

2026

Accommodations Tax Funds Request Application

Organization Name: Mitchelville Preservation Project

Project/Event Name: Accommodations Tax Grant Application

Executive Summary

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

2026 Accommodations Tax Funds Request Application

Date Received: 09/03/2025

Time Received: 05:04 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: Mitchelville Preservation Project

Project/Event Name: Accommodations Tax Grant Application

Contact Name: Ahmad Ward

Title: Executive Director

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

Email Address:

award@exploremitchelville.org

Contact Phone: 843-255-7301

Event Date(s): Various

Event Location(s): Historic Mitchelville Freedom
Park / Locations TBD

Total Budget: \$1,027,000.00

Grant Requested: \$205,000.00

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

Funding would be used to: promote Mitchelville Master Plan to the national public, provide outreach to visitors / tourists, develop / distribute updated print marketing offerings and purchase strategic marketing management services. HMFP will market and promote: 1) "Finding Freedom's Home" Mitchelville exhibit at the Westin HHI Resort and Spa, 2) Promotion of Historic Mitchelville Freedom Park's future 3) 2026 Blues and BBQ, 4) 2026 Juneteenth Celebration, 5) "Dawn of Freedom" Tours in Historic Mitchelville, 6) Mitchelville Anniversary Programming and 7) Branding effort of HMFP. Funds would also support event transportation and for site set-up and preparation.

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)

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

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

A. Total Number of Physical Tourists Served: 36877

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: 15805

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: 21518

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): 74200

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

Historic Mitchelville Freedom Park uses a variety of methods to calculate visitors and tourists for programs and events. HMFP employs a visitor survey tool for in-person events, to capture reasons for attending and personal information to track where people are visiting. HMFP uses **Placer A.I.** software to also calculate the number of people that come on the Park site on a weekly and monthly basis. Numbers are determined by the total visitation juxtaposed with guided tours, events and school visits.

The Holiday Nights and Lights continues to be a key event for HMFP with **3,000** people in attendance over a three-day period with **1,690** tourists participating according to the donation cards passed out at the entrance and collected at the exit. The States represented in the data were: Florida, Georgia, Louisiana, Kentucky, Mississippi, New York, New Jersey, North Carolina, Ohio, Pennsylvania and Tennessee.

The Freedom Day program focused on the life of Harriet Tubman in connection with the Journey to Freedom statue by Wesley Wofford, that has been in the Park for most of 2025. There were **275** people in attendance at the event. Additionally, the statue's presence in the Park has helped to increase visitation by nearly **10%**.

Regarding the 11th Annual Juneteenth Celebration. HMFP kicked things off with **60** participants for the Audubon Society program on the morning of Thursday, June 12th. That evening, **50** people took part in the Sleepover program with **17** staying overnight. HMFP welcomed **70** middle school students / chaperones to the Children's Program on Friday, June 13th. **235** people came out to the Drum Circle that evening, led by Pearl Gordon. And then, the Saturday festival, featuring arts, food, clothing, music, fun and the incredible Leela James brought **1,660** people to the Park site. We welcomed people from **Alabama, Florida, Georgia, Kentucky, Maryland,**

North Carolina, Tennessee and Virginia to the celebration. Best of all, the rain held until the end!

This year marked the fourth year of our “QR code stations” partnership with the Town of Hilton Head Island Office of Cultural Affairs. The three stations in the Park highlight the story of Mitchelville, a performance by Marlena Smalls and the Hallelujah Singers and an interpretation of Harriet Tubman by Cora Miller. The three stations have yielded **2,897** scans since September 2024 (over **12,600** total) with tourists ranging from 29 states and 8 different countries. In addition, The Poetry Trail station near the Toni Morrison “Bench was scanned **745** times.

We reached **2,150** children with the Ho’Well Do You Know Hilton Head History Hike and The Griot’s Corner literacy program in the Park. A **10.5%** increase from 2024. Special bike tours such as Pedal 4 Kids reached **450** participants.

HMFP’s official Park site reach since late August / early September 2024 until late August 2025 totaled **74,200** people with the out of area percentage reaching **70%**.

B. DESCRIPTION OF OPERATIONS:

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

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

HMFP educates the public on the compelling story of its inhabitants and their quest for education, self-reliance and inclusion as members of a free society. HMFP is thriving through feature exhibits, signature events and guided tours of Historic Mitchelville. In addition, it continues to enhance knowledge of Mitchelville through a series of learning opportunities including lectures, forums, and related cultural experiences. Thanks to the generosity of the Beaufort County Council, HMFP has completed a Master Plan for the Historic Mitchelville Freedom Park physical plant, which will serve as the blueprint for its transformation. The document includes an interpretive plan, development plan, business and financial plans, along with other components. The plan will expand the offerings of the Park to include a 18,000 sq. foot Interpretive Center that will highlight the Mitchelville story and connect it to the 21st Century, as well as replicas of the historic homes, churches, stores and other structures that align with the themes governing the interpretation of the site. Those themes include: the importance of education, the desire for land ownership, laws and citizenship, the power of opportunity, everyday life before Reconstruction, and others.

