2026
Accommodations Tax Funds Request Application

Organization Name: Gullah Museum of Hilton Head Island

Project/Event Name: Gullah Museum of Hilton Head

Executive Summary

The Gullah Museum of Hilton Head Island is a 501(c)(3) nonprofit organization founded in 2003. It is dedicated to preserving, celebrating, and sharing the heritage of the island's native Gullah community. It is the only museum on Hilton Head Island showcasing original Gullah structures, including the last remaining vintage Gullah home and one of only two surviving 1948 Great Dane trailers. The museum serves as a cultural anchor and premier educational resource.

Through guided tours, exhibits, school partnerships, and signature events, including the Gullah Heritage Festival, the Ole Fashioned Oyster Roast, the Gullah Food Festival, and the Gullah Christmas Gala, the museum provides immersive experiences that connect residents and visitors to the island's distinctive cultural identity. These programs not only foster community pride but also serve as powerful drivers of cultural and heritage tourism.

At the 2025 Gullah Heritage Culture Festival, surveys conducted by the University of South Carolina Beaufort revealed the museum's broad reach and economic impact: 78.26% of attendees traveled more than 50 miles to attend, including one international visitor from Norway. Over half (51.92%) came to Hilton Head specifically for the festival, and 37.74% indicated they would not have visited the island at that time without it.

Additional marketing surveys underscore the museum's growing influence. Approximately 60% of event attendees are tourists, 94% are first-time visitors, and 60% express a strong likelihood of returning. Attendance grew 12%; social media engagement 42%; inquiries rose from 50% to 85%.

Together, these outcomes highlight the museum's critical role in driving tourism while creating meaningful cultural experiences that preserve and celebrate Gullah heritage.

Recent ATAX funds allowed the museum to expand its stage, add protective roofing to the 1948 trailer, upgrade restroom facilities, establish a new onsite office, and expand marketing through radio, television, print, and digital platforms. These improvements generated measurable increases in attendance, inquiries, donations, and social media engagement, confirming the museum's growing role in cultural tourism.

To sustain this momentum, the museum seeks **$**180,000 in grant funding: $70,000 (Category 1), $50,000 (Category 2), and $60,000 (Category 3).

With renewed ATAX support, the Gullah Museum will continue to increase tourism by attracting first-time and repeat visitors. Enhance cultural exploration and learning for visitors. Strengthen Hilton Head's reputation as a premier destination for heritage tourism. Preserve authentic Gullah culture for future generations while generating measurable economic benefits for the island. Future Plans with Requested ATAX Funding ($180,000)

- Category 1 – $70,000: Expanded marketing and branding (digital, radio, television, SEO website, social

media ads).
Target: 500,000 impressions annually; 15% increase in tourist visitation.

· Category 2 – $50,000: Support for annual festivals (Heritage Festival, Oyster Roast, Food Festival).
Target: Grow attendance from 5,000 → 6,500 annually; increase out-of-state visitors by 10%.

· Category 3 – $60,000: Site improvements (year-round office, interactive exhibits, enhanced security).
Target: Improve artifact displays, improve interactive exhibits and sight security.

The Gullah Museum looks forward to continuing to ensure visitors experience a dynamic and authentic connection to Gullah culture for generations to come.

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Accommodations Tax Funds Request Application

Date Received: 09/05/2025	Time Received: 03:24 PM	By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 5, 2025

A. **SUMMARY OF GRANT REQUEST:**

ORGANIZATION NAME: Gullah Museum of Hilton Head Island

Project/Event Name: Gullah Museum of Hilton Head

Contact Name: Louise Cohen Title: Executive Director

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

Email Address: hhistoryteller@aol.com Contact Phone: 843-681-3254

Event Date(s): Various Event Location(s): various venues on Hilton Head

Total Budget: $378,700.00 **Grant Requested:** $180,000.00

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

The Gullah Museum of Hilton Head Island seeks grant funding to expand national visibility, strengthen educational and cultural programming, and enhance visitor experiences at the museum site. Building on recent progress in the past year, the grant will support a comprehensive marketing strategy, including expanded social media presence and a more serviceable website. Funding will underwrite signature events such as the Ole Fashion Oyster Roast, Heritage Festival, Gullah Food Festival, and Gullah Christmas Gala. Resources will be directed to site improvements, opening the new office, interactive exhibits, and security enhancements, ensuring visitors enjoy a dynamic connection to Gullah culture.

How does the organization/project/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)*

The Gullah Museum of Hilton Head Island is listed in tourist literature as one of the recommended experiences on Hilton Head Island. Museum festivals, exhibits, and presentations attract diverse audiences and enhance the visitor experience by connecting them to the island's unique heritage. Strong attendance and enthusiastic feedback demonstrate continued demand. Impact is measured through program evaluations, visitor surveys, and participation levels, which

show growth in engagement and educational value. With support, the Museum will expand outreach, strengthen programming, and broaden its impact, ensuring that Gullah culture continues to inspire and enrich Hilton Head's tourism landscape.

A. Total Number of Physical Tourists Served: 3496
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: 5521
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: 520
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): 9537

How was the Number of visitors documented? *(250 words or less)*

The Gullah Museum of Hilton Head Island used a comprehensive, multi-layered approach to document the number of visitors and tourists for the Ole Fashioned Oyster Roast, combining admissions records, digital analytics, partner reporting, and qualitative feedback to ensure accuracy and capture the event's tourism impact.

1. Ticket Sales and Admissions Records

- **Manual Sales Logs:** All on-site ticket sales were logged with date, ticket type (adult, child, group), and quantity.
- **Electronic Ticketing Systems:** Automated tracking documented real-time visitor counts, ticket types, and peak hours.
- **Free or Sponsored Admissions:** Complimentary tickets distributed through media partners were tracked via registration forms, sign-in sheets, or event counters.

2. Visitor Counting Tools

- **Manual Counting:** Volunteers counted attendees during high-traffic periods, particularly for non-ticketed festival spaces.

3. Point of Sale (POS) Data

- **On-site Transactions:** POS systems recorded all sales, enabling correlation between attendance and purchases such as merchandise or concessions.

4. Online Registration and Partner Tracking

- **Online Bookings:** Website and partner ticketing data were cross-referenced with on-site attendance.

- **Email Confirmations:** Booking confirmations served as an additional verification layer.
- **University of South Carolina Hospitality Program:** Surveys with attendees, hotels, and tour operators provided referral tracking for tourism impact.

5. Media & Digital Analytics
Multiple media partners provided reach and engagement data to help measure the event's audience footprint and potential visitor draw:

- **Dick Broadcasting Radio:** Rewind 107.9 reached 67,900 Adults 18+ weekly with 45 commercials; G100 reached 74,700 Adults 18+ weekly with 65 commercials.
- **G100 Digital Campaign:** Website slider, events page listing, mobile app placement, and social posts linked to ticketing pages, with click-throughs matched to sales.
- **Black Southern Belle Media:** 470,119 impressions, 4,366 clicks, and 14,613 engagements; email campaigns (210,483 impressions, 4,952 clicks); social ads (151,742 impressions, 8,152 engagements); editorial features (1,717 views, 6,461 engagements).
- **Hearst Media:** Reached over 190,000 people, with 65,000+ engagements and 21,000+ video views on Facebook and Instagram.
- **WHHI-TV:** Over-the-air and cable reach of 500,000 people from the Bluffton tower, with streaming via FireTV, Roku, Amazon, and the WHHI website extending audience reach beyond traditional ratings.
- **Savannah metropolitan TV stations:** Appearances on WTOC, WSAV and WJCL to invite attendance at Museum events.
- **Local Life Magazine:** Provided additional exposure to its established readership base, expanding cultural tourism awareness in the Lowcountry region.
- **Hotels and South Carolina Visitor centers:** Flyers are distributed to local hotels and to state visitor centers

6. Social Media & Audience Feedback
MailChimp, Google Analytics, Facebook, and Instagram metrics were monitored to identify visitor demographics, engagement patterns, and interest trends. Comments on social media were compiled, noting tourism interests and requests for local attraction suggestions.

Summary
By integrating ticketing systems, manual counts, POS data, online registrations, and multi-platform media analytics, the Gullah Museum accurately documented attendance while capturing the broader tourism impact. This data-driven approach provided both quantitative accuracy and qualitative insights, strengthening future planning and showcasing the museum's role in enhancing Hilton Head

B. **DESCRIPTION OF OPERATIONS:**

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

The Gullah Museum of Hilton Head Island is a 501(c)(3) nonprofit organization committed to preserving and sharing the rich heritage of the island's native Gullah community. Founded in 2003, the museum's mission is to revive, restore, and maintain Gullah customs, traditions, language, stories, songs, and historic structures, ensuring that this distinctive culture is passed on to future generations.

Through exhibits, programs, and special events, the museum offers an authentic view of Gullah life before the construction of the bridge to the mainland. Visitors can visit preserved buildings and artifacts. Oral histories tell the story of a self-sustaining community whose African roots shaped the culture, cuisine, and traditions still in existence alive today.

As one of the few remaining places where original Gullah structures and artifacts can be experienced on Hilton Head Island, the museum serves both as a cultural resource and as a driver of heritage tourism. By offering immersive experiences that cannot be replicated elsewhere, it attracts visitors seeking authentic connections to the island's history.

The museum's work not only safeguards Gullah heritage but also contributes to Hilton Head's reputation as a culturally rich destination. Tourists drawn to the museum often extend their stays, supporting local hotels, restaurants, shops, and other attractions, boosting economic impact while deepening cultural awareness. In preserving the past, the Gullah Museum plays an active role in shaping Hilton Head Island's future as a destination where history, culture, and community come together.

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

The requested grant will allow the museum to expand its promotional and marketing efforts. The establishment of an office, new signage, and the completion of displays at the site will improve the visitor and tourist experience at the museum. These efforts will improve the visitor and tourist experience on Hilton Head Island. We are requesting $70, 000 to support our marketing and branding campaign.

We are requesting $50,000 to support four annual festivals and to support our participation in other island-wide Gullah activities and celebrations. We expect to upgrade the quality of the entertainment offered at the cultural events. Those festivals are: 1. The Annual Gullah Food Festival. 2. The traditional Gullah Oyster Roast. 3. The Gullah Heritage Festival. and 4. The Gullah Christmas celebration. (Our Summer Camp activity is partially funded by the Breedlove Foundation/Community Foundation of the Lowcountry)

We are requesting $60, 000 for site improvement. Facilities improvements will include improved toilet facilities and increased display capacity for artifacts. The museum plans to install new interactive signage for certain museum displays. The increased public display of artifacts requires protection from inclement weather. We expect to increase security at the site so that we can display a broader array of artifacts at presentations and cultural events.

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 result in the diminution of the marketing campaign and constrain the quality of entertainment and content at the museum's festivals. It would also limit the museum's ability to participate in other island-wide cultural events. Reduced resources would mean a reduced marketing campaign. Essential programs would continue but at a reduced scale, risking decreased attendance. To protect reach and impact, the museum would prioritize its highest-performing initiatives while seeking grants, sponsorships, and donations to restore full capacity and maintain its tourism draw.

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

The Gullah Museum of Hilton Head Island serves as a key attraction for cultural heritage tourism through year-round programs and signature events such as the Ole Fashioned Oyster Roast and the Gullah Heritage Culture Festival. Attendance is tracked through a combination of ticket sales (manual and electronic), online registrations, POS data, complimentary ticket logs from media partners, and manual counts at entry points.

For the 2025 Gullah Heritage Culture Festival, the University of South Carolina Beaufort conducted on-site surveys revealing that 78.26% of attendees lived more than 50 miles away, with one international visitor from Norway. Over half (51.92%) came to Hilton Head Island specifically for the festival, and 37.74% would not have visited at that time without it.

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.*	39 %
2 - Tourism-Related Events *Promotion of the arts and cultural events.*	28 %
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.*	33 %

4 - Tourism-Related Public Services *The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.*	0	%
5 - Tourist Public Transportation *Tourist shuttle transportation.*	0	%
6 - Waterfront Erosion/Control/Repair *Control and repair of waterfront erosion.*	0	%
7 - Operation of Visitor Information Centers *Operating visitor information centers.*	0	%
Total:	**100**	%

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

The Gullah Museum of Hilton Head Island actively partners with a wide network of organizations to enhance tourism and deliver cultural experiences not found elsewhere on the island. Key collaborators include the Historic Mitchelville Freedom Park, Hilton Head Symphony Orchestra, Native Island Business & Community Affairs Association (NIBCAA), Gullah Heritage Trail Tours, historic Gullah churches, the Gullah/Geechee Consortium of Beaufort County, the Gullah-Geechee Cultural Heritage Corridor, the Heritage Library, The Original Gullah Festival in Beaufort, Coastal Discovery Museum, Island Writers Network, Arts & Cultural Council of Hilton Head Island, and the Hilton Head Island-Bluffton Chamber of Commerce.

Together, these alliances create programming that immerses visitors in authentic Gullah traditions. For example, the Office of Cultural Affairs, *Gullah Me, Gullah You* series, produced in partnership with the Hilton Head Symphony, highlighting the island's rich musical heritage. Collaborating with the South Carolina Parks, Recreation & Tourism (SCPRT) Welcome Center extends outreach across the state, while familiarization tours hosted by the museum introduce travel professionals and influencers to Hilton Head's unique cultural offerings.

The Gullah Museum site contains structures not otherwise available on Hilton Head Island. The museum provides direct access to preserved Gullah structures, artifacts, and oral histories that preserve the story of a self-sustaining community rooted in African traditions. Visitors experience are exposed to a culture where it was lived, deepening their understanding of the island's history.

By offering these singular experiences, the museum enhances Hilton Head Island's tourism appeal and strengthens its standing as a premier cultural heritage destination.

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

C. **FUNDING:**

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

The Gullah Museum of Hilton Head Island is supported through a combination of public, private, and earned revenue sources. Current funding includes the Town of Hilton Head ATAX grant, regional grants, and sponsorships from private groups. Individual gifts, donations, and pledges from the Board of Directors provide additional support. Earned income is generated through event revenue, ticket sales, guest admissions, group presentations, and merchandise sales. This diverse funding base enables the Museum to preserve and share Gullah culture, while continuing to expand programming and outreach to meet the growing interest in the history and traditions of the Gullah people.

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

70%	Government Sources	3%	Private Contributions, Donations and Grants
21%	Corporate Support, Sponsors	.01%	Membership, Dues, Subscriptions
6%	Ticket Sales, or Sales and Services		Other

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

Yes ___ No **X**

If so, please list top 3 sources and amounts.

D. **FINANCIAL INFORMATION:**

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

Financial Statement Requirements:

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

Budget Provided: **Yes**

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

   Current fiscal year Profit Loss Report Provided: Yes

   Previous fiscal year Profit Loss Reports Provided:

   2023- Previous FY 2
   2024- Previous FY 1

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

   Current fiscal year Balance Sheet Provided: Yes

   Previous fiscal year Balanace Sheets Provided:

   2024 - Previous FY 2

   2023 - Previous FY 2

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

   Current year IRS Form 990 or 990T Provided: Yes

   Previous IRS Form 990 or 990T Years Provided:

   2023 - Previous FY 2

E. **FINANCIAL GUARANTEES AND PROCEDURES:**

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

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

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

F. **MEASURING EFFECTIVENESS:**

If you received 2024 or 2025 HHI ATAX funds

1. List any ATAX award amounts received in 2024 and/or 2025.

2023	$139,500.00	Oyster Roast, Gullah Heritage Festival, Gullah Food Festival, Gullah Christmas Gala, Gullah Gala
2024	$180,000.00	Gullah Museum various

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

ATAX funds were used to improve public facilities and displays at the museum site. Over the past year, the museum has extended its stage, placed protective roofing over an antique trailer built in 1948. The trailer has been converted into a home, and is one of only two such trailer models left in existence. The museum also upgraded public toilet facilities and has established a temporary office at the museum site. The museum improved market coverage for its festivals. The museum is increasing its visibility across multiple platforms, including radio, television, print, social media, and digital outlets.

The enhanced marketing efforts have resulted in measurable growth in social media presence, visitor inquiries, and positive feedback. ATAX funds supported critical renovation projects, including structural enhancements to historic buildings, directly improving the quality of the visitor experience.

As a result of these combined efforts, the museum experienced a notable increase in event attendance, group tours, and community presentations. Overall, the 2025 ATAX funds played an important role in moving the museum to a new level of development and capacity. The grant played a particularly important role in the improvement of the museum infrastructure.

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

The allocation of ATAX funds had a significant impact on the success of the Gullah Museum and its events, benefiting both the organization and the broader community. By supporting an expanded marketing strategy and necessary renovations, the funds enhanced the museum's visibility, capacity and appeal. A more disciplined marketing strategy resulted in increased attendance and engagement from locals, visitors, and tourists. The improved visitor experience was supported by upgraded facilities and targeted promotional efforts. As a result, the museum drew larger and more diverse audiences to its events and programs.

This heightened awareness and visitor engagement directly benefited the community by promoting cultural and heritage tourism, driving economic activity, and supporting local businesses. As the museum attracts more visitors, the community experiences increased local spending on accommodations, dining, and other services.

Overall, the ATAX funds have helped position the Gullah Museum as a central cultural destination on Hilton Head Island, contributing to the island's cultural vibrancy, and supporting economic growth.

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

The Gullah Museum measures the effectiveness of its overall activity and individual programs through a combination of quantitative and qualitative metrics. Visitor attendance data is regularly collected and analyzed to track trends in museum foot traffic and engagement. This data helps assess the success of marketing efforts and the popularity of specific programs and events. The museum also conducts visitor surveys and feedback forms to gather insights on visitor satisfaction, learning outcomes, and suggestions for improvement.

Additionally, the museum tracks participation rates in workshops, tours, and special events, comparing them year-over-year to identify growth areas or necessary adjustments. Social media engagement and website analytics are monitored to gauge the reach and impact of online marketing campaigns, providing valuable information on how well the museum is engaging with its audience.

Partnership effectiveness is measured by evaluating the success of collaborative events, such as attendance figures, media coverage, and feedback from partners. Financial performance, including revenue generated from admissions, donations, and merchandise sales, is also analyzed to assess sustainability and the economic impact of the museum’s activities. By using these methods, the Gullah Museum ensures that its programs and activities continue to meet the needs of visitors and support its mission.

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 you create 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)*

The Gullah Museum of Hilton Head Island is a 501(c)(3) nonprofit organization founded in 2003. It is dedicated to preserving, celebrating, and sharing the heritage of the island’s native Gullah

community. It is the only museum on Hilton Head Island showcasing original Gullah structures, including the last remaining vintage Gullah home and one of only two surviving 1948 Great Dane trailers. The museum serves as a cultural anchor and premier educational resource.

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To sustain this momentum, the museum seeks **$**180,000 in grant funding: $70,000 (Category 1), $50,000 (Category 2), and $60,000 (Category 3).

With renewed ATAX support, the Gullah Museum will continue to increase tourism by attracting first-time and repeat visitors. Enhance cultural exploration and learning for visitors. Strengthen Hilton Head's reputation as a premier destination for heritage tourism. Preserve authentic Gullah culture for future generations while generating measurable economic benefits for the island.
Future Plans with Requested ATAX Funding ($180,000)

· Category 1 – $70,000: Expanded marketing and branding (digital, radio, television, SEO website, social media ads).
Target: 500,000 impressions annually; 15% increase in tourist visitation.

· Category 2 – $50,000: Support for annual festivals (Heritage Festival, Oyster Roast, Food Festival).
Target: Grow attendance from 5,000 → 6,500 annually; increase out-of-state visitors by 10%.

· Category 3 – $60,000: Site improvements (year-round office, interactive exhibits, enhanced security).
Target: Improve artifact displays, improve interactive exhibits and sight security.

The Gullah Museum looks forward to continuing to ensure visitors experience a dynamic and authentic connection to Gullah culture for generations to come.

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Signature: Meldon S. Hollis Jr.

Title/Position: Chairman

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

Email Address: mhollis152@aol.com

Office Phone Number: 703-220-3520

Home Phone Number:

Gullah Museum of Hilton Head Island – Visitor Survey

Thank you for visiting the Gullah Museum! Your feedback helps us preserve and share Gullah culture with future generations. This short survey takes less than 5 minutes. All demographic questions are optional and confidential.

Visitor Information

1. Where are you visiting from? _____

2. Where are you staying while visiting Hilton Head Island? (check one) ■ Hotel/Resort ■ Vacation Rental ■ Family/Friends ■ Local resident ■ Other: _____

3. How did you hear about the Gullah Museum? (check all that apply) ■ Word of mouth ■ Social media ■ Travel website/blog ■ Hotel staff ■ Brochure ■ Festival ■ Other: _____

4. Is this your first time visiting? ■ Yes ■ No, how many times? _____

Reasons for Visiting

5. What inspired you to visit today? (check all that apply) ■ Gullah history/culture ■ Educational purposes ■ Family/friends recommended ■ Event/workshop ■ Tourism/sightseeing ■ Other: _____

6. What exhibits, programs, or experiences were most meaningful to you?
_____

Demographics (Optional & Confidential)

7. Age Group: ■ Under 18 ■ 18–24 ■ 25–34 ■ 35–44 ■ 45–54 ■ 55–64 ■ 65+

8. Education: ■ High school ■ Some college ■ Associate ■ Bachelor's ■ Graduate/Professional

9. Household income: ■ Under $25k ■ $25k–$49k ■ $50k–$74k ■ $75k–$99k ■ $100k–$149k ■ $150k+ ■ Prefer not to answer

Visitor Experience

10. How would you rate your experience today? ■ Excellent ■ Good ■ Fair ■ Poor

11. What could we improve to make your experience better?
_____

12. Would you recommend the Gullah Museum to others? ■ Yes ■ No

Stay Connected

13. Would you like to receive updates about upcoming events and programs? ■ Yes ■ No

If yes, Name: _____ Email: _____

Executive Summary

At the request of festival organizers, the University of South Carolina Beaufort (USCB) conducted an on-site survey at the 2025 Gullah Heritage Culture Festival on July 5, 2025. The purpose of the survey was to gain insight into festival attendees and identify how these attendees contribute to the Island's economy and local tourism.

Volunteers from the festival collected data from festival goers via QR codes provided by the Center, requesting attendees to answer question about the festival. The 21-question survey was administered digitally, via participant's cellular device.

The Center, in collaboration with festival organizers, created a variety of different posters so that the survey could be administered. Several poster-sized QR codes were provided, as well as business card sized QR codes, which were given out to attendees.

Many participants enjoyed the event with 56.6% giving the festival a "5 Star" rating. Additionally, most of the attendees who took the survey plan to return to the festival next year (43.33% *extremely likely, 35% very likely*) and recommend the festival to friends (*54.55% extremely likely, 36.36% very likely*). A few other important metrics for the festival next year are listed below.

- Word of Mouth (mainly friends and family) was the number one method of first learning about the festival with 22 participants. Facebook was the number two location where people learned about this event (20 guests).
- Attendees were largely tourists, rather than locals, with 78.26% (55 of 69) of attendees surveyed living more than 50 miles of the event venue.
- The largest group of attendees were between the ages of 45-54, with a large group in the 55-64 age range. The plurality of participants' annual household falling within $50,000 – $99,999 per year.
- Attendees were a 22-72 split of males to females. This could be due to spouses filling out a survey together.
- Public seating is an area that could be improved moving forward, with it being the lowest-rated festival characteristic. Parking was the next lowest-rated festival characteristic, but is harder to change without a different venue.
- 1 respondents came from outside the United States, originating from Norway.

In the attached report, data for each survey item is graphically represented for ease of comparison.

2025 FESTIVAL REPORT

2025 Gullah Heritage Culture Festival

USCB | CENTER FOR LOWCOUNTRY HOSPITALITY EDUCATION

Executive Summary

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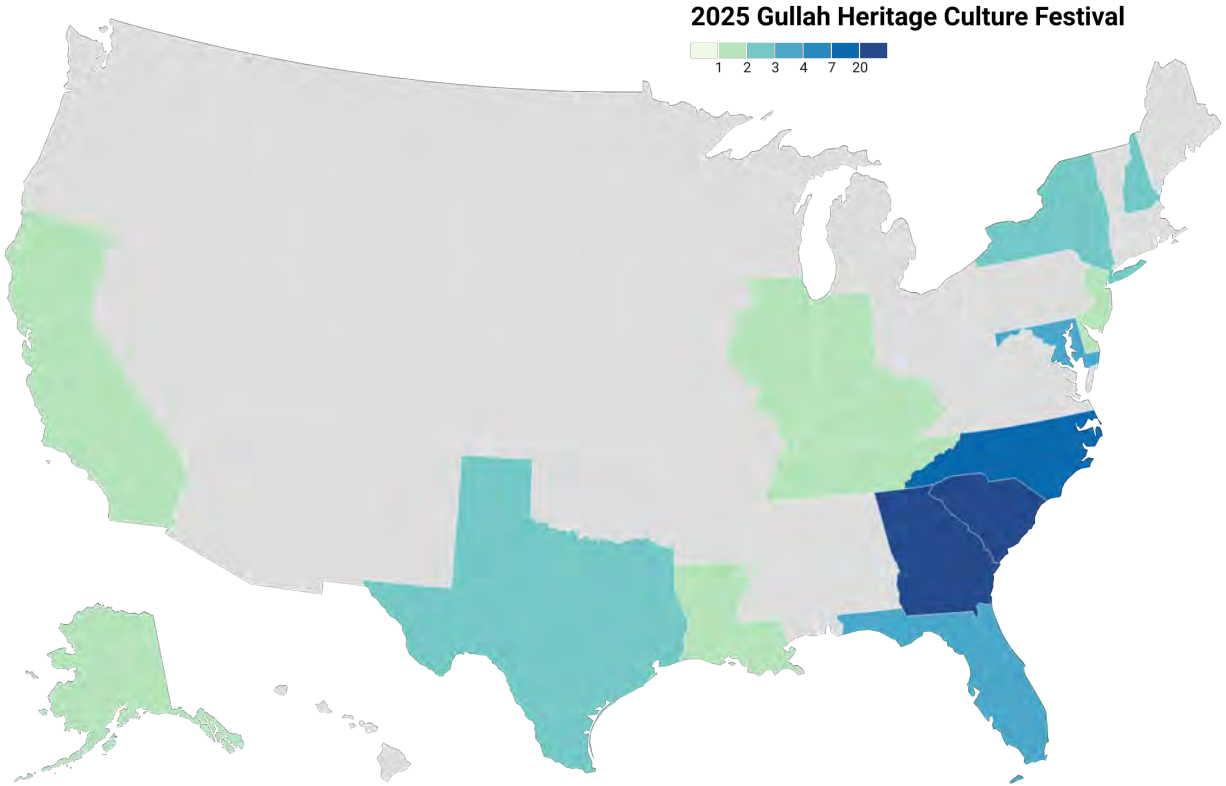
69
Total Responses

36
QR Code Signage

33
QR Code Handouts

Q1: Enter the ZIP Code for your primary residence.

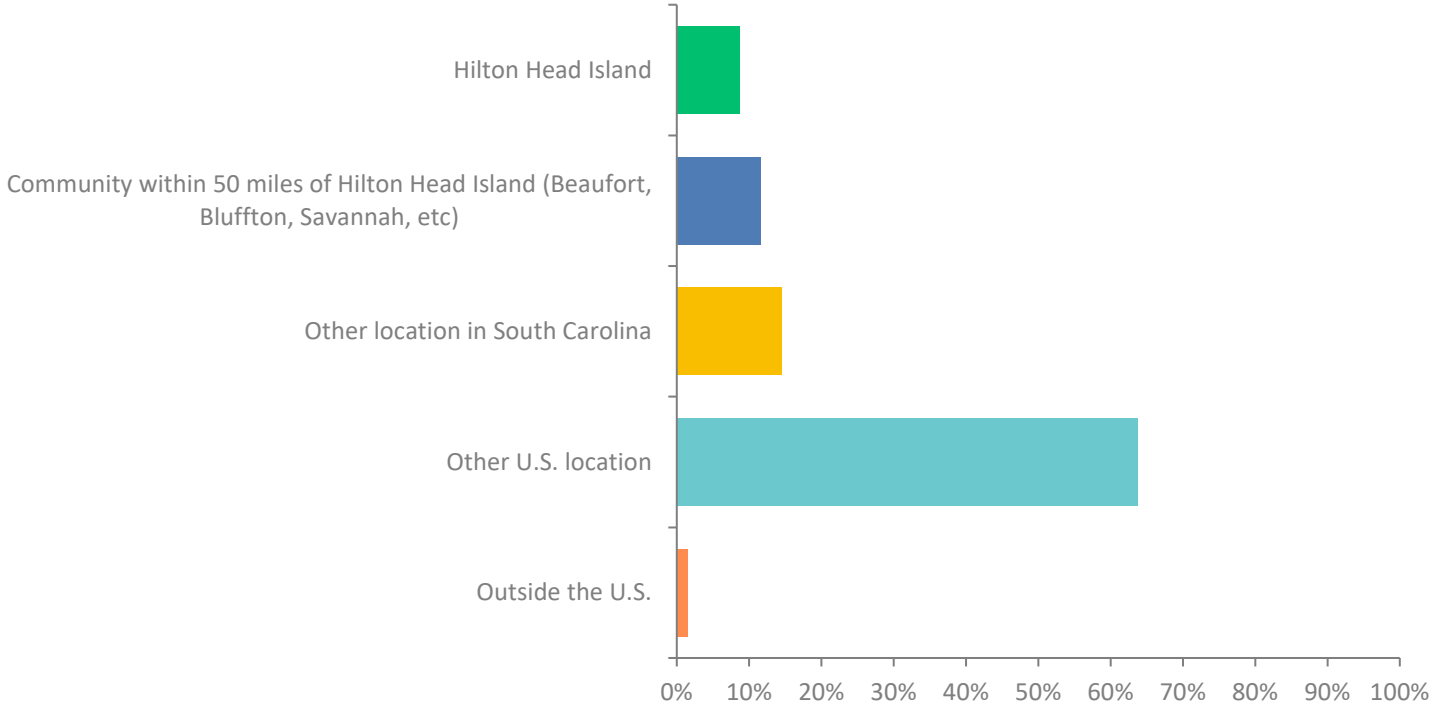
Answered: 187 Skipped: 0



State of Residence	Respondents
South Carolina	20
Georgia	20
North Carolina	7
Maryland	3
Florida	3
Texas	2
New Hampshire	2
New York	2
California	1
Alaska	1
Delaware	1
New Jersey	1
Tennessee	1
Louisiana	1
Indiana	1

Q2: Where is your PRIMARY residence?

Answered: 69 Skipped: 0



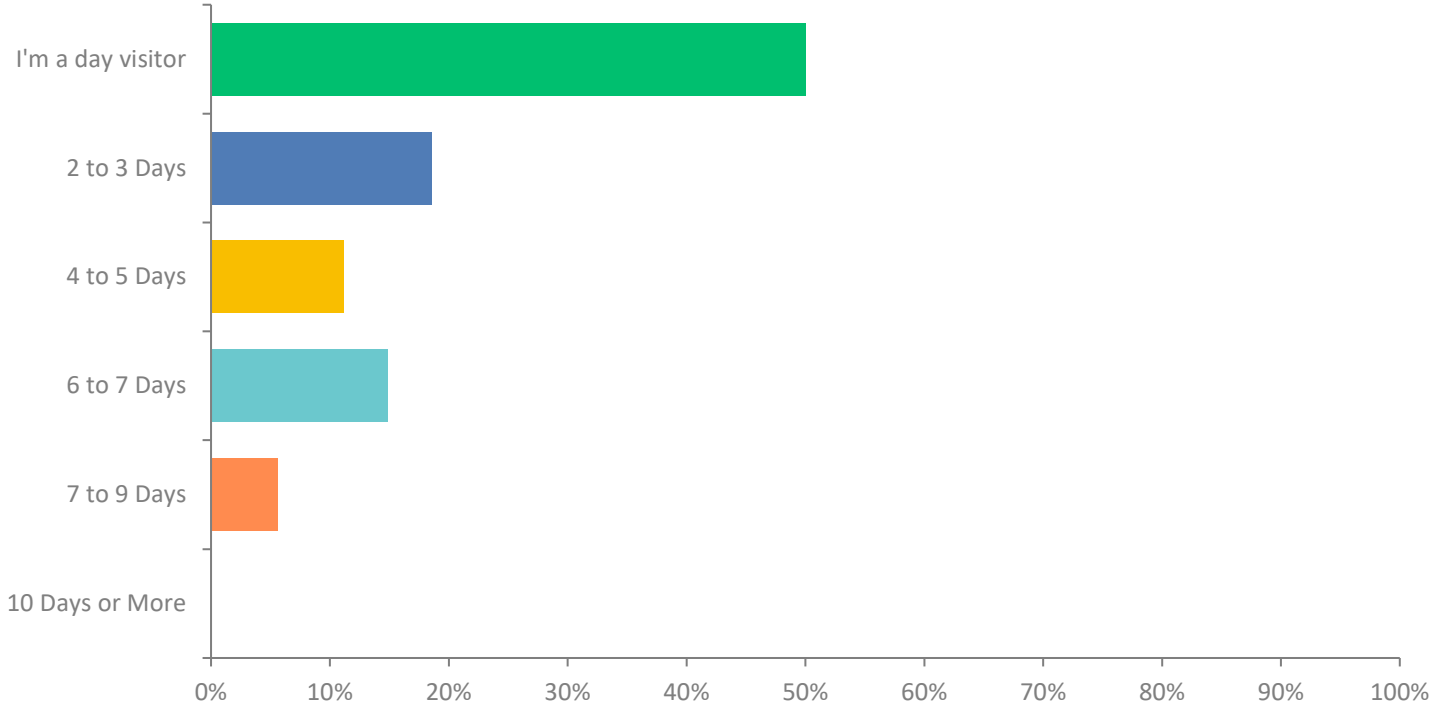
Q2: Where is your PRIMARY residence?

Answered: 69 Skipped: 0

ANSWER CHOICES	RESPONSES	
Hilton Head Island	8.70%	6
Community within 50 miles of Hilton Head Island (Beaufort, Bluffton, Savannah, etc)	11.59%	8
Other location in South Carolina	14.49%	10
Other U.S. location	63.77%	44
Outside the U.S.	1.45%	1
TOTAL		69

Q5: How many days to you intend to stay in the Hilton Head Island area?

Answered: 54 Skipped: 15



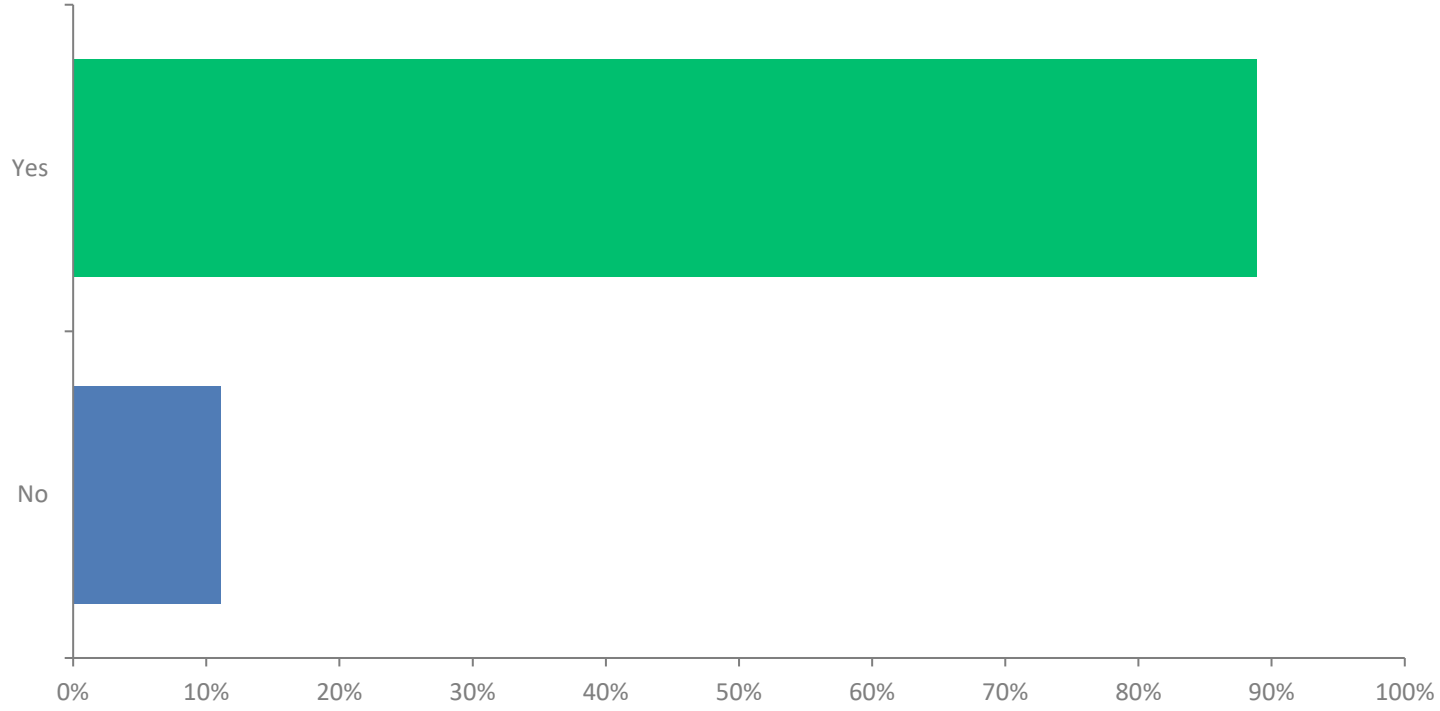
Q5: How many days to you intend to stay in the Hilton Head Island area?

Answered: 54 Skipped: 15

ANSWER CHOICES	RESPONSES	
I'm a day visitor	50.00%	27
2 to 3 Days	18.52%	10
4 to 5 Days	11.11%	6
6 to 7 Days	14.81%	8
7 to 9 Days	5.56%	3
10 Days or More	0.00%	0
TOTAL		54

Q6: Is this your first-time attending the Gullah Heritage Culture Festival?

Answered: 54 Skipped: 15



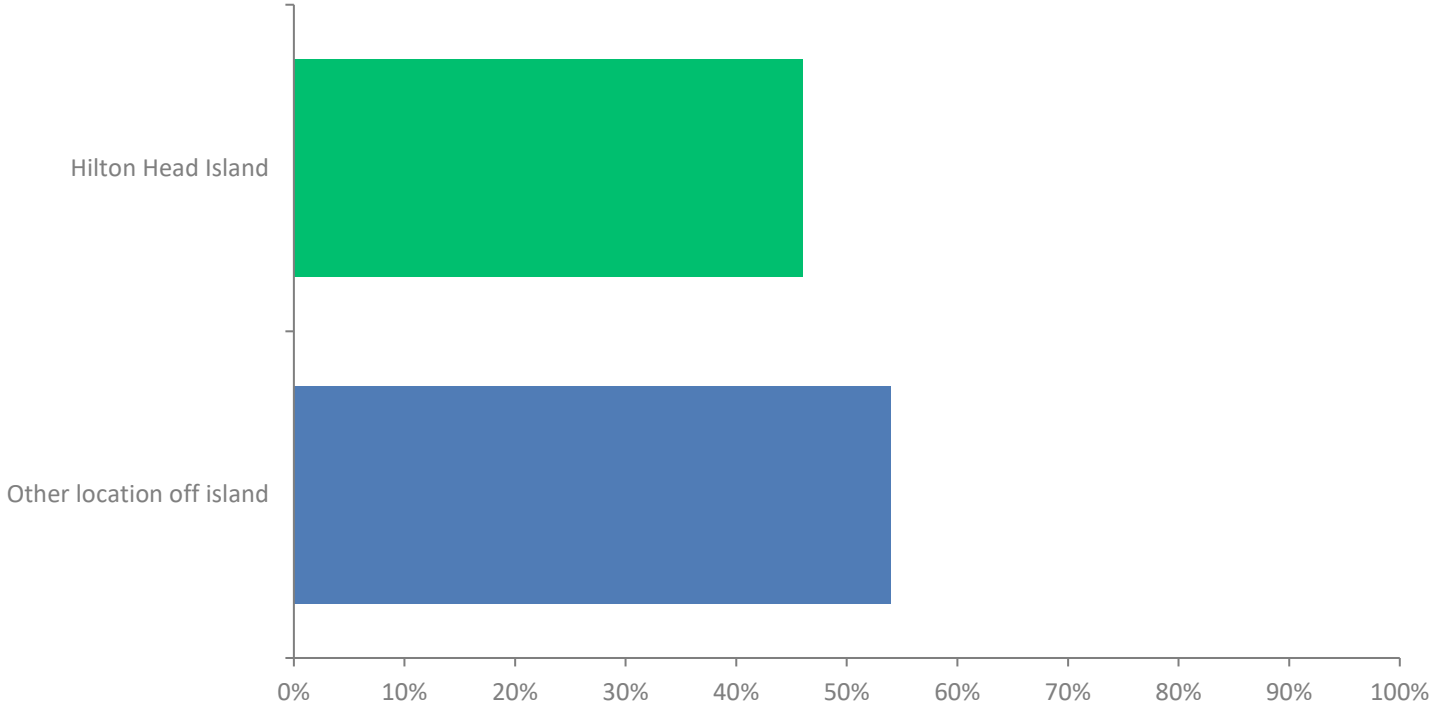
Q6: Is this your first-time attending the Gullah Heritage Culture Festival?

Answered: 54 Skipped: 15

ANSWER CHOICES	RESPONSES	
Yes	88.89%	48
No	11.11%	6
TOTAL		54

Q7: Where are you staying overnight on this trip?

Answered: 50 Skipped: 19



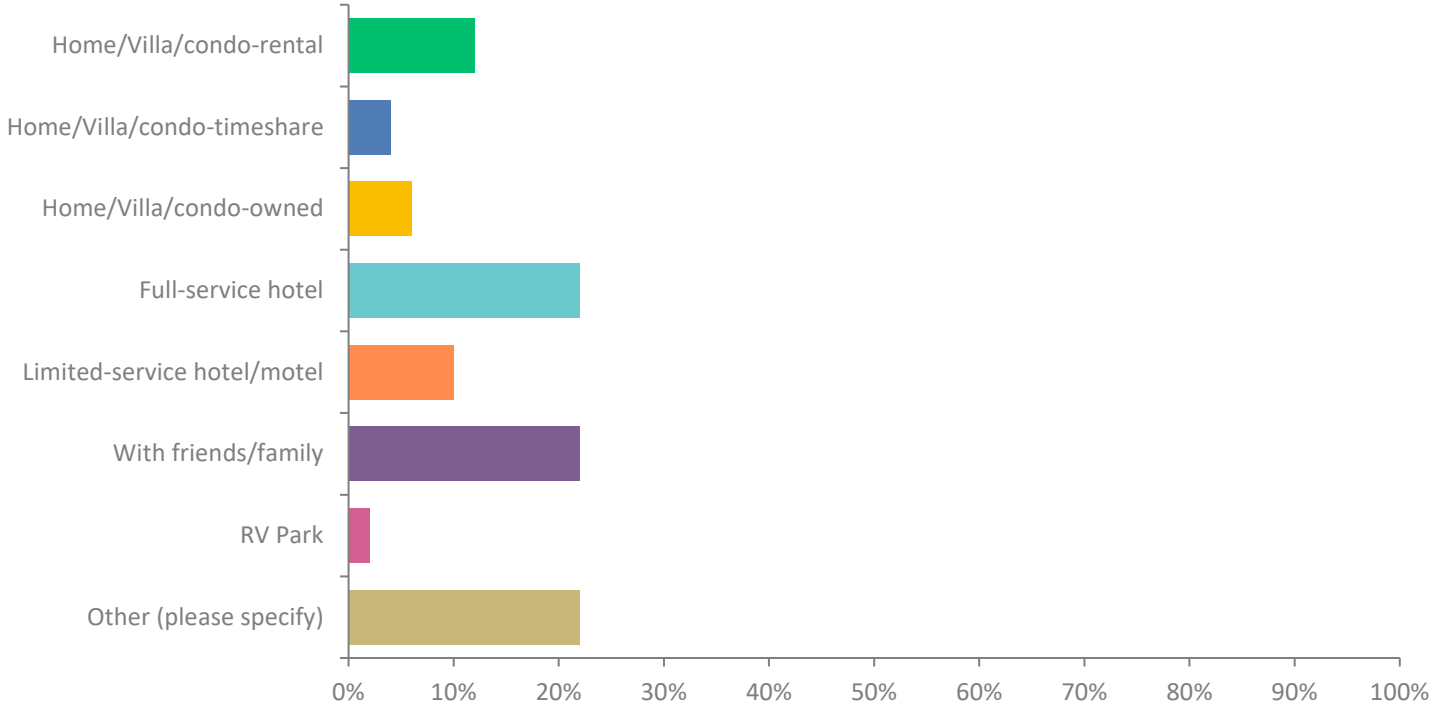
Q7: Where are you staying overnight on this trip?

Answered: 50 Skipped: 19

ANSWER CHOICES	RESPONSES	
Hilton Head Island	46.00%	23
Other location off island	54.00%	27
TOTAL		50

Q8: What type of accommodations are you using while visiting Hilton Head Island?

Answered: 50 Skipped: 19



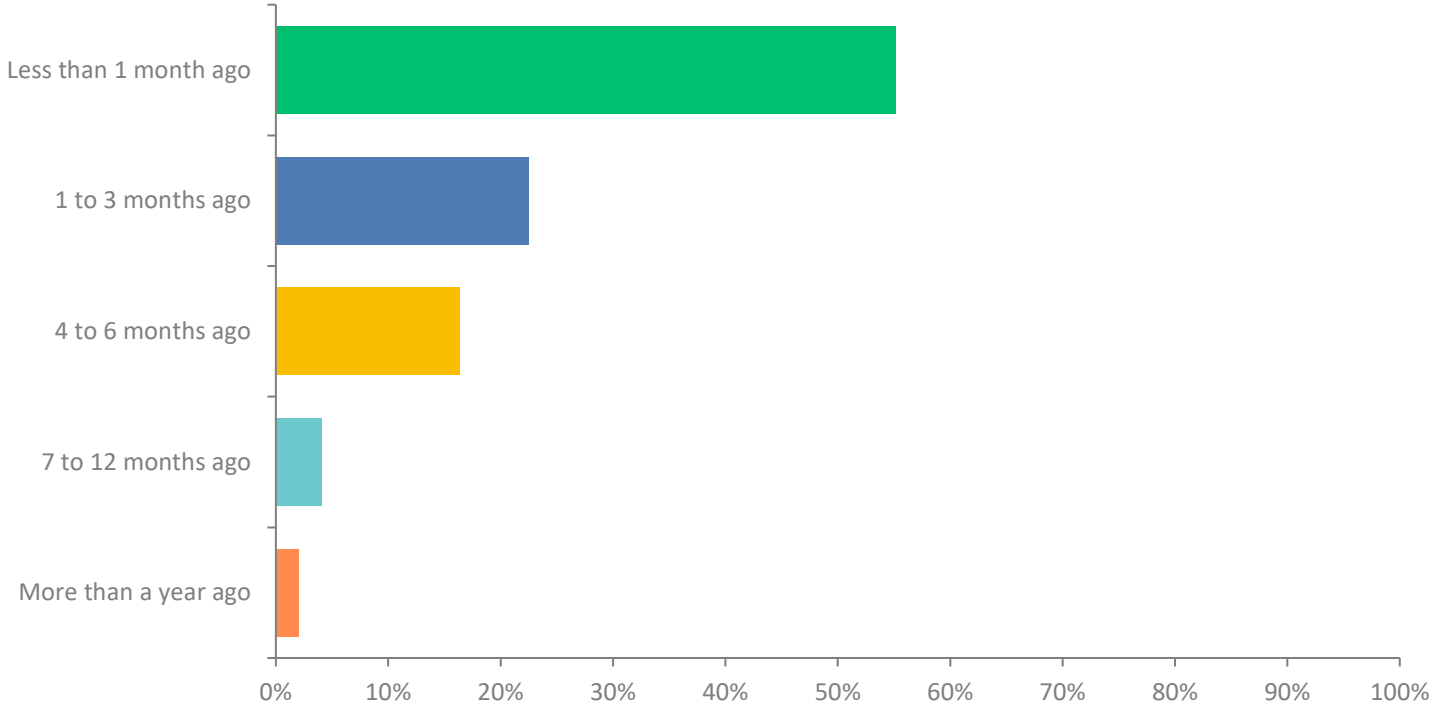
Q8: What type of accommodations are you using while visiting Hilton Head Island?

Answered: 50 Skipped: 19

ANSWER CHOICES	RESPONSES	
Home/Villa/condo-rental	12.00%	6
Home/Villa/condo-timeshare	4.00%	2
Home/Villa/condo-owned	6.00%	3
Full-service hotel	22.00%	11
Limited-service hotel/motel	10.00%	5
With friends/family	22.00%	11
RV Park	2.00%	1
Other (please specify)	22.00%	11
TOTAL		50

Q9: How many months in advance did you book this trip?

Answered: 49 Skipped: 20



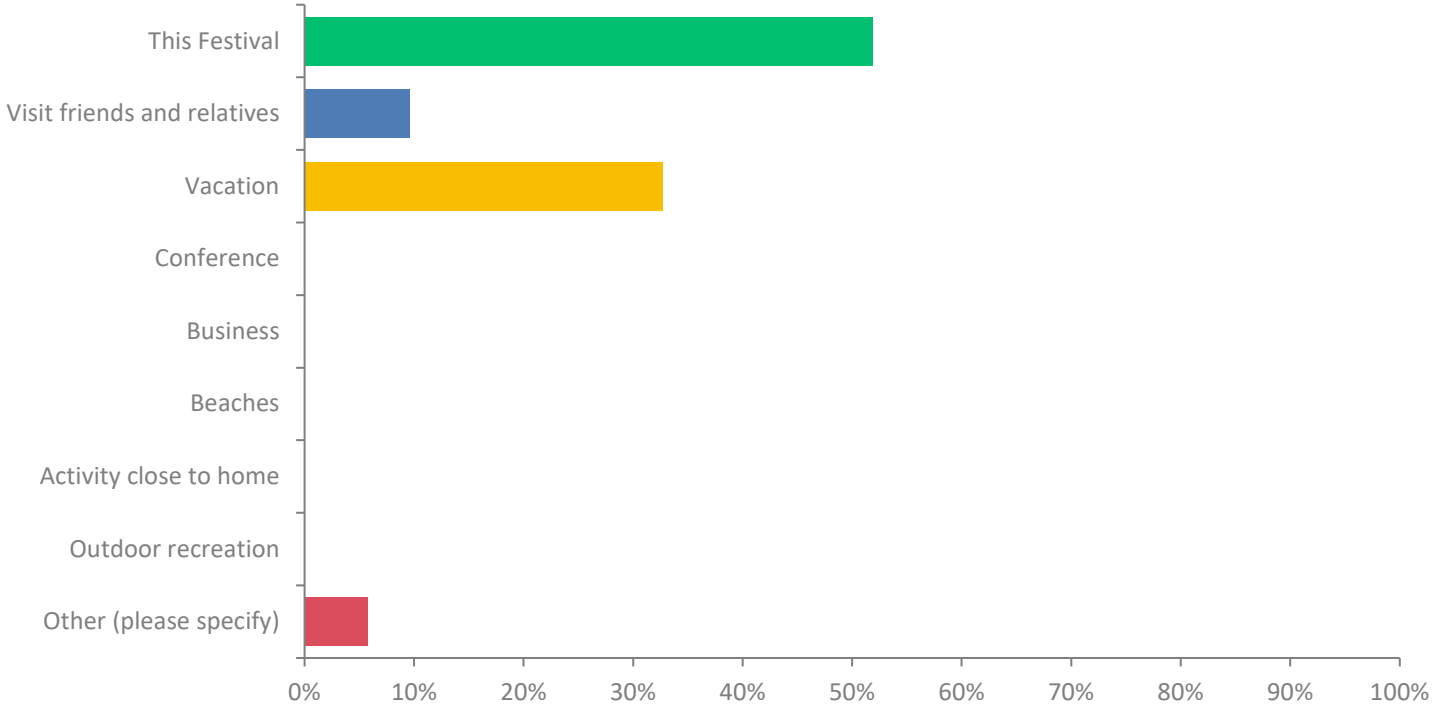
Q9: How many months in advance did you book this trip?

Answered: 49 Skipped: 20

ANSWER CHOICES	RESPONSES	
Less than 1 month ago	55.10%	27
1 to 3 months ago	22.45%	11
4 to 6 months ago	16.33%	8
7 to 12 months ago	4.08%	2
More than a year ago	2.04%	1
TOTAL		49

Q10: What is your PRIMARY reason for this visit to Hilton Head Island?

Answered: 52 Skipped: 17



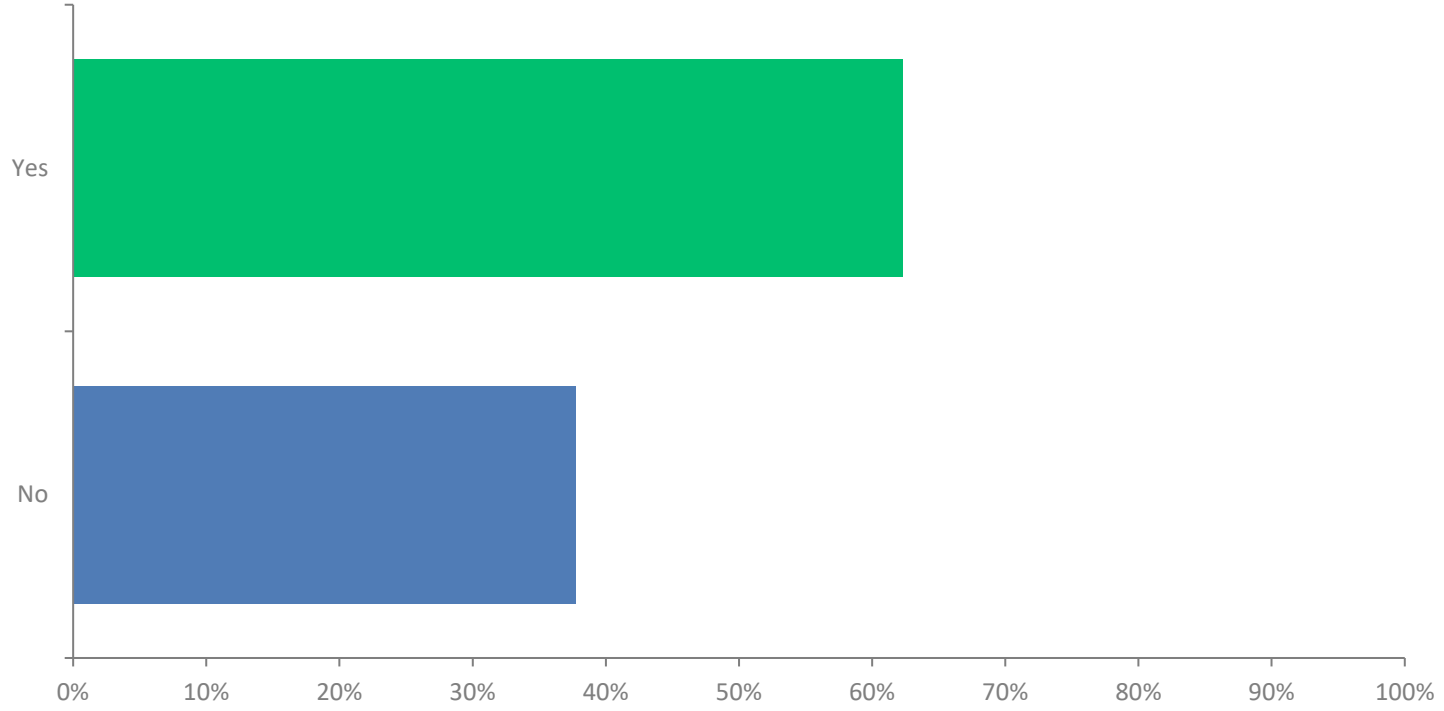
Q10: What is your PRIMARY reason for this visit to Hilton Head Island?

Answered: 52 Skipped: 17

ANSWER CHOICES	RESPONSES	
This Festival	51.92%	27
Visit friends and relatives	9.62%	5
Vacation	32.69%	17
Conference	0.00%	0
Business	0.00%	0
Beaches	0.00%	0
Activity close to home	0.00%	0
Outdoor recreation	0.00%	0
Other (please specify)	5.77%	3
TOTAL		52

Q11: Would you have visited the Hilton Head area AT THIS TIME even if this festival had not been held?

Answered: 53 Skipped: 16



Q11: Would you have visited the Hilton Head area AT THIS TIME even if this festival had not been held?

Answered: 53 Skipped: 16

ANSWER CHOICES	RESPONSES	
Yes	62.26%	33
No	37.74%	20
TOTAL		53

Q12: On average, how much do you plan to spend EACH DAY while visiting?

Answered: 50 Skipped: 19

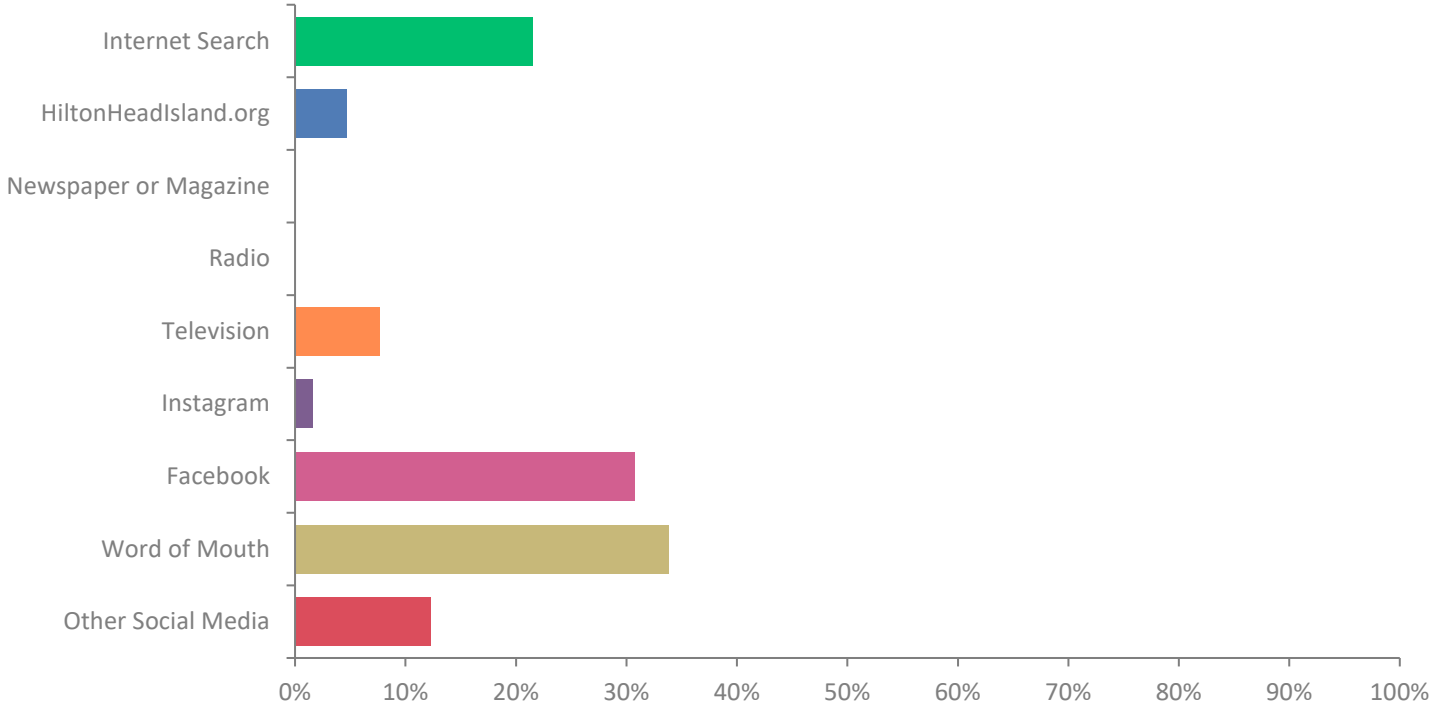
Q12: On average, how much do you plan to spend EACH DAY while visiting?

Answered: 50 Skipped: 19

	UNDER $100	$100 - $199	$200 - $299	$300 - $399	$400 OR MORE	TOTAL
Restaurant Dining	51.02% 25	40.82% 20	6.12% 3	2.04% 1	0.00% 0	49
Recreation (i.e., Bicycling, Golf, Etc)	78.57% 33	16.67% 7	4.76% 2	0.00% 0	0.00% 0	42
Retail (i.e., Gifts, Souvenirs, Etc)	61.36% 27	36.36% 16	2.27% 1	0.00% 0	0.00% 0	44

Q13: How did you FIRST learn about this Festival?

Answered: 65 Skipped: 4



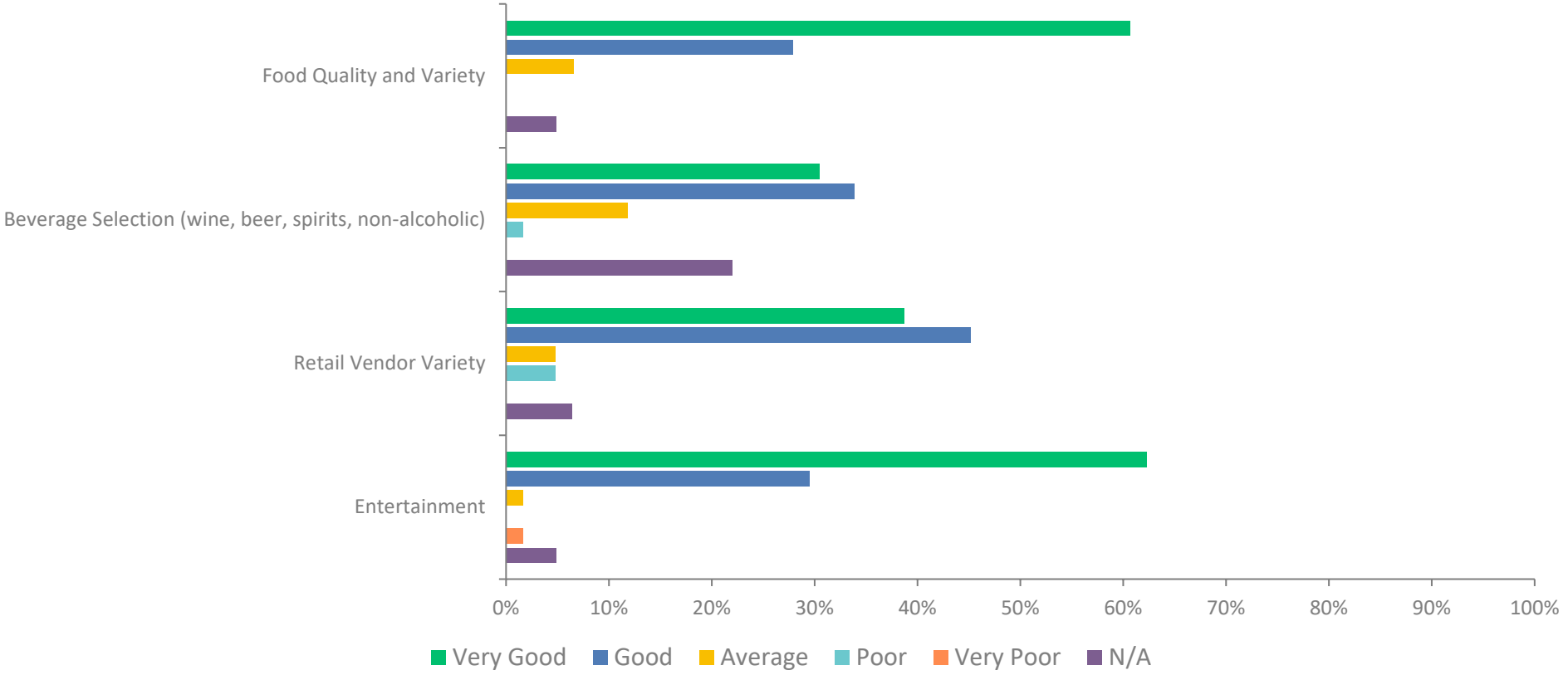
Q13: How did you FIRST learn about this Festival?

Answered: 65 Skipped: 4

ANSWER CHOICES	RESPONSES	
Internet Search	21.54%	14
HiltonHeadIsland.org	4.62%	3
Newspaper or Magazine	0.00%	0
Radio	0.00%	0
Television	7.69%	5
Instagram	1.54%	1
Facebook	30.77%	20
Word of Mouth	33.85%	22
Other Social Media	12.31%	8
TOTAL		73

Q14: How would you rate the following festival characteristics?

Answered: 62 Skipped: 7



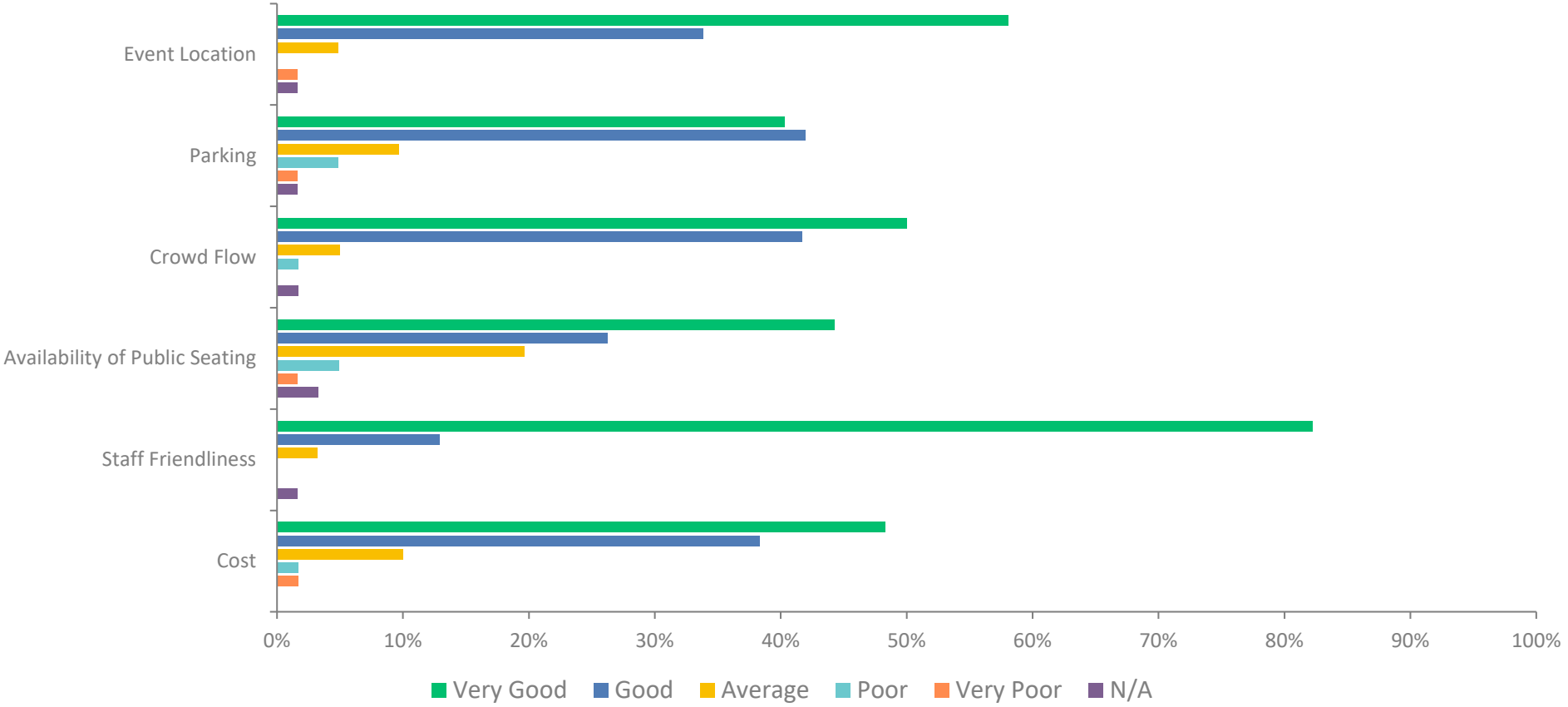
Q14: How would you rate the following festival characteristics?

Answered: 62 Skipped: 7

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	TOTAL	WEIGHTED AVERAGE
Food Quality and Variety	60.66% 37	27.87% 17	6.56% 4	0.00% 0	0.00% 0	4.92% 3	61	4.57
Beverage Selection (wine, beer, spirits, non-alcoholic)	30.51% 18	33.90% 20	11.86% 7	1.69% 1	0.00% 0	22.03% 13	59	4.20
Retail Vendor Variety	38.71% 24	45.16% 28	4.84% 3	4.84% 3	0.00% 0	6.45% 4	62	4.26
Entertainment	62.30% 38	29.51% 18	1.64% 1	0.00% 0	1.64% 1	4.92% 3	61	4.59

Q15: How would you rate the following festival characteristics?

Answered: 62 Skipped: 7



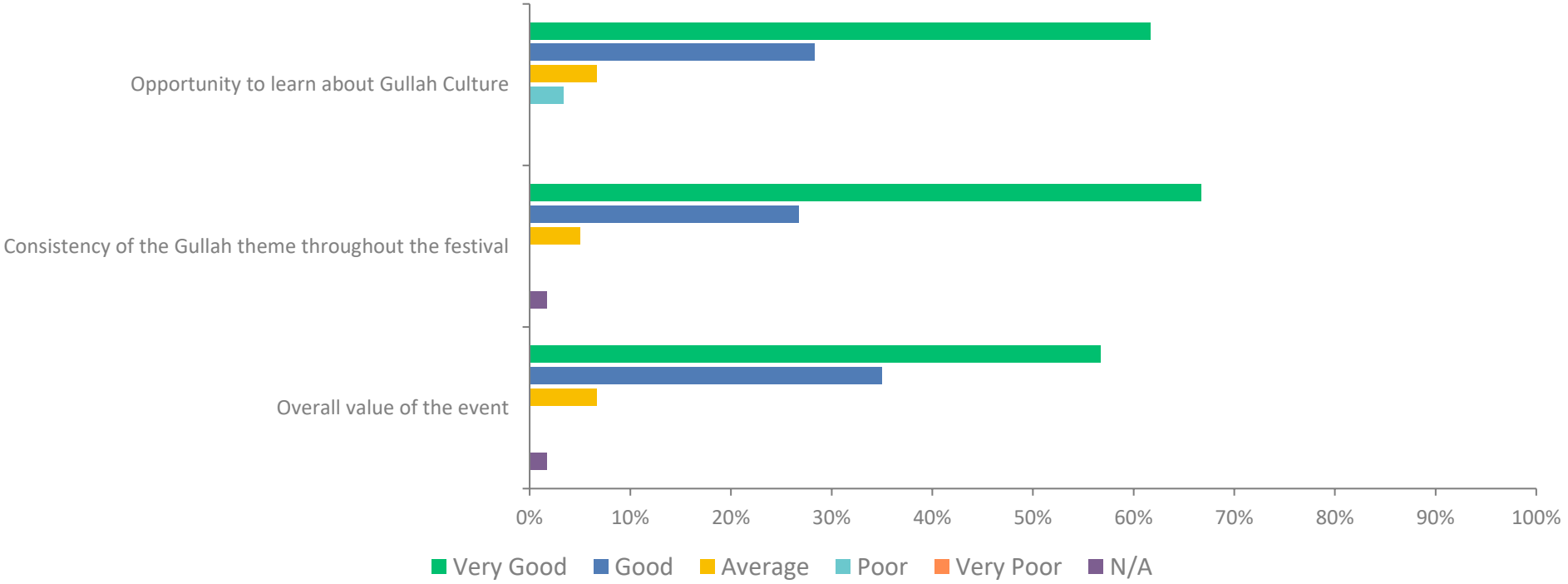
Q15: How would you rate the following festival characteristics?

Answered: 62 Skipped: 7

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	TOTAL	WEIGHTED AVERAGE
Event Location	58.06% 36	33.87% 21	4.84% 3	0.00% 0	1.61% 1	1.61% 1	62	4.49
Parking	40.32% 25	41.94% 26	9.68% 6	4.84% 3	1.61% 1	1.61% 1	62	4.16
Crowd Flow	50.00% 30	41.67% 25	5.00% 3	1.67% 1	0.00% 0	1.67% 1	60	4.42
Availability of Public Seating	44.26% 27	26.23% 16	19.67% 12	4.92% 3	1.64% 1	3.28% 2	61	4.10
Staff Friendliness	82.26% 51	12.90% 8	3.23% 2	0.00% 0	0.00% 0	1.61% 1	62	4.80
Cost	48.33% 29	38.33% 23	10.00% 6	1.67% 1	1.67% 1	0.00% 0	60	4.3

Q16: How would you rate the following festival characteristics?

Answered: 60 Skipped: 9



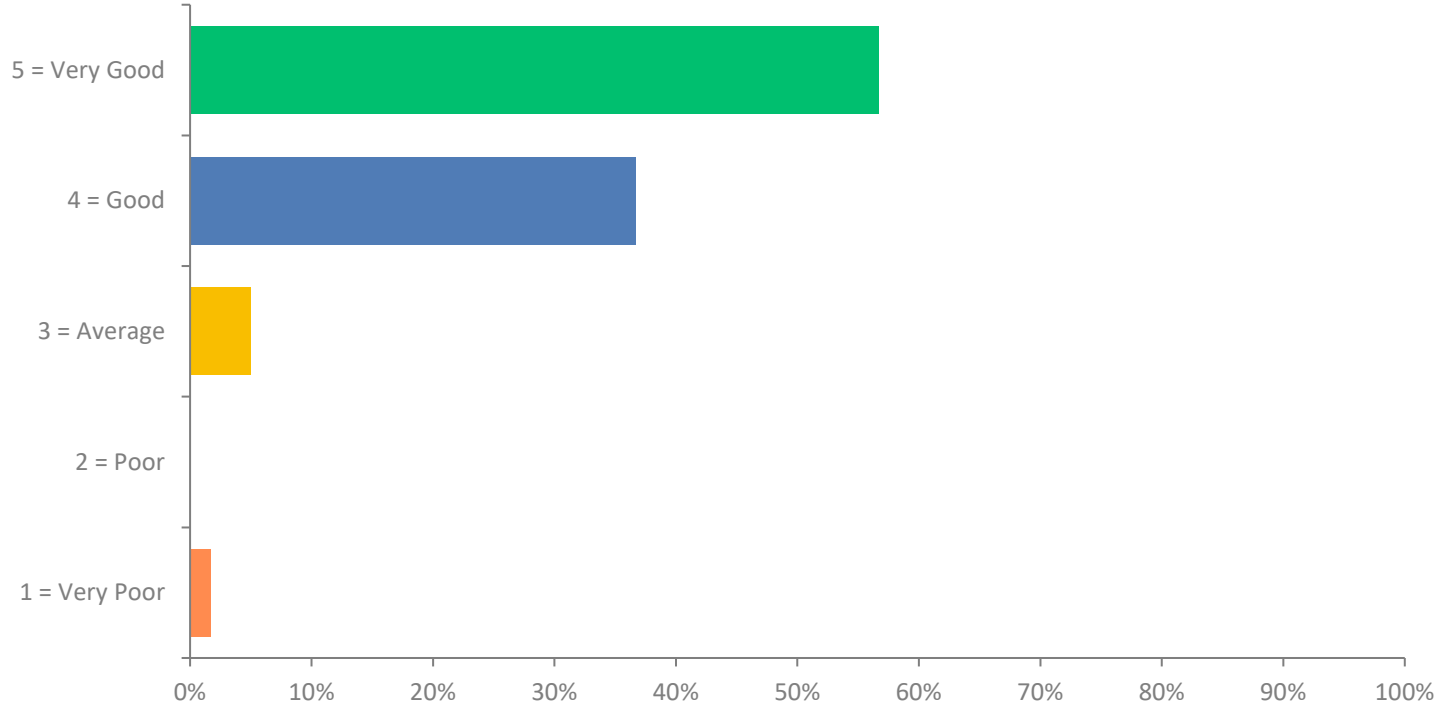
Q16: How would you rate the following festival characteristics?

Answered: 60 Skipped: 9

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	TOTAL	WEIGHTED AVERAGE
Opportunity to learn about Gullah Culture	61.67% 37	28.33% 17	6.67% 4	3.33% 2	0.00% 0	0.00% 0	60	4.48
Consistency of the Gullah theme throughout the festival	66.67% 40	26.67% 16	5.00% 3	0.00% 0	0.00% 0	1.67% 1	60	4.63
Overall value of the event	56.67% 34	35.00% 21	6.67% 4	0.00% 0	0.00% 0	1.67% 1	60	4.51

Q17: On a scale of 1 to 5, with 5 being the BEST, how would you rate your overall experience with the 2025 Gullah Heritage Culture Festival?

Answered: 60 Skipped: 9



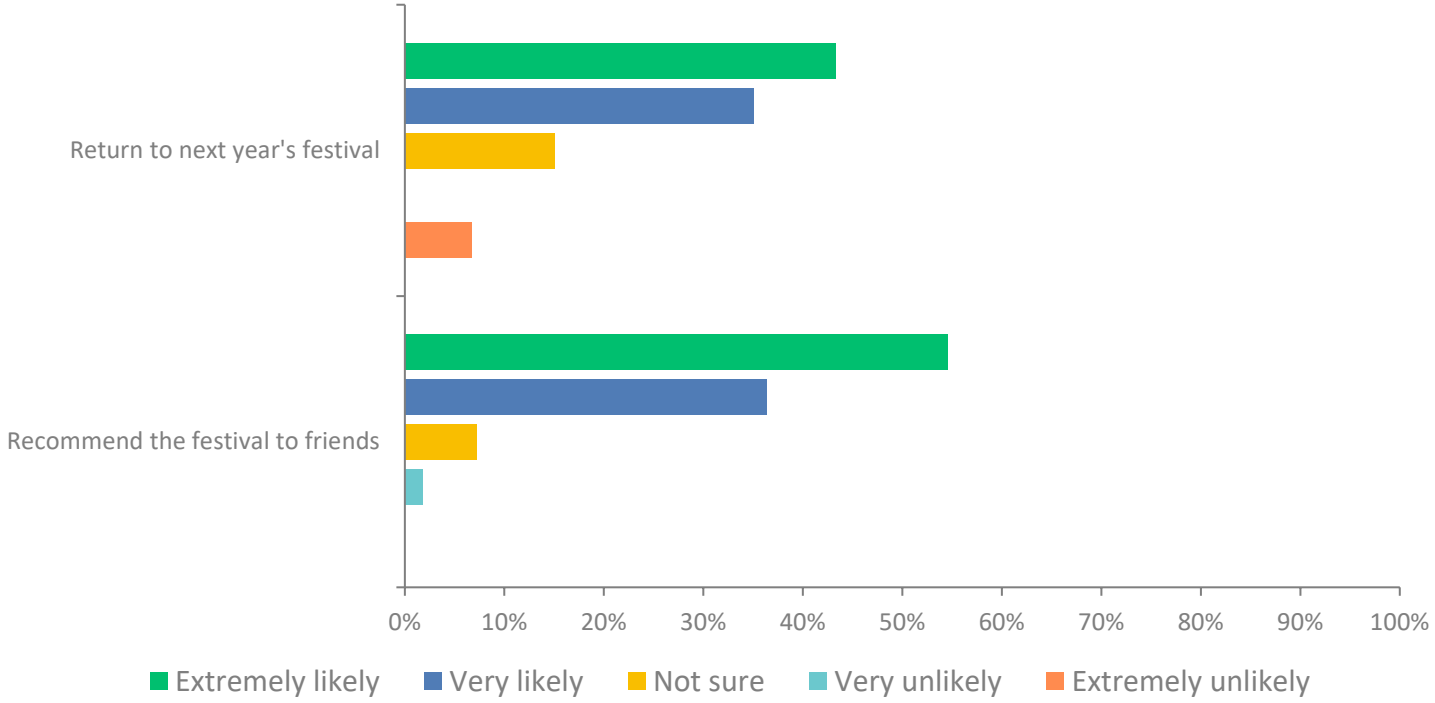
Q17: On a scale of 1 to 5, with 5 being the BEST, how would you rate your overall experience with the 2025 Gullah Heritage Culture Festival?

Answered: 60 Skipped: 9

ANSWER CHOICES	RESPONSES	
5 = Very Good	56.67%	34
4 = Good	36.67%	22
3 = Average	5.00%	3
2 = Poor	0.00%	0
1 = Very Poor	1.67%	1
TOTAL		60

Q18: How likely are you to return to next year's festival and recommend the festival to friends?

Answered: 60 Skipped: 9



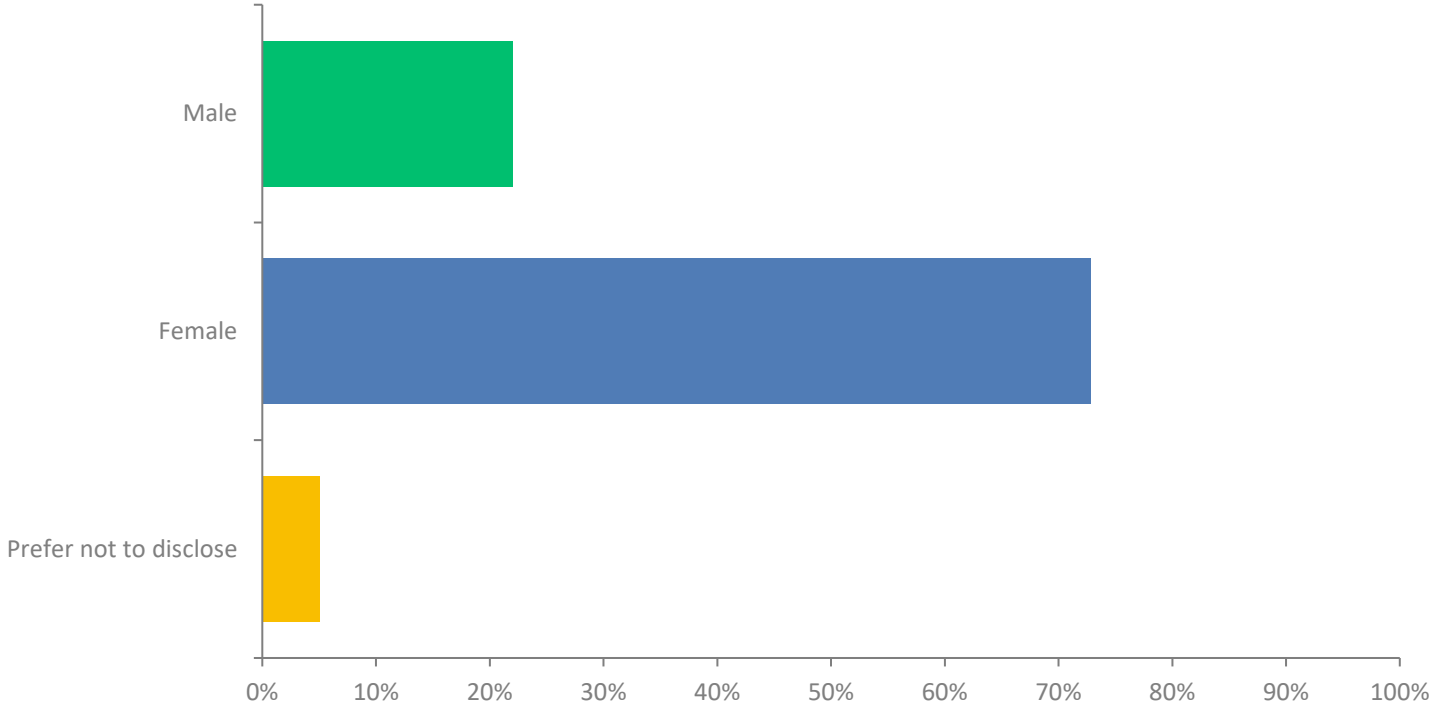
Q18: How likely are you to return to next year's festival and recommend the festival to friends?

Answered: 60 Skipped: 9

	EXTREMELY LIKELY	VERY LIKELY	NOT SURE	VERY UNLIKELY	EXTREMELY UNLIKELY	TOTAL	WEIGHTED AVERAGE
Return to next year's festival	43.33% 26	35.00% 21	15.00% 9	0.00% 0	6.67% 4	60	4.08
Recommend the festival to friends	54.55% 30	36.36% 20	7.27% 4	1.82% 1	0.00% 0	55	4.44

Q19: How do you identify?

Answered: 59 Skipped: 10



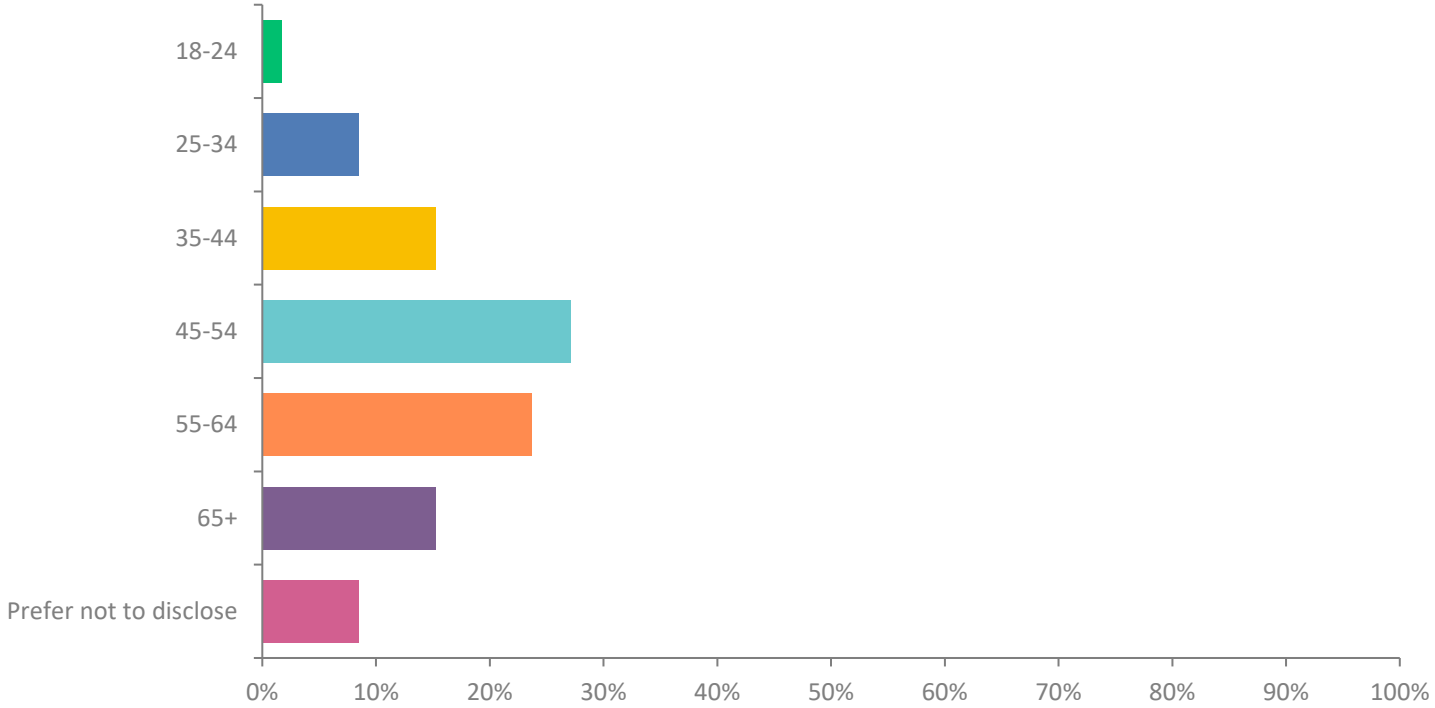
Q19: How do you identify?

Answered: 59 Skipped: 10

ANSWER CHOICES	RESPONSES	
Male	22.03%	13
Female	72.88%	43
Prefer not to disclose	5.08%	3
TOTAL		59

Q20: Please indicate your age below.

Answered: 59 Skipped: 10



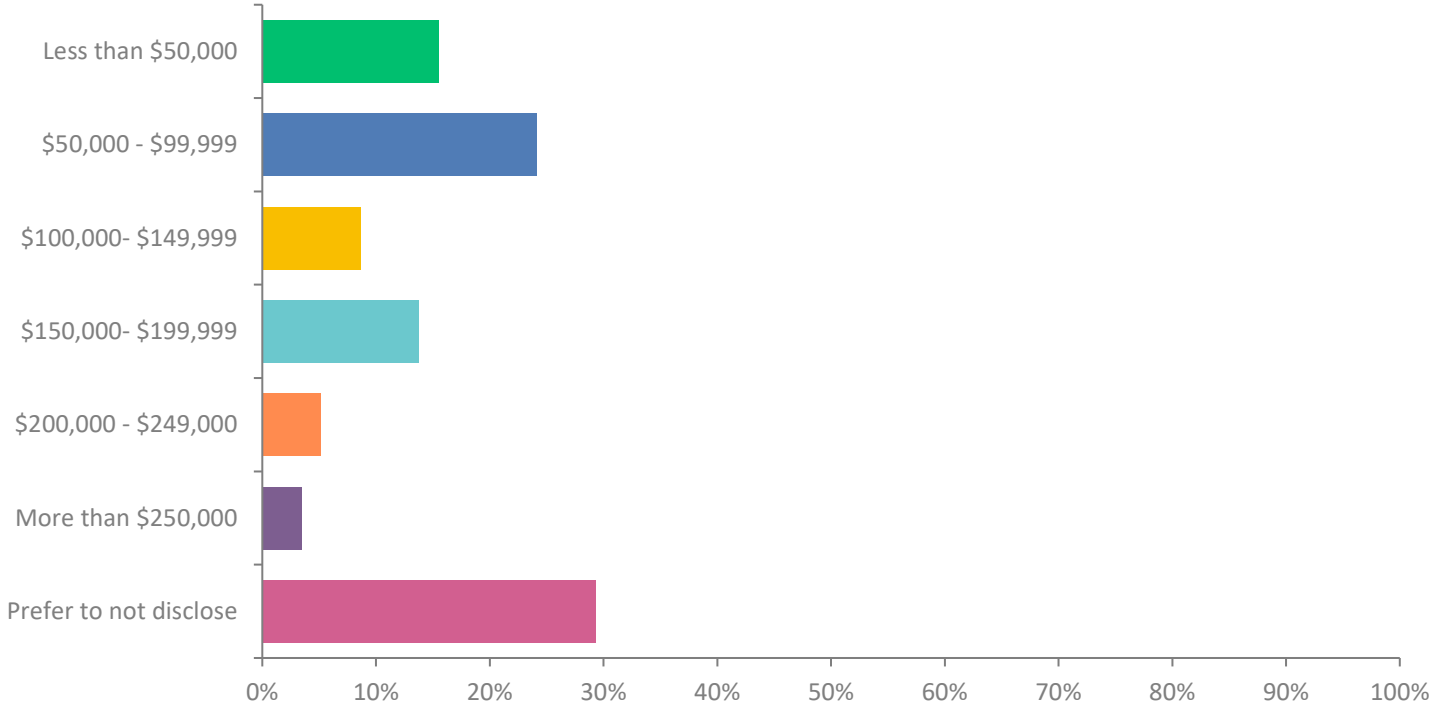
Q20: Please indicate your age below.

Answered: 59 Skipped: 10

ANSWER CHOICES	RESPONSES	
18-24	1.69%	1
25-34	8.47%	5
35-44	15.25%	9
45-54	27.12%	16
55-64	23.73%	14
65+	15.25%	9
Prefer not to disclose	8.47%	5
TOTAL		59

Q21: What is your approximate annual household income?

Answered: 58 Skipped: 11



Q21: What is your approximate annual household income?

Answered: 58 Skipped: 11

ANSWER CHOICES	RESPONSES	
Less than $50,000	15.52%	9
$50,000 - $99,999	24.14%	14
$100,000- $149,999	8.62%	5
$150,000- $199,999	13.79%	8
$200,000 - $249,000	5.17%	3
More than $250,000	3.45%	2
Prefer to not disclose	29.31%	17
TOTAL		58

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THANK YOU!

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QuestionText	AnswerChoice	Heritage/Oyster	Heritage_Total	Heritage_Perce	Combined_Resp	Combined_Total	Combined_Per
Where is your PRIMARY residence?	Hilton Head Island	30	615	4.9%	30	615	4.9%
Where is your PRIMARY residence?	Community within 50 miles of Hilton Head Island (Beaufor	125	615	20.3%	125	615	20.3%
Where is your PRIMARY residence?	Other location in South Carolina	85	615	13.8%	85	615	13.8%
Where is your PRIMARY residence?	Other U.S. location	365	615	59.3%	365	615	59.3%
Where is your PRIMARY residence?	Outside the U.S.	10	615	1.6%	10	615	1.6%
How many days do you intend to stay in the Hilton Head Island area?	I'm a day visitor	55	236	23.3%	55	236	23.3%
How many days do you intend to stay in the Hilton Head Island area?	2 to 3 Days	85	236	36.0%	85	236	36.0%
How many days do you intend to stay in the Hilton Head Island area?	4 to 5 Days	42	236	17.8%	42	236	17.8%
How many days do you intend to stay in the Hilton Head Island area?	6 to 7 Days	22	236	9.3%	22	236	9.3%
How many days do you intend to stay in the Hilton Head Island area?	7 to 9 Days	32	236	13.6%	32	236	13.6%
How many days do you intend to stay in the Hilton Head Island area?	10 Days or More	0	236	0.0%	0	236	0.0%
Is this your first-time attending the Gullah Heritage Culture Festival?	Yes	89	134	66.4%	89	134	66.4%
Is this your first-time attending the Gullah Heritage Culture Festival?	No	45	134	33.6%	45	134	33.6%
Where are you staying overnight on this trip?	Hilton Head Island	52	99	52.5%	52	99	52.5%
Where are you staying overnight on this trip?	Other location off island	47	99	47.5%	47	99	47.5%
What type of accommodations are you using while visiting Hilton Head Island	Home/Villa/condo-rental	32	140	22.9%	32	140	22.9%
What type of accommodations are you using while visiting Hilton Head Island	Home/Villa/condo-timeshare	8	140	5.7%	8	140	5.7%
What type of accommodations are you using while visiting Hilton Head Island	Home/Villa/condo-owned	6	140	4.3%	6	140	4.3%
What type of accommodations are you using while visiting Hilton Head Island	Full-service hotel	32	140	22.9%	32	140	22.9%
What type of accommodations are you using while visiting Hilton Head Island	Limited-service hotel/motel	15	140	10.7%	15	140	10.7%
What type of accommodations are you using while visiting Hilton Head Island	With friends/family	22	140	15.7%	22	140	15.7%
What type of accommodations are you using while visiting Hilton Head Island	RV Park	5	140	3.6%	5	140	3.6%
What type of accommodations are you using while visiting Hilton Head Island	Other (please specify)	20	140	14.3%	20	140	14.3%
How many months in advance did you book this trip?	Less than 1 month ago	65	136.53	47.6%	65	136.53	47.6%
How many months in advance did you book this trip?	1 to 3 months ago	32	136.53	23.4%	32	136.53	23.4%
How many months in advance did you book this trip?	4 to 6 months ago	26.33	136.53	19.3%	26.33	136.53	19.3%
How many months in advance did you book this trip?	7 to 12 months ago	9.2	136.53	6.7%	9.2	136.53	6.7%
How many months in advance did you book this trip?	More than a year ago	4	136.53	2.9%	4	136.53	2.9%
What is your PRIMARY reason for this visit to Hilton Head Island?	This Festival	72	150.08	48.0%	72	150.08	48.0%
What is your PRIMARY reason for this visit to Hilton Head Island?	Visit friends and relatives	13.62	150.08	9.1%	13.62	150.08	9.1%
What is your PRIMARY reason for this visit to Hilton Head Island?	Vacation	53.69	150.08	35.8%	53.69	150.08	35.8%
What is your PRIMARY reason for this visit to Hilton Head Island?	Conference	0	150.08	0.0%	0	150.08	0.0%
What is your PRIMARY reason for this visit to Hilton Head Island?	Business	0	150.08	0.0%	0	150.08	0.0%
What is your PRIMARY reason for this visit to Hilton Head Island?	Beaches	0	150.08	0.0%	0	150.08	0.0%
What is your PRIMARY reason for this visit to Hilton Head Island?	Activity close to home	0	150.08	0.0%	0	150.08	0.0%
What is your PRIMARY reason for this visit to Hilton Head Island?	Outdoor recreation	0	150.08	0.0%	0	150.08	0.0%
What is your PRIMARY reason for this visit to Hilton Head Island?	Other (please specify)	10.77	150.08	7.2%	10.77	150.08	7.2%
Would you have visited the Hilton Head area AT THIS TIME even if this festiva	Yes	82	151	54.3%	82	151	54.3%
Would you have visited the Hilton Head area AT THIS TIME even if this festiva	No	69	151	45.7%	69	151	45.7%
How did you FIRST learn about this Festival?	Internet Search	42.3	193.06	21.9%	42.3	193.06	21.9%
How did you FIRST learn about this Festival?	HiltonHeadIsland.org	7.56	193.06	3.9%	7.56	193.06	3.9%
How did you FIRST learn about this Festival?	Newspaper or Magazine	0	193.06	0.0%	0	193.06	0.0%
How did you FIRST learn about this Festival?	Radio	0	193.06	0.0%	0	193.06	0.0%
How did you FIRST learn about this Festival?	Television	15.2	193.06	7.9%	15.2	193.06	7.9%
How did you FIRST learn about this Festival?	Instagram	3.2	193.06	1.7%	3.2	193.06	1.7%
How did you FIRST learn about this Festival?	Facebook	62	193.06	32.1%	62	193.06	32.1%
How did you FIRST learn about this Festival?	Word of Mouth	42.3	193.06	21.9%	42.3	193.06	21.9%
How did you FIRST learn about this Festival?	Other Social Media	20.5	193.06	10.6%	20.5	193.06	10.6%
Overall experience rating (5=Best to 1=Worst)	5 = Very Good	229	421	54.4%	229	421	54.4%

Overall experience rating (5=Best to 1=Worst)	4 = Good	152	421	36.1%	152	421	36.1%
Overall experience rating (5=Best to 1=Worst)	3 = Average	36	421	8.6%	36	421	8.6%
Overall experience rating (5=Best to 1=Worst)	2 = Poor	3	421	0.7%	3	421	0.7%
Overall experience rating (5=Best to 1=Worst)	1 = Very Poor	1	421	0.2%	1	421	0.2%
How likely are you to return to next year's festival?	Extremely likely	125	226	55.3%	125	226	55.3%
How likely are you to return to next year's festival?	Very likely	62	226	27.4%	62	226	27.4%
How likely are you to return to next year's festival?	Not sure	32	226	14.2%	32	226	14.2%
How likely are you to return to next year's festival?	Very unlikely	1	226	0.4%	1	226	0.4%
How likely are you to return to next year's festival?	Extremely unlikely	6	226	2.7%	6	226	2.7%
How likely are you to recommend the festival to friends?	Extremely likely	52	129	40.3%	52	129	40.3%
How likely are you to recommend the festival to friends?	Very likely	36	129	27.9%	36	129	27.9%
How likely are you to recommend the festival to friends?	Not sure	32	129	24.8%	32	129	24.8%
How likely are you to recommend the festival to friends?	Very unlikely	5	129	3.9%	5	129	3.9%
How likely are you to recommend the festival to friends?	Extremely unlikely	4	129	3.1%	4	129	3.1%
How do you identify?	Male	46.5	141.3	32.9%	46.5	141.3	32.9%
How do you identify?	Female	87.6	141.3	62.0%	87.6	141.3	62.0%
How do you identify?	Prefer not to disclose	7.2	141.3	5.1%	7.2	141.3	5.1%
Please indicate your age below.	18-24	6	209.97	2.9%	6	209.97	2.9%
Please indicate your age below.	25-34	12.8	209.97	6.1%	12.8	209.97	6.1%
Please indicate your age below.	35-44	37.2	209.97	17.7%	37.2	209.97	17.7%
Please indicate your age below.	45-54	48.9	209.97	23.3%	48.9	209.97	23.3%
Please indicate your age below.	55-64	55.6	209.97	26.5%	55.6	209.97	26.5%
Please indicate your age below.	65+	36.9	209.97	17.6%	36.9	209.97	17.6%
Please indicate your age below.	Prefer not to disclose	12.57	209.97	6.0%	12.57	209.97	6.0%
What is your approximate annual household income?	Less than $50,000	26	209.5	12.4%	26	209.5	12.4%
What is your approximate annual household income?	$50,000 - $99,999	58.2	209.5	27.8%	58.2	209.5	27.8%
What is your approximate annual household income?	$100,000- $149,999	17.3	209.5	8.3%	17.3	209.5	8.3%
What is your approximate annual household income?	$150,000- $199,999	28.3	209.5	13.5%	28.3	209.5	13.5%
What is your approximate annual household income?	$200,000 - $249,000	8.2	209.5	3.9%	8.2	209.5	3.9%
What is your approximate annual household income?	More than $250,000	5.7	209.5	2.7%	5.7	209.5	2.7%
What is your approximate annual household income?	Prefer to not disclose	65.8	209.5	31.4%	65.8	209.5	31.4%

RESOLUTION OF THE BOARD OF DIRECTORS
OF THE GULLAH MUSEUM OF HILTON HEAD ISLAND

WHEREAS, the Gullah Museum of Hilton Head Island seeks to promote and preserve the history, culture, and traditions of the Gullah people; and

WHEREAS, the Museum is eligible to apply for funding through the Accommodations Tax ("ATAX") Grant Program to support its programs, festivals, and related activities that benefit tourism and the community; and

WHEREAS, the Board of Directors finds it in the best interest of the Museum to submit an ATAX grant application for funding in the year 2026;

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Gullah Museum of Hilton Head Island hereby authorizes the submission of an ATAX grant application on or after September 4, 2025; and

BE IT FURTHER RESOLVED, that the Executive Director, Louise Cohen, is authorized and directed to execute and submit the application and to take all necessary actions in connection therewith on behalf of the Museum.

Adopted this _04__ day of September, 2025.

Louise Cohen
Executive Director

Gullah Museum of Hilton Head Island

2026 Budget

(Projected)

January 1, 2026-December 31, 2026

REVENUE	**2026**
Operations balance	42,500.00
Town of Hilton Head (ATAX grant application)	180,000.00
Breedlove Grant	7,500.00
Other Foundation grants	55,000.00
Presentations	8,000.00
Merchandise Sales	5,000.00
Donations	20,000.00
Development Fund	5,000.00
Festivals	18,000.00
Corporate support	2,500.00
Board Dues	1,050.00
Interest Income	50.00
Total	**3,44,600.00**

Expenditures	**2026**	
Marketing	$70,000.00	
Operations	60,000.00	
Equipment and materials	25,000.00	
Festivals	50,000.00	
Summer Program	12,000.00	
Professional Services	20,000.00	
Merchandise Purchases	4,550.00	
Renovation (site upgrade)	5,000.00	migrant houses
	15,000.00	Trailer
	10,000.00	Blue House
	5,000.00	Boat display
	4,000.00	office set up
	5,000.00	stage, seating, and cover
	5,000.00	praise house upgrade
	10,000.00	fencing and security
	10,000.00	outhouses
Total renovation and site upgrade	74,000.00	
Total expenditures	**315,550.00**	

Budget Notes

The Museum Budget is considered in November and adopted in December for the upcoming year. This is the **proposed** 2025 budget.

The Beaufort County ATAX application for $50,000.00 has been before the county now for 2 years. We have no information on when or if the county will act on the application. The application is for improvements and renovations at the museum site.

The state ATAX application is for $25,000.00 to support 2 of the four festivals that the museum produces on an annual basis. It is not likely that the full amount will be granted given that the committee has made clear that they are looking for documentation of the number of hotel visits in the southern part of the county. The committee has also expressed the sentiment that Hilton Head based organizations should look to the Hilton Head ATAX committee for funding.

Facilities. The museum made significant improvements at the museum site during 2024. We placed a canopy over the antique trailer, acquired a praise house, cleared space for a modular office, expanded stage and seating space and added public toilets modeled as outhouses and we have begun the process for acquiring the modular office.

In 2025 the museum will continue the focus on improving the visitor experience. The museum has about 400 artifacts yet to be displayed. The museum must now address issues of security including fencing, security cameras, display capacity, and appropriate storage facilities.

Gullah Museum of Hilton Head , Inc

Statement of Activity

January - June, 2025

	TOTAL
Revenue	
Admission Fee	6,832.39
Food Sales	459.00
Merchandise Sales	155.00
Presentations	2,354.00
Sponsorship Income	
Donations	44,143.00
Total Sponsorship Income	**44,143.00**
Town of HHI ATAX Grant	98,089.17
Uncategorized Income	30,397.25
Vendor Fees	2,875.00
Total Revenue	**$185,304.81**
Cost of Goods Sold	
Materials/Supplies	666.84
Total Cost of Goods Sold	**$666.84**
GROSS PROFIT	**$184,637.97**
Expenditures	
Advertising/ Promotional	28,732.99
Auto	20.92
Bank Fees	1.85
Charitable Donations	750.00
Consultation	300.00
Event	10,063.00
Event Food	2,325.00
Food Festival	2,400.00
Entertainment	3,325.00
Transportation	250.00
Total Food Festival	**5,975.00**
General Insurance	974.50
Meals	130.10
Memoarabilia Expenses	2,921.36
Office Supplies	1,200.80
Payroll Expenses	
Taxes	765.00
Wages	9,877.24
Total Payroll Expenses	**10,642.24**
Professional Fees	11,841.24
Property Repairs & Maintenance	8,691.07
Purchases	65,546.00
Reimbursement	3,767.35
Repair & Maintenance	799.69

Gullah Museum of Hilton Head , Inc

Statement of Activity

January - June, 2025

	TOTAL
Storage	3,279.98
Taxes Paid	50.00
Travel and Meetings	201.84
Uncategorized Expense	700.00
Utilities	1,861.33
Website and internet development	500.00
Total Expenditures	**$161,276.26**
NET OPERATING REVENUE	**$23,361.71**
Other Revenue	
Interest Earned	0.55
Total Other Revenue	**$0.55**
Other Expenditures	
Reconciliation Discrepancies	-709.54
Total Other Expenditures	**$ -709.54**
NET OTHER REVENUE	**$710.09**
NET REVENUE	**$24,071.80**

Gullah Museum of Hilton Head , Inc

Statement of Financial Position

As of June 30, 2025

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Checking 2168	2,137.68
Checking 5938	7,779.68
Main Checking Account (9560)	13,704.24
Operating 7901	42,677.56
Petty Cash	0.00
Total Bank Accounts	**$66,299.16**
Accounts Receivable	
Town of Hilton Head Receivable	35,546.84
Total Accounts Receivable	**$35,546.84**
Total Current Assets	**$101,846.00**
Fixed Assets	
Museum Renovations	170,277.50
Office Equipment	0.00
Total Fixed Assets	**$170,277.50**
TOTAL ASSETS	**$272,123.50**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	
Federal Taxes (941/943/944)	-730.18
SC Income Tax	-152.61
SC Unemployment Tax	0.00
Total Payroll Liabilities	**-882.79**
Total Other Current Liabilities	**$ -882.79**
Total Current Liabilities	**$ -882.79**
Total Liabilities	**$ -882.79**
Equity	
Opening Balance Equity	174,051.80
Retained Earnings	74,882.69
Net Revenue	24,071.80
Total Equity	**$273,006.29**
TOTAL LIABILITIES AND EQUITY	**$272,123.50**

Gullah Museum of Hilton Head , Inc

Statement of Activity

January - December 2024

	TOTAL
Revenue	
Admission Fee	14,193.92
Breedlove Grant	18,245.85
Food Sales	2,531.14
Merchandise Sales	2,850.65
Presentations	1,695.00
Program Fees	
Membership Fees	500.00
Total Program Fees	**500.00**
Program Income	20.00
Sales of Product Revenue	28.53
Sponsorship Income	
Donations	23,501.11
Total Sponsorship Income	**23,501.11**
Town of HHI ATAX Grant	182,225.17
Uncategorized Income	35,546.84
Vendor Fees	2,475.00
Total Revenue	**$283,813.21**
Cost of Goods Sold	
Materials/Supplies	3,504.50
Total Cost of Goods Sold	**$3,504.50**
GROSS PROFIT	**$280,308.71**
Expenditures	
Advertising/ Promotional	48,915.81
Bank Fees	12.00
Charitable Donations	5,739.20
Dues & subscriptions	2,513.00
Event	10,510.20
Event Food	2,630.00
Facilities and Equipment	
Equipment Rental	250.00
Total Facilities and Equipment	**250.00**
Food Festival	11,438.52
Entertainment	10,766.00
Transportation	3,000.00
Total Food Festival	**25,204.52**
General Insurance	1,185.26
Gullah Holiday Function	2,430.00
Holiday Event Decorations	2,000.00
Internet	149.11
Meals	278.65

Gullah Museum of Hilton Head , Inc

Statement of Activity

January - December 2024

	TOTAL
Memoarabilia Expenses	11,133.96
Office Supplies	5,302.98
Payroll Expenses	
Taxes	1,274.99
Wages	19,028.51
Total Payroll Expenses	**20,303.50**
Professional Fees	24,371.32
Property Repairs & Maintenance	73,991.99
Purchases	500.00
Reimbursement	643.94
Repair & Maintenance	18,778.44
Salaries & Wages	1,054.62
Storage	5,864.96
Summer Camp Expenses	6,015.00
Taxes Paid	1,439.92
Travel and Meetings	1,279.53
Uncategorized Expense	1,172.25
Utilities	2,533.53
Website and internet development	971.74
Total Expenditures	**$277,175.43**
NET OPERATING REVENUE	**$3,133.28**
Other Revenue	
Interest Earned	19.18
Total Other Revenue	**$19.18**
Other Expenditures	
Reconciliation Discrepancies	3,330.00
Total Other Expenditures	**$3,330.00**
NET OTHER REVENUE	**$ -3,310.82**
NET REVENUE	**$ -177.54**

Gullah Museum of Hilton Head , Inc

Statement of Financial Position

As of December 31, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Checking 2168	387.68
Checking 5938	4,284.94
Main Checking Account (9560)	8,841.94
Operating 7901	29,061.72
Petty Cash	0.00
Total Bank Accounts	**$42,576.28**
Accounts Receivable	
Town of Hilton Head Receivable	35,546.84
Total Accounts Receivable	**$35,546.84**
Total Current Assets	**$78,123.12**
Fixed Assets	
Museum Renovations	170,277.50
Office Equipment	0.00
Total Fixed Assets	**$170,277.50**
TOTAL ASSETS	**$248,400.62**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	
Federal Taxes (941/943/944)	-430.18
SC Income Tax	-103.69
SC Unemployment Tax	0.00
Total Payroll Liabilities	**-533.87**
Total Other Current Liabilities	**$ -533.87**
Total Current Liabilities	**$ -533.87**
Total Liabilities	**$ -533.87**
Equity	
Opening Balance Equity	174,051.80
Retained Earnings	75,060.23
Net Revenue	-177.54
Total Equity	**$248,934.49**
TOTAL LIABILITIES AND EQUITY	**$248,400.62**

Gullah Museum of Hilton Head , Inc

Statement of Activity

January - December 2023

	TOTAL	
	JAN - DEC 2023	JAN - DEC 2022 (PY)
Revenue		
Admission Fee	6,679.40	
Beaufort County ATAX	86,875.00	27,000.00
Developmental	0.00	
Food Sales	4,217.00	
Merchandise Sales	2,181.00	
Presentations	9,788.00	
Program Fees		
Membership Fees	125.00	
Total Program Fees	**125.00**	
Sponsorship Income		
Donations	73,514.47	
Total Sponsorship Income	**73,514.47**	
Town of HHI ATAX Grant	175,305.61	
Uncategorized Income	8,200.00	
Vendor Fees	3,900.00	
Total Revenue	**$370,785.48**	**$27,000.00**
Cost of Goods Sold		
Materials/Supplies	3,403.36	63.22
Subcontractors	11,159.50	
Total Cost of Goods Sold	**$14,562.86**	**$63.22**
GROSS PROFIT	**$356,222.62**	**$26,936.78**
Expenditures		
Advertising/ Promotional	91,187.77	
Auto	40.51	
Bank Fees	14.85	
Bonus	1,600.00	
Charitable Donations	4,476.25	
Dues & subscriptions	185.00	
Event Food	6,328.27	
Facilities and Equipment	729.24	
Equipment Rental	500.00	
Total Facilities and Equipment	**1,229.24**	
Food Festival	13,409.81	
Entertainment	8,025.00	
Transportation	700.00	
Total Food Festival	**22,134.81**	
General Insurance	1,394.83	
Gullah Holiday Function	9,003.95	
Holiday Event Decorations	2,400.00	

Gullah Museum of Hilton Head , Inc

Statement of Activity

January - December 2023

	TOTAL	
	JAN - DEC 2023	JAN - DEC 2022 (PY)
Internet	15.88	
Meals	365.88	
Medical Expenses	360.40	
Memoarabilia Expenses	5,805.60	
Museum Renovations	112,673.50	
Office Supplies	3,007.62	14.29
Professional Fees	4,784.09	
Property Repairs & Maintenance	5,250.00	1,650.00
Reimbursement		
Ticket Reimbursement	90.00	
Total Reimbursement	**90.00**	
Repair & Maintenance	38,265.02	
Salaries & Wages	12,665.44	
Storage	6,137.51	229.00
Summer Camp Expenses	650.00	
Travel and Meetings	1,449.00	
Uncategorized Expense	19,745.62	
Utilities	2,270.49	618.52
Total Expenditures	**$353,531.53**	**$2,511.81**
NET OPERATING REVENUE	**$2,691.09**	**$24,424.97**
Other Revenue		
Interest Earned	52.87	36.30
Total Other Revenue	**$52.87**	**$36.30**
Other Expenditures		
Reconciliation Discrepancies		21,498.87
Total Other Expenditures	**$0.00**	**$21,498.87**
NET OTHER REVENUE	**$52.87**	**$ -21,462.57**
NET REVENUE	**$2,743.96**	**$2,962.40**

Gullah Museum of Hilton Head , Inc

Statement of Financial Position

As of December 31, 2023

	TOTAL	
	AS OF DEC 31, 2023	AS OF DEC 31, 2022 (PY)
ASSETS		
Current Assets		
Bank Accounts		
Checking 2168	14,391.13	42,863.63
Checking 5938	8,604.17	
Main Checking Account (9560)	295.30	
Operating 7901	63,313.14	34,157.09
Petty Cash	0.00	
Total Bank Accounts	**$86,603.74**	**$77,020.72**
Total Current Assets	**$86,603.74**	**$77,020.72**
Fixed Assets		
Office Equipment	760.56	
Total Fixed Assets	**$760.56**	**$0.00**
Other Assets		
Website and internet development	1,282.86	343.44
Total Other Assets	**$1,282.86**	**$343.44**
TOTAL ASSETS	**$88,647.16**	**$77,364.16**
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
Payroll Liabilities		
Federal Taxes (941/943/944)	-3,628.47	
SC Income Tax	-708.49	
Total Payroll Liabilities	**-4,336.96**	
Total Other Current Liabilities	**$ -4,336.96**	**$0.00**
Total Current Liabilities	**$ -4,336.96**	**$0.00**
Total Liabilities	**$ -4,336.96**	**$0.00**
Equity		
Opening Balance Equity	87,277.76	74,401.76
Retained Earnings	2,962.40	
Net Revenue	2,743.96	2,962.40
Total Equity	**$92,984.12**	**$77,364.16**
TOTAL LIABILITIES AND EQUITY	**$88,647.16**	**$77,364.16**

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

DEPARTMENT OF THE TREASURY

Date: AUG 0 5 2004

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

Employer Identification Number:
42-1603322
DLN:
204160169
Contact Person:
KAREN T HOOD ID# 75069
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
September 8, 2003
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2007

Dear Applicant:

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

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

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

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

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

January 8, 2025

Gullah Museum Of Hilton Head, Inc
Gullah Museum Of Hilton Head,Inc
3 Farmers Club Road
HILTON HEAD ISLAND, SC 29926

CONSENT TO DISCLOSURE AND USE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose or use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return. Tax return information shall include any and all information located on your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time you specify. If you do not specify the duration of your consent, your consent is valid for one year.

_____ I authorize David E. Williams C.P.A., LLC to disclose to the following recipients the 2023 tax return information for Gullah Museum Of Hilton Head, Inc:

_____ Preparation andfiling of tax return form 990

_____
Officer Signature and Title

_____
Date Signed

Consent Valid Until: **One year from signature date**

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Please feel free to contact us at 843-715-9568 if you have questions or would like more information regarding our privacy and confidentiality policies and procedures.

David E. Williams C.P.A., LLC
840 William Hilton Pkwy Ste B
Hilton Head, SC 29928-3434
843-715-9568

January 8, 2025

CONFIDENTIAL

Gullah Museum Of Hilton Head, Inc
Gullah Museum Of Hilton Head,Inc
3 Farmers Club Road
HILTON HEAD ISLAND, SC 29926

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

David E. Williams C.P.A., LLC

Accepted By: _____

Date: _____

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning , and ending

Gullah Museum Of Hilton Head, Inc 42-1603322
Gullah Museum Of Hilton Head,Inc

Net Asset / Fund Balance at Beginning of Year			134,624
Revenue			
Contributions	370,785		
Program service revenue			
Investment income	53		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	0		
Total revenue		370,838	
Expenses			
Program services	217,511		
Management and general	43,947		
Fundraising			
Total expenses		261,458	
Excess / (deficit)			109,380
Changes			12,877
Net Asset / Fund Balance at End of Year			256,881

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	370,838

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	261,458

Balance Sheet

	Beginning	Ending	Differences
Assets	134,624	256,881	
Liabilities			
Net assets	134,624	256,881	122,257

Miscellaneous Information

Amended return	
Return / extended due date	11/15/24
Failure to file penalty	

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning ....., 2023, and ending ....., 20 .....

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* **for the latest information.**

OMB No. 1545-0047

2023

Name of filer: **Gullah Museum Of Hilton Head, Inc**
Gullah Museum Of Hilton Head,Inc

EIN or SSN: **42-1603322**

Name and title of officer or person subject to tax: **Louise Cohen**
Executive Director

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** 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, 7b, 8b, 9b,** or **10b,** 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**	**370,838**
2a Form 990-EZ check here	[ ]	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here	[ ]	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here	[ ]	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a Form 8868 check here	[ ]	**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a Form 990-T check here	[ ]	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a Form 4720 check here	[ ]	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a Form 5227 check here	[ ]	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a Form 5330 check here	[ ]	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a Form 8038-CP check here	[ ]	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

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

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 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] I authorize **David E. Williams C.P.A., LLC** to enter my PIN **52125** as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2023 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 entity, I will enter my PIN as my signature on the tax year 2023 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 _____ Date **12/25/24**

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 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature **David E Williams, CPA** Date **12/25/24**

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning , and ending

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

C Name of organization: Gullah Museum Of Hilton Head, Inc
Gullah Museum Of Hilton Head,Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 3 Farmers Club Road
Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: HILTON HEAD ISLAND SC 29926

D Employer identification number: 42-1603322

E Telephone number: 843-683-6401

G Gross receipts $: 370,838

F Name and address of principal officer:
Louise Cohen
3 Farmers Club Road
Hilton Head SC 29926

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

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

J Website: N/A

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation:

M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Restoring, Preserving and Sharing the Gullah Culture

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)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	1
6 Total number of volunteers (estimate if necessary)	6	10
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	27,000	370,785
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,912	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	119,912	370,838
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)		5,111
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		17,001
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	179,887	239,346
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	179,887	261,458
19 Revenue less expenses. Subtract line 18 from line 12	-59,975	109,380

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	134,624	256,881
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	134,624	256,881

Part II Signature Block

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

Sign Here

Signature of officer — Date

Louise Cohen — Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
David E Williams, CPA	David E Williams, CPA	01/08/25		P01510199

Firm's name: David E. Williams C.P.A., LLC — Firm's EIN: 46-1684469
Firm's address: 840 William Hilton Pkwy Ste B Hilton Head, SC 29928-3434 — Phone no. 843-715-9568

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

For Paperwork Reduction Act Notice, see the separate instructions. See Statement 1

DAA

Form **990** (2023)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

Restoring, Preserving and Sharing the Gullah Culture

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

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

4a (Code:) (Expenses $ **191,022** including grants of $) (Revenue $)

Restoratuion ans Preserving and Sharing the Gullah Culture by renovating and operating the museum and operating tours of the facilities together with presentations regarding the Gullah Culture

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

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

N/A

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

(Expenses $ **26,489** including grants of $) (Revenue $)

4e Total program service expenses **217,511**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**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**		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *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).			
a	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
c	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**		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	**29**		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	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	10		
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:				
a	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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		
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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **SC**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Ibrahim Abdul-Mailk 131 Squires Pope Road
Hilton Head SC 29926 843-683-6401

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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Ibrahim Abdul-Mailk	0.00									
Treasurer	0.00	X		X				0	0	0
(2) Murray Christopher	0.00									
Director	0.00	X						0	0	0
(3) Brigette Cohen	0.00									
Director	0.00	X						0	0	0
(4) Louise Cohen	0.00									
Executive Director	0.00	X		X				0	0	0
(5) Shawnya Cohen	0.00									
Director	0.00	X						0	0	0
(6) Linda Ferguson	0.00									
Director	0.00	X						0	0	0
(7) Nell Hay	0.00									
Chairwomen	0.00	X		X				0	0	0
(8) Carrie Hirch	0.00									
Director	0.00	X						0	0	0
(9) Meldon Hollis	0.00									
Vice Chair	0.00	X		X				0	0	0
(10) Yolawnda McKinney	0.00									
Director	0.00	X						0	0	0
(11) Brend A Williams	0.00									
Secretary	0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b **Subtotal**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	6,679				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	262,181				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	101,925				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f			370,785			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			53	53		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			370,838	53	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	5,111	5,111		
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	17,001	8,500	8,501	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,891	2,891		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	20,953	10,476	10,477	
12 Advertising and promotion	116,628	116,628		
13 Office expenses	6,695	5,317	1,378	
14 Information technology				
15 Royalties				
16 Occupancy	51,763	28,172	23,591	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Food Festival	22,685	22,685		
b Holiday Festival	11,403	11,403		
c All other event food	6,328	6,328		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	261,458	217,511	43,947	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	77,020	1	86,604
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 170,277			
	b	Less: accumulated depreciation — 10b	57,604	10c	170,277
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	134,624	16	256,881
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☒ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	134,624	31	256,881
	32	Total net assets or fund balances	134,624	32	256,881
	33	Total liabilities and net assets/fund balances	134,624	33	256,881

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	370,838
2	Total expenses (must equal Part IX, column (A), line 25)	2	261,458
3	Revenue less expenses. Subtract line 2 from line 1	3	109,380
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	134,624
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	12,877
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	256,881

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ 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? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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		

Federal Statements

Statement 1 - Late Filing Explanation

Description

THis return is being filed timely as all of the extensions have been properly filed and the IRS granted an extension of time to taxpayers who were located in the hurrican areas which this taxpwyer is located. so therefore no penalities apply.

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Gullah Museum Of Hilton Head, Inc
Gullah Museum Of Hilton Head,Inc

Employer identification number 42-1603322

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					370,785	370,785
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						
4 **Total.** Add lines 1 through 3					370,785	370,785
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						370,785

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4					370,785	370,785
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11 **Total support.** Add lines 7 through 10						370,785

12 Gross receipts from related activities, etc. (see instructions) **12** 53

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) **14** 100.00 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test — 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box 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

			Yes	No
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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	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.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	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).*	8		
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.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

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		
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		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

- a ☐ 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.*
- c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer lines 3a and 3b below.*			
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.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

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

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

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

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

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	Other distributions (*describe in Part VI*). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
Gullah Museum Of Hilton Head, Inc
Gullah Museum Of Hilton Head,Inc

Employer identification number
42-1603322

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

1 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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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 $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		**170,277**		**170,277**
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				**170,277**

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2023
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to *www.irs.gov/Form990* for the latest information.	Open to Public Inspection

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

Form 990, Part I, Line 6

Assist with the musume showings and the mau=intance of properties

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

Presentations regaarding the Gullah culture

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

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

Upon request of the public

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
professional fees	$ 20,953	$ 10,476	$ 10,477	$
Total	$ 20,953	$ 10,476	$ 10,477	$ 0

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Fees	$ 6,679
Beaufort County ATAX	86,875
Town of Hilton Head ATAX	175,306
Donations	73,514
Presentations	9,913
Food and Merchandoise sales	6,398
fees	12,100
Total	$ 370,785

Schedule A, Part II, Line 12 - Current year

Description	Amount
Taxable Interest on Savings and Temporary Cash Investments	$ 53
Total	$ 53

Form **990EZ**

Department of the Treasury
Internal Revenue Service

Short 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)

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

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

C Name of organization
Gullah Museum of Hilton Head Island Inc

Number and street (or P. O. box, if mail is not delivered to street address) | Room/suite
3 Farmers Club Rd

City or town, state or province, country, and ZIP or foreign postal code
Hilton Head Island, SC 29926

D Employer identification number
42-1603322

E Telephone number
(843) 683-6401

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.gullahmuseumofhhi.org

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

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

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

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

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

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

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

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

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

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

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

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

28 The Gullah Oyster Roast is an event that showcases the Gullah Culture. At the event food and events depicting theGullah Culture years are help. More than 1500 people attend the event. **28a** 12,950
(Grants $ 12,450) If this amount includes foreign grants, check here . . . ▶ ☐

29 Restoration of the Gullah House This house shows how the Gullah People lived years ago. During the year,bus tours, and bicycle tours resultsin more than 2,000 people attending this event **29a** 17,138
(Grants $ 20,000) If this amount includes foreign grants, check here . . . ▶ ☐

30 Gullah Summer Camp - This is a program that teaches young people aboutthe Gullah Culture. About 25-50 youths participate in Gullah Story telling, food preparationand other aspects of the Gullah Culture. **30a** 8,589
(Grants $ 10,000) If this amount includes foreign grants, check here . . . ▶ ☐

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 38,677

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated ; see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

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

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . .	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

41 List the states with which a copy of this return is filed. ▶ SC

42a The organization's books are in care of ▶ Ibrahim Abdul-Malik Telephone no.▶ (843) 683-6401

Located at ▶ 131 Squire Pope Road Hilton Head Island , SC ZIP + 4 ▶ 29926

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		No
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . If "Yes," enter the name of the foreign country: ▶	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041 -** Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		No

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

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b	If "Yes," was the related organization a section 527 organization?	49b		

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

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

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

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

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

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

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

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

Sign Here

Signature of officer	2022-05-13 Date
Nell B Hay Chairman Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name: James Mitchell Jr	Preparer's signature	Date: 2022-05-13	Check ☑ if self-employed; PTIN: P01874885
Firm's name ▶ JM Financial Services			Firm's EIN ▶ 45-4908239
Firm's address ▶ 268 Applewood Drive, Rochester, NY 14612			Phone no. (843) 683-0040

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

Additional Data

Return to Form

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Gullah Museum of Hilton Head Island Inc

Employer identification number
42-1603322

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☑ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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..						
4 **Total.** Add lines 1 through 3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .						
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.). .						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 0 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 15

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .					158,261	158,261
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					13,323	13,323
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5					171,584	171,584
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.						0
c Add lines 7a and 7b. .						0
8 **Public support.** (Subtract line 7c from line 6.)						171,584

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .					171,584	171,584
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .					28	28
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.					28	28
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.). .						171,612

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	99.980 %
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	0.020 %
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☑

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

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	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.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) .*	7		
8	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).*	8		
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.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
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.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ 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.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
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 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

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

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

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID: 21013422

Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
Gullah Museum of Hilton Head Island Inc

Employer identification number

42-1603322

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Advertising/Promotional 24324.
Form 990EZ, Part I, Line 16	Property Repairs and Maintenance 17138.
Form 990EZ, Part I, Line 16	Summer Camp 8589.
Form 990EZ, Part I, Line 16	Equipment Purchase 2146.
Form 990EZ, Part I, Line 16	Food Festival 1262.
Form 990EZ, Part I, Line 16	Insurance 1502.
Form 990EZ, Part I, Line 16	Office Expenses 3752.
Form 990EZ, Part I, Line 16	Donations 875.
Form 990EZ, Part I, Line 16	Property Taxes 735.
Form 990EZ, Part I, Line 16	Rental- Storage Unit 900.
Form 990EZ, Part I, Line 16	Website and Internet 3436.
Form 990EZ, Part II, Line 24	Gullah Museum Historical Artifacts used by Gullah People 150000. 150000.

Additional Data

Return to Form

Software ID: 21013422

Software Version:

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short 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)
Do not enter social security numbers on this form, as it may be made public.
Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

C Name of organization
Gullah Museum of Hilton Head Island Inc.

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
3 Farmers Club Rd

City or town, state or province, country, and ZIP or foreign postal code
Hilton Head Island, SC 29926

D Employer identification number
42-1603322

E Telephone number
8436836401

F Group Exemption Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify):

I Website: www.gullahmuseumofhhi.org

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

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other:

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

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

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

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

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

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

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

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

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

28 The Gullah Oyster Roast is an event that showcases the Gullah Culture. At the event, food and events depicting the Gullar Culture. More than 2000 people attend he event.
(Grants $ 21,267.) If this amount includes foreign grants, check here . . . . . ☐ **28a** 24,200.

29 Restoration of the Gullah House. The Gullah House the Centerpiece of the Gullah Museum is being restored. Tourist amounting to more than 3000 come to see the "Gullah House".
(Grants $ 57,000.) If this amount includes foreign grants, check here . . . . . ☐ **29a** 57,604.

30 Gullah Summer Camp - This program teaches young people about the Gullah Culture. Youths totaling more than 50 participate in Gullah story telling, food preparation, etc.
(Grants $ 10,000.) If this amount includes foreign grants, check here . . . . . ☐ **30a** 9,545.

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here . . . . . ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . **32** 91,349.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

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

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

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

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
c	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		×

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

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

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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

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

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

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

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

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

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

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

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

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

Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

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

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

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

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