7a 7b 7c s)	(i) Securities		(ii) Other				
		(not including \$ of contributions rep See Part IV, line 18 Less: direct exp Net income or (I	oorted o		8a 8b	1,500 4,740				

	See Part IV, line 19	9a			
b	Less: direct expenses	9b			
С	Net income or (loss) from gaming activ	vities .	>		
10a	Gross sales of inventory, less				
	returns and allowances	10a			
b	Less: cost of goods sold	10b			

Business Code d All other revenue ▶ e Total. Add lines 11a-11d

1,123,817

27,349

0

Miscellaneous Revenue

9a Gross income from gaming activities.

12 Total revenue. See instructions

c Net income or (loss) from sales of inventory .

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

Secu	Check if Schedule O contains a response			piete column (A).	
Do n	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	135,138	54,514	71,882	8,742
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,474	2,474 6,497		
10	Payroll taxes	6,497	6,497		
11	Fees for services (nonemployees):				
а	Management				
b	Legal	346		346	
С	Accounting	12,491		12,491	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17	17,500			17,500
f	Investment management fees				
g	, J				
	(A) amount, list line 11g expenses on Schedule O.)	19,021	19,021	44	
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	00.000	2 700	16 400	0.005
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	2 070	1 525	1 445	
19	Conferences, conventions, and meetings	2,970	1,525	1,445	
20	Interest		+		
21	Payments to affiliates	1 758	1,706	52	
22 23	Depreciation, depletion, and amortization	1,758 6,132	1,700	6,132	
		0,132		0,132	
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.)				
а	Archaeology Project	59,180	59,180		
a b	Holiday Event	21,149	21,149		
C	Travel	11,797	11,797		
d	Freedom Day	11,372	11,372		
	All other eveneses	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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest-bearing			352,170	1	88
2				165,000	2	995,762
3	Pledges and grants receivable, net			64,449	3	81,363
4	Accounts receivable, net				4	
5		mer officer, dire	ector,			
	trustee, key employee, creator or founder, substantia					
	controlled entity or family member of any of these pe				5	
6	Loans and other receivables from other disqualified					
	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		L		8	
9			L		9	2,316
10	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	25,462			
k	b Less: accumulated depreciation	10b	19,507	7,713	10c	5,955
11					11	
12					12	
13					13	
14					14	
15				10,000	15	10,000
16		e 33)		599,332	16	1,095,484
17	Accounts payable and accrued expenses	•		9,058	17	13,237
18					18	
19				170,000	19	14,811
20				_	20	
21		V of Schedule	D		21	
122	Loans and other payables to any current or former of					
22	trustee, key employee, creator or founder, substantia		r 35%			
	controlled entity or family member of any of these pe				22	
23	Secured mortgages and notes payable to unrelated	third parties			23	
24		d parties			24	
25						
	parties, and other liabilities not included on lines 17-					
	of Schedule D	, ,			25	
26				179,058	26	28,048
1	Organizations that follow FASB ASC 958, check			,		
	and complete lines 27, 28, 32, and 33.					
27 28	All a control of the			420,274	27	1,067,436
28	***************************************			•	28	
	Organizations that do not follow FASB ASC 958,	check here ▶	· · - -			
	and complete lines 29 through 33.					
	Constal stock on twice principal on accomment from de				29	
30		nent fund			30	
31	Retained earnings, endowment, accumulated income				31	
29 30 31 32				420,274	32	1,067,436
33				599,332	33	1,095,484

Form **990** (2020)

	art XI Reconciliation of Net Assets				i ag	<u> </u>
	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,	,12	3,8	17
2	Total expenses (must equal Part IX, column (A), line 25)	2			6,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			7,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		42	0,2	74
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,	, 06'	7,4	36
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u> .		
			_	<u></u> `	res	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		🚅	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		🚅	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		🚅	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?		Li	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u> :</u>	3b		

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

Mitchelville Preservation Project, En

2020

Open to Public Inspection

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

g Provide the fo	llowing information about t	he 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						

Enter the number of supported organizations

Schedule A (Form 990 or 990-EZ) 2020

Page 2

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	151,643	205,334	365,145	579,318	1,099,708	2,401,148
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	6,900	6,900	6,900	6,900		27,600
4	Total. Add lines 1 through 3	158,543	212,234	372,045	586,218	1,099,708	2,428,748
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						2,428,748
	tion B. Total Support				Ţ		
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	158,543	212,234	372,045	586,218	1,099,708	2,428,748
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29	105	624	1,429		2,187
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			730	30		760
11	Total support. Add lines 7 through 10				5,0		2,431,695
12	Gross receipts from related activities, etc.	(see instructions)				12	152,528
13	First 5 years. If the Form 990 is for the or			n. or fifth tax vear a			
	organization, check this box and stop her	_				, ,	▶□
Sec	tion C. Computation of Public So						
14	Public support percentage for 2020 (line 6			n (f))		14	99.88%
15	Public support percentage from 2019 Scho		. 11			4.5	99.79%
16a	33 1/3% support test—2020. If the organ						
	box and stop here. The organization qual			tion			▶ 🗓
b	33 1/3% support test—2019. If the organ						
	this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test—202						
	10% or more, and if the organization mee	=					
	Part VI how the organization meets the "f						
	organization			,			▶ □
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	test, check this be	ox and stop here.	Explain	
	in Part VI how the organization meets the						
	organization						▶ □
18	Private foundation. If the organization did	not check a box c	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	е	
	instructions						▶ [

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

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

Sec	tion A. Public Support			•			
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
S	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
9	Amounts from line 6	(a) 2010	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(I) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop here	e			•		▶ □
Sec	tion C. Computation of Public Su	• •					
15	Public support percentage for 2020 (line 8	, column (f), divide	ed by line 13, colur	nn (f))		15	<u>%</u>
16	Public support percentage from 2019 School					16	%_
	tion D. Computation of Investme			0 1 ""		1 1	
17	Investment income percentage for 2020 (I	ine 10c, column (f), divided by line 1	3, column (f))		17	<u>%</u>
	Investment income percentage from 2019 S	ocneaule A, Part I	ii, line 1/		more then 22 4/0		<u>%</u>
19a	33 1/3% support tests—2020. If the orga 17 is not more than 33 1/3%, check this bo						▶ □
b	33 1/3% support tests—2019. If the orga	•	•				
~	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did		=			=	. —

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	104		
A (Fo	10b orm 99	0 or 990-	EZ) 2020

Schedu	e A (Form 990 or 990-EZ) 2020 Mitchelville Preservation Project, 27-2308:	109		Page 5
Par	: IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	 	
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Secti	detail in Part VI. on B. Type I Supporting Organizations	11c		
00011	JI B. Type I Supporting Significations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ĺ	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			T
	Did the consected as a section of the consected consected consected as a fine first described the fifth constant the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	l	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	_		
·	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	l	
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ir	structions))	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	30		
L	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organizati	ons	Tage 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			See
instructions. All other Type III non-functionally integrated supporting organizations	must comple	ete Sections A through E	<u>.</u>
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 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 integra	ted Type III	supporting organization	

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	ion D – Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		
6_	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1		
Sect	ion 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–explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
	From 2017			
d	From 2018			
е	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)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
	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, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			
				A /F 000 000 F7\ 000

Schedule A (For	m 990 or 990-EZ	2020	Mitche	elville	Preser	vation	Project,	27-2308109	Page 8
Part VI	Supplement III, line 12; B, lines 1 at 3a, and 3b;	ntal Info Part IV, S and 2; Par ; Part V, I	rmation. I Section A, rt IV, Secti line 1; Par	Provide the lines 1, 2, 3 on C, line 1 t V, Section	explanation b, 3c, 4b, 4 ; Part IV, S B, line 1e;	s required I Ic, 5a, 6, 9a ection D, lir Part V, Sec	by Part II, line 10 a, 9b, 9c, 11a, 1 nes 2 and 3; Par	O; Part II, line 17a or 1b, and 11c; Part IV, t IV, Section E, lines 6, and 8; and Part V,	Section 1c, 2a, 2b,
Dot T	T T:	1.0	O+1	T	Data 3.1		·	·	
Part 1	I, Line	10 -	Otner	Income	Detail				
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Schedule B (Form 990, 990-EZ,

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

Schedule of Contributors

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

2020

Name of the organization

Mitchelville Preservation Project,

Employer identification number

Inc.
Organization type (check one):

Filers of:
Section:

Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	covered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.
Special Rules	
regulations under sect 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the cions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) he amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the literary, or educational	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering stead of the contributor name and address), II, and III.
contributor, during the contributions totaled m during the year for an	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such nore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions be 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).

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

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

Name of organization

Mitchelville Preservation Project,

Employer identification number 27-2308109

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

Name of organization

Mitchelville Preservation Project,

Employer identification number 27-2308109

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) Paid wages of Executive Director 3.... \$ 50,000 06/30/20 (a) No. (c) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

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

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

Part VII		- Other Securities.	- Farm 000 Dart IV/ lin	- 44h C F 000 D	ant V. Baa 40
		e organization answered "Yes" of security or category	(b) Book value	e 11b. See Form 990, P	
		ing name of security)	(b) BOOK Value	Cost or end-of-year	
(1) Financial	dorivetives	<u> </u>			
///					
(B)			•• =		
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
		, , , , , , , , , , , , , , , , , , , ,	>		
Part VIII		 Program Related. 		_	
	Complete if the	e organization answered "Yes" o	n Form 990, Part IV, line	<u>e 11c. See Form 990, P</u>	art X, line 13.
	(a) Desc	cription of investment	(b) Book value	(c) Method of	
				Cost or end-of-year	r market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
	n (h) must equal Fo	orm 990, Part X, col. (B) line 13.)	>		
Part IX	Other Assets				
		 le organization answered "Yes" o	n Form 990. Part IV. line	e 11d. See Form 990. P	art X. line 15.
		(a) Description	,		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		orm 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilit				
	•	e organization answered "Yes" o	on Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X,
	line 25.			<u> </u>	
1.		Description of liability			(b) Book value
	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	n (h) must savel F-	orm 000 Part V and (P) line 25 \		k	
		orm 990, Part X, col. (B) line 25.) ons. In Part XIII, provide the text of the	footpote to the organization's	financial statements that rene	rte the
-		n tax positions under FASB ASC 740. Cl			

Pa	art XI Reconciliation of Revenue per Audited Financial S		nue per Return.	
	Complete if the organization answered "Yes" on Form			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	2a		
b	Donated services and use of facilities	2b		
С		2c		
d		2d		
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
С			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	art XII Reconciliation of Expenses per Audited Financial S			
	Complete if the organization answered "Yes" on Form		•	
1	Total symmetry and leaves non-codited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	5	2a		
b				
С	- · ·	2c		
d				
е			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		4a		
b				
			4c	
c	Add lines 12 and 16			
	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I line 1)	 २)		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.	3.)	5	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) ; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.	3.) ; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) ; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) ; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) ; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) ; Part IV, lines 1b and 2b; Pa	art V, line 4; Part X, line	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	B.) Part IV, lines 1b and 2b; Paprovide any additional inform	art V, line 4; Part X, line nation.	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	B.) Part IV, lines 1b and 2b; Paprovide any additional inform	art V, line 4; Part X, line nation.	
Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	3.) ; Part IV, lines 1b and 2b; Paprovide any additional inform	art V, line 4; Part X, line nation.	
Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	3.) ; Part IV, lines 1b and 2b; Paprovide any additional inform	art V, line 4; Part X, line nation.	
Provided in the second	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	3.) ; Part IV, lines 1b and 2b; Paprovide any additional inform	art V, line 4; Part X, line nation.	
Provided in the second	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	3.) ; Part IV, lines 1b and 2b; Paprovide any additional inform	art V, line 4; Part X, line nation.	
5 Provide Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part IV, lines 1b	art V, line 4; Part X, line nation.	
5 Provide Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part IV, lines 1b	art V, line 4; Part X, line nation.	
5 Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	B.) ; Part IV, lines 1b and 2b; Part IV, li	art V, line 4; Part X, line nation.	
5 Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	B.) ; Part IV, lines 1b and 2b; Part IV, li	art V, line 4; Part X, line nation.	
5 P2 Prov. 2; P2 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part IV, lines 1b	art V, line 4; Part X, line nation.	
5 P2 Prov. 2; P2 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part IV, lines 1b	art V, line 4; Part X, line nation.	
5 Pe Provv 2; Pe	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Pa provide any additional inform	art V, line 4; Part X, line nation.	
5 Pe Provv 2; Pe	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st Art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Part IV, lines 1b	art V, line 4; Part X, line nation.	
5 P2 Provide 1 P2 Provide 1 P2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Pa provide any additional inform	art V, line 4; Part X, line nation.	
5 P2 Provide 1 P2 Provide 1 P2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st Art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Pa provide any additional inform	art V, line 4; Part X, line nation.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Paprovide any additional inform	art V, line 4; Part X, line nation.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Paprovide any additional inform	art V, line 4; Part X, line nation.	
5 Pe Provide 1 P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Pa provide any additional inform	art V, line 4; Part X, line nation.	
5 Pe Provide 1 P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	Part IV, lines 1b and 2b; Pa provide any additional inform	art V, line 4; Part X, line nation.	

Schedule D (F	Form 990) 2020	Mitchelville	Preservation	Project,	27-2308109	Page 5
Part XIII	Supplement	tal Information (cont	tinued)			
		,	,			
•						

SCHEDULE G (Form 990 or 990-EZ

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

Mitchelville Preservation Project,

Employer identification number

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

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

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

b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2020	Mitchelville	Preservation	Project,	27-230810	9	Page 3
11	Does the organization conduct gaming	activities with nonmembers	?			Y	es No
12	Is the organization a grantor, beneficial	ry or trustee of a trust, or a				_	_
	formed to administer charitable gaming	g?				Y	'es 🔲 No
13	Indicate the percentage of gaming acti	vity conducted in:					
а	The organization's facility				13a		%_
b	A				461		%_
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special ev	vents books and			
	records:						
	Name						
	Address >						
150	Door the experientian have a contract	with a third north from when	n the exaction receives	aomina			
15a	Does the organization have a contract revenue?		•			\Box	es No
h	If "Yes," enter the amount of gaming re		nization • ¢		d the	Ц,	es No
b	amount of gaming revenue retained by			an	u uie		
c	If "Yes," enter name and address of th	e third party:					
	ii 100, Onto hamb and address of the	o uma party.					
	Name ▶						
	Address ▶						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Carning manager compensation • \$						
	Description of services provided ▶						
	Director/officer Em	ployee Indep	endent contractor				
17	Mandatory distributions:						
а	Is the organization required under state		0 0	•			
	retain the state gaming license?					Y	'es 🔛 No
b	Enter the amount of distributions requi	red under state law to be dis	stributed to other exempt or	rganizations or			
Da	rt IV Supplemental Inform			Part Llina 2h a	dumne (iii) and (v	v). and	
га	Part III, lines 9, 9b, 10b				, , , ,		
	See instructions.	o, 100, 100, 10, and 17	b, as applicable. 71150	provide arry add			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

Employer identification number Mitchelville Preservation Project, 27-2308109 Inc.

Pa	art I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amou	nts		
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 ►()	Х	1	50,000				
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received by	-	•					
	which the organization completed Fo	rm 8283,	Part IV, Donee Acknowl	edgement [29			
							Yes	No
30a	During the year, did the organization				=			
	28, that it must hold for at least three	-		contribution, and which isn't	required			37
	to be used for exempt purposes for t		nolding period?			30a		X
	If "Yes," describe the arrangement in		n a company					
31	Does the organization have a gift acc	ceptance p	policy that requires the re	eview of any nonstandard				37
00						31		_X_
32a	Does the organization hire or use thi		•	•				v
						32a		X
	If "Yes," describe in Part II.		alternative (a) (and the second s	Year also also d			
33	If the organization didn't report an an	nount in co	olumn (c) for a type of pi	operty for which column (a)) is checked,			
	describe in Part II.							

Schedule M (Fo	orm 990) 2020 Mitchelville	Preservation	Project,	27-2308109	Page 2
Part II	the organization is reporting i	n Part I, column (b), the	e number of conti	27-2308109 I, lines 30b, 32b, and 33, and wributions, the number of items re	hether ceived,
	or a combination of both. Als	o complete this part for	any additional in	formation.	
	•••••				

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

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

OMB No. 1545-0047

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

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

Open to Public Inspection

Name of the organization Mitchelville Preservation Project, Inc.

Employer identification number 27-2308109

Form 990 - Organization's Mission

Preserving the history of Mitchelville and preserving a historically significant site; to reveal an American story of former slaves who created a culture of sacrifice, resistence and resilience in a quest to define an inclusive freedom.

Form 990 - Additional Information

Part IV, Line 11g

The Other fees for services expense is contract labor paid for office help,

program services, grant writing and fundraising assistance.

Form 990, Part III - Additional Information

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

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

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

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

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

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

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

Form 990, Part VI, Line 15b - Compensation Process for Officers The Board of Directors will determine compensation based on an evaluation of performance and local salary structure when compensation is given.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation The organization makes its Form 990 available for public inspection upon

Schedule O (Form 990 or 99	90-EZ) 2020				11 40 4	Page 2
Name of the organization	Preservation	Project			nployer identification 17-2308109	
MICCHEIVIIIE_	Preservacion	PIOJECC,		2	17-2300109	
Form 990, Pai	rt VI, Line 1	9 - Governing	Documents	Disclosu	re Explana	ation
The organizat	ion makes its	s documents re	equired to	be availa	able for	public
inspection.						
						•••••
		••••••				
				I	Page 4 of	4

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

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

Identifying number 27-2308109

Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,590,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 1,040,000 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 2,282 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 1,758 MACRS deductions for assets placed in service in tax years beginning before 2020 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property C 7-year property 10-year property е 15-year property 20-year property 25-year property 25 vrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year MM S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,758 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

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

11/29/2021 4:38 PM

FYE: 12/31/2020

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

MITCHELVILL Mitchelville Preservation Project,
27-2308109

SC Asset Report

FYE: 12/31/2020

Form 990, Page 1

11/29/2021 4:38 PM

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

MITCHELVILL Mitchelville Preservation Project,
27-2308109

Bonus Depreciation Report Form 990, Page 1

11/29/2021 4:38 PM

FYE: 12/31/2020

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	Sign - Speedy Sign	1/23/18	980		0	0	200	780
2	Sign - Speedy signs	12/21/17	980		0	0	320	660
3	Sign - Meeting Dynamics	7/14/18	695		0	0	184	511
4	Theater Seating The Repertoire	12/31/14	20,000		0	0	10,000	10,000
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	25,462		0	0	10,967	12,213

MITCHELVILL Mitchelville Preservation Project,
27-2308109

Preservation Project,
Depreciation Adjustment Report

All Business Activities

11/29/2021 4:38 PM

FYE: 1	2/31/2020	All Busin	ess Activities		
Form Unit	t Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
		There are no assets that meet the criteria	a of this report		

MITCHELVILL Mitchelville Preservation Project, 27-2308109

Future Depreciation Report FYE: 12/31/21 11/29/2021 4:38 PM

27-2308109 Form 990, Page 1

FYE: 12/31/2020

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

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

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

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

11/29/2021 4:38 PM

27-2308109

FYE: 12/31/2020

Federal Statements

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

Description	E:	Total xpenses	Program Service	Management General	t & 	Fund Raising
Griot's Corner Coordinator Program Manager costs Payroll processing fees Grant writing	\$	7,200 8,000 71 3,750	\$ 7,200 8,000 71 3,750	\$	\$	
Total	\$	19,021	\$ 19,021	\$	0 \$_	0

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

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

MITCHELVILL Mitchelville Preservation Project,

27-2308109

FYE: 12/31/2020

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Gifts in kind - rental space Board Pledges	\$ 7,000 10,000
Corporate Contributions	5,045
Individual Business Contributions	45,772
1862 Campaign	712
Beaufort County	1.5.000
Cash Contribution	16,000
Town of Hilton Head	200 170
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	22.222
Cash Contribution	30,000
Total	\$1,099,708

Schedule A, Part II, Line 12 - Current year

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

MITCHELVILL Mitchelville Preservation Project, 27-2308109 Federal Statements FYE: 12/31/2020	11/29/2021 4:38 PM

RI	1166	and	BBQ	
DI	ues	anu		

Other Direct Fundraising or Gaming Expenses

Description	Am	ount
Direct expenses Marketing	\$	
Total	\$	0

DEPARTMENT OF THE TREASURY

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

DEC 2 8 2010

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

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

Employer Identification Number:

Dear Applicant:

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

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

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