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

The Historic Mitchelville Freedom Park continues to grow and flourish with Ghosted Structures in the Park and an Archaeological Research Facility / Auditorium due to open in 2026. The funds requested from the Town of Hilton Head will enable us to: maintain and expand our outreach offerings in the park and on various digital / online platforms, increase the branding for Historic Mitchelville Freedom Park and provide unique programming that elevates the Project to levels in alignment to the national museum/ cultural institution field. Most importantly, funding will assist us in reaching out from beyond Hilton Head Island, in a marketing/ public relations effort that shares this unique and incredible story of citizenship, democracy and freedom with the rest of the world.

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

- Purchase strategic marketing management services, Continuation of branding effort for Historic Mitchelville Freedom Park, Creation of promotional materials and branding / promotion of Master plan / Capital campaign. Placer A.I. services, which aid in determining visitors to the Park site as well as detailed marketing metrics to attract more. Specific services would include media relations (e.g., press releases, media pitching, media buying in TV, Print, and Radio) and creation of collateral pieces and displays - \$120,000

- Implementation of key tourism events and programming - \$70,000

- Park site maintenance and event preparation / Liability / Event Insurance - \$15,000

Total \$205,000

Please refer to **Additional Comments** for more details about programming.

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

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

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

HMFP events, such as Juneteenth and Holiday Nights and Lights (**5,897 participants**) continue to reach beyond South Carolina to attract thousands of people to HHI.

Mitchelville's prominence in national conferences, programs, publications; national grant opportunities and the growing scope of the organization places HMFP in position to draw even more people to HHI in 2026. HMFP maintains a high percentage of tourists to the Park site with or without targeted programming.

According to the HHI Office of Cultural Affairs' Arts &

Economic Prosperity study arts/cultural attendees spent an average of \$52.86 per person, making last year impact, **\$1,949,318.22**

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

1 - Destination Advertising/Promotion

Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.

57 %

2 - Tourism-Related Events

Promotion of the arts and cultural events.

35 %

3 - Tourism-Related Facilities

Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.

8 %

4 - Tourism-Related Public Services

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

0 %

5 - Tourist Public Transportation

Tourist shuttle transportation.

0 %

6 - Waterfront Erosion/Control/Repair

Control and repair of waterfront erosion.

0 %

7 - Operation of Visitor Information Centers

Operating visitor information centers.

0 %

Total: 100 %

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

HMFP currently works with organizations such as: The Westin Hotel and Spa, The

Sonesta Resort, Hampton Inn, Gullah Heritage Trail Tours, Gullah Geechee Cultural Heritage Corridor Commission, Island Rec, The Arts & Cultural Council of HHI, The Heritage Classic Foundation Coastal Discovery Museum, The Heritage Library, the Hilton Head Land Trust and Hilton Head Island-Bluffton Chamber of Commerce to attract culturally specific tours to the area. HMFP is has been partnering with the Hilton Head Symphony Orchestra, the Native Islander Business Cultural Affairs Association (NIBCAA) and the Gullah Museum of Hilton Head, to present the HHSO's Gullah Geechee Cultural Series.

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

7. Additional comments. (250 words or less)

The requested funds from the TOHH ATAX grant cycle will enable HMFP to develop, implement and promote the following: **"Finding Freedom's Home: Archeology at Mitchelville"** exhibition at the Westin Hilton Head Island Resort and Spa. Our **Placer A.I.** software which allows us to track tourists and aid in Marketing /Development efforts.

HMFP will host its twelfth annual **Juneteenth Celebration** in Historic Mitchelville Freedom Park, honoring the end of slavery in America, in June. This event, featuring stage performances and cultural programming, attracts tourists/visitors throughout the state of South Carolina, the Southeast and various Northeastern states.

Blues and BBQ marks its eighth annual appearance on the HMFP calendar in March 2026 and combines two key southern tenets with the themes of freedom and liberty to create a fun "Edutainment" event. **The Mitchelville Anniversary Programming** has been a film series over the last three years focusing on aspects of Lowcountry / Gullah Geechee and African American history and culture. **Holiday Nights and Lights** has established itself as one of HMFP's cornerstone events with **thousands** of people visiting the Park during the first weekend of December.

The **"HMFP" branding effort/project marketing** will promote ongoing construction in the Park, especially the **"Archaeological Research Facility / Auditorium"** scheduled to open on the Park site in Summer 2026. In addition, HMFP will add promotional materials, collateral pieces, as well as signage in the Park that will improve interpretation for our visitors, collect important demographic information and support docents telling the story of Mitchelville.

C. FUNDING:

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

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

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

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

<u>38</u>	Government Sources	<u>36.3</u>	Private Contributions, Donations and Grants
<u>15.8</u>	Corporate Support, Sponsors	<u>3.5</u>	Membership, Dues, Subscriptions
<u>5.8</u>	Ticket Sales, or Sales and Services	<u>0.6</u>	Other

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

Yes X No

If so, please list top 3 sources and amounts.

South Carolina Department of Parks, Recreation, and Tourism Advertising Grant	\$31,000.00
The Breedlove Foundation through the Community Foundation of the Lowcountry	\$30,000.00
Beaufort County ATAX	\$35,000.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Provided: **Yes**

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

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

Previous fiscal year Profit Loss Reports Provided:

2023- Previous FY 1

2024- Previous FY 2

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

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

Previous fiscal year Balance Sheets Provided:

2023 - Previous FY 1

2024 - Previous FY 2

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

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

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2022 - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

2. Indicate whether your organization has procurement guidelines, which are utilized and followed in the expenditure 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	\$185,000.00	Historic Mitchelville Freedom Park (Various)
2024	\$190,000.00	Historic Mitchelville Freedom Park - Various Projects
2024	\$190,000.00	Historic Mitchelville Freedom Park - Various Projects
2025	\$190,000.00	Historic Mitchelville Freedom Park - Various Projects

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

The Historic Mitchelville Freedom Park received an ATAX award in the amount of \$190,000 for 2025. The Holiday Nights and Lights boasted **3,000** people over a three-day period with **1,690** tourists participating according to the donation cards passed out at the entrance and collected at the exit. The States represented in the data were: **Florida, Georgia, Louisiana, Kentucky Mississippi, New York, New Jersey, North Carolina, Ohio, Pennsylvania and Tennessee**. The Freedom Day program highlighting Harriet Tubman and featuring the Journey To Freedom statue welcomed 275 people to the Park. Over the duration of its time in the Park, the statue has boosted visitation by **10%** from the previous year. HMFP hosted **1,660** people (an **8.5%** increase from 2024) to the eleventh annual Juneteenth celebration on June 13th. The states represented during Juneteenth: **Alabama, Florida, Georgia, Kentucky, Maryland, North Carolina, Tennessee and Virginia**. The HMFP QR code stations yielded **2,897** scans with tourists ranging from over **29** states including: **Arkansas, Colorado, Idaho, Illinois, Missouri, Montana, Oklahoma, Oregon, Texas, Washington and West Virginia**. The Finding Freedom's Home exhibition at the Westin Resort and Spa reached **26,000** people during the period up to August 30, 2025.

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

ATAX funding helped to expose Juneteenth to more people in the region and increased our attendance for the overall event by **8.5%**. Funds extended the reach of the Holiday Nights and Lights to more outlying areas despite increased competition for events. Funding allowed us to extend our "Dawn of Freedom" docent tours to two days a week (Tuesday and Thursday mornings at 10:00am) where we connected with **1,900** visitors /tourists (an increase of **75%** from last year) from all over the nation. Coupled with the promotion of the new Ghosted Structures in the Park and the upcoming Archaeological Research Facility, the overall profile of the organization continues to increase. Our metrics suggest that this will lead to more cultural heritage travelers attending the Juneteenth and other Mitchelville events next year. Survey / evaluation results from programming indicated that patrons noted the quality of the educational material and acknowledged the diverse audience demographics of HMFP events. In addition, Mitchelville events have become renowned for its highly diverse audiences, enriching the unification of the community at large. HMFP is distinguishing itself as the Cultural Heritage hub on Hilton Head Island and our programs are drawing expanded new audiences to the area.

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

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

G. EXECUTIVE SUMMARY

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

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

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Signature: Ahmad Ward

Title/Position: Executive Director

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

Email Address: award@exploremitchelville.org

Office Phone Number: 843-255-7301

Home Phone Number: 205-276-5376

ATAX EFFECTIVENESS MEASUREMENT

Please refer to the *SAMPLE ATAX Effectiveness Measurement Form* for examples. When completing this form, please expand, contract, or add to the sections as needed (but contain the form to a total of approximately 2 pages). You may choose to use your own format instead of this form, and if doing so, please use the criteria below as a guideline. Regardless of format, **each applicant should choose how they measure degree of success. Applicants need to explain why this is an effective measurement technique that reflects results and how that relates to the objective.** * Actual spent refers to January through August 2025*

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
Purchase strategic marketing management services				
Printing, Brand strategy, Media relations/ coordination, Website update, Defined branding effort for creation of Historic Mitchelville Freedom Park with new logo material. Demographic software	Strategic marketing services, coordination of media partners for special events, market analysis, Creative Ads, Site maintenance and updating, Creation of promotional materials, new collateral pieces, specialized ads and displays for AYA logo and Historic Mitchelville Freedom Park launch.	\$105,000	\$77,018	Strategic marketing for Freedom Day / Juneteenth / Blue and BBQ, Finding Freedom's Home, Ghosted Structures and expanded Harriet Tubman tours in the Park. Full page ads in CH2 magazine / USA Today. Continuation of Placer. A.I software that assists in tracking visitors to the Park, visitor demographics including education, salary and other interests.
Social Media	Maintenance and updating of social media: Facebook, Pinterest, Twitter and Blogs, surveys and data reports			Facebook Reach - 925,887 views from Oct 2024 - August 30 2025. Followers up 11.5% from 2024. Instagram Reach 65,778 views. Link clicks up 69% from previous year. Social media reach for Juneteenth, Freedom day and promotion of Harriet Tubman statue - 186,735 .
Total		\$105,000	\$77,018	
Implementation of key programming				

ATAX EFFECTIVENESS MEASUREMENT

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
Blues and BBQ, Juneteenth Celebration, Dawn of Freedom Tours Mitchelville Anniversary Forum, Promotion of Finding Freedom's Home exhibition Event Transportation (Juneteenth)	Event services, contractors, materials for tours/presentations, venue expenses, Event permitting, Juneteenth and group tours transportation.	\$ 70,000.00	\$55,199	Holiday Nights and Lights boasted 3,000 people in attendance over a three-day (six hours)period. Blues and BBQ took place in the Park with 275 people in attendance; Juneteenth Celebration Saturday event- 1,660 people from 15 different states - Nearly 8% increase from previous year. The Harriet Tubman: Journey to Freedom statue increased overall Park visitation by 10% . Dawn of Freedom Tours connected with 1,900 visitors /tourists (an increase of 75% from last year) The Finding Freedom's Home exhibition still reached 26,000 tourists as of August 30th. The three QR codestations have yielded 2,897 scans since September 2024 with tourists ranging from 29 states and 8 different countries . The Anniversary Forum Film Series scheduled for October 22-23 will take place at the Hilton Head Island USCB Campus. Expected attendance - 100 .
Total		\$ 70,000.00	\$55,199	

Park site maintenance and updates				
Park site maintenance, Park updates Event Insurance, Liability /Event Insurance		\$ 15,000.00	\$ 7,000.00	Maintenance of / Insurance for Historic Mitchelville Freedom Park. Enabled organization to protect the interests of Historic Mitchelville Freedom Park and our patrons. Most site maintenance scheduled for later part of year. Renewal for General Liability / Event/ Terrorism Insurance
Total		\$ 15,000.00	\$ 7,000.00	

Total Budget to Actual **\$190,000.00** **\$139,217.00** Includes costs incurred by HMFP that are being submitted at time of application

HISTORIC MITCHELVILLE FREEDOM PARK
Program Evaluation Form

Program Title: _____

Email: _____

Zip Code: _____

How did you find out about the program? ☐ TV ☐ Radio
☐ Newspaper advertisement ☐ Internet ☐ Other

I found the program / event to be:
☐ very informative ☐ somewhat informative ☐ not informative

Are you staying on Hilton Head Island?

☐ Yes ☐ No

If yes, where? _____

I have attended other programs on this topic:

☐ Yes ☐ No

If yes, where? _____

This program increased my understanding of the topics:

☐ Yes ☐ No

This is my first time attending a program presented by the Historic Mitchelville Freedom Park (HMFP):

☐ Yes ☐ No

Are you a citizen (member) of HMFP? _____

How do you rate the knowledge and delivery of the presenter(s) / presentation?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Would you recommend that others attend future programs presented by HMFP?

☐ Yes ☐ No

Other comments/suggestions:



HMFP Board Meeting Minutes

05/21/2025 4:00 PM EDT to 6:00 PM EDT

Historic Mitchelville Freedom Park

539 William Hilton Parkway, Conference Room, Hilton Head, SC

Present – Omolola Campbell (Board Chair), Bill Patterson (Vice Chair), Napoleon Nelson (Treasurer), Clinton Hallman, Michael Tighe, Latrice Campbell (Zoom), Hester Hodde, Stuart Bell, Michael Marks, Cathy McClellan, Shirley Peterson, Eric Washington (Zoom), Ahmad Ward, Meghan Gregory, and Renee M Ford.

Absent – Erin Erenberg (Secretary), Sonya Grant, Sharon Sanders-Funnye and Joyce Wright

I. Call to Order at 4:00PM

Presented By Omolola Campbell (Board Chair)

Lola officially called the meeting to order at 4:00pm with an emphasis on encouragement and resilience, highlighting a quote by Oprah Winfrey. She then reviewed the event at the Legislative Reception in Columbia, SC in February and the board retreat on March 19th. The board chair then stated we have representatives from Pearce Scott.

Lola asked for a motion for acceptance of January 2025 board meeting minutes, May 2025 agenda and committee reports that were submitted. Michael Marks suggested ensuring that the minutes' record indicate names of who makes motions during meetings. This is acknowledged and agreed upon for future minutes.

- **Motion - A motion is requested to accept the consent agenda as presented by Clinton Hallman.**
- **Second – motion was seconded by Michael Marks.**
- **Decision Made - The consent agenda and committee reports were unanimously approved by the board.**

Guest Presentation Introduction – Ahmad Ward

Guest presenters Sarah Keppel and Andrew Dunlap were introduced by Ahmad Ward for an update on the ARFA project, a major endeavor approaching a critical phase. Stuart and Clinton's central involvement in process selections ensures comprehensive board awareness.

- Introduction of the guest presenters, Sarah Keppel from Got Architects and Andrew Dunlap from Shoreline Construction, who are involved in the archaeological research facility project.
- The Archaeological Research Facility Auditorium project, referred to as ARFA, is nearing a critical phase, and the team has been invited to provide an update.
- Acknowledgment that Stuart and Clinton have been more involved in the selection process and the project, ensuring that the board is well informed on the project status.
- The project is at the permit stage with drawings completed and town approvals obtained.
- The final town permit set has been turned in, and intermediate town processes are completed.
- Building permits are estimated to take 4 to 6 weeks due to municipal processes.
- Awaiting CZCC development approval at the state level, expected by May or early June.
- Stormwater management includes dry retention ponds to handle site water runoff.
- Permit set and budget details uploaded to the board for review.
- The current project budget is being monitored with a potential 15% variability.
- The town is responsible for some sidewalk installations, which are not part of the project's scope.
- All areas in the building are HVAC, except for the service yard.
- Furniture and outfitting have a budget, but specific selections are pending.
- Structural precautions for coastal conditions and hurricanes are being implemented as per codes.
- Discussion on the implementation of security measures for a new building, focusing on the installation of cameras and the use of keycards for access control.
- Decision to use regular locks for the multi-classroom area while considering additional security measures like a FOB or keycard entry for other doors.
- Plan to install cameras around the building, including a license plate capture system, to enhance security and monitor entrances.

Marketing and Visitor

- The meeting discussed a recent park visit by international tour guides and media from the UK and Ireland, organized in collaboration with the Chamber of Commerce.

- Media outreach involved two tours; one with travel writers and another with Black media outlets such as Essence and Travel Noir, aimed at increasing the park's exposure.
- The Chamber of Commerce is actively pitching the park to the Today Show for potential coverage.
- Another media visit is scheduled with media outlets such as Travel Noir, Refinery29, and Essence, targeting a younger African American audience.
- A lunch and tour were planned with media personnel but rescheduled due to a scheduling conflict with a participant.

Security Discussion

Security measures for the new building were discussed, selecting cameras and keycard access for main points while using regular locks for other areas. Enhanced monitoring is planned with additional installations for access control.

- Discussion on the implementation of security measures for a new building, focusing on the installation of cameras and the use of keycards for access control.
- Decision to use regular locks for the multi-classroom area while considering additional security measures like a FOB or keycard entry for other doors.
- Plan to install cameras around the building, including a license plate capture system, to enhance security and monitor entrances.
- Action needed to ensure the security system, including cameras and access control, is adequately installed and active.

A. Committee Reports

Presented By Omolola Campbell – Committee reports begin after the presentation.

1. Finance Committee

Presented By Meghan Gregory, Napoleon Nelson

- Four financial documents were distributed to members: the Statement of Financial Position, the Statement of Activity, the Budget versus Actual report, and the Capital Project breakdown.
- There was a discussion about transitioning to a monthly-based budget for 2026 to better track financial activities and variances.
- It was identified that current financial reports do not clearly indicate where variances occur since they only show actuals versus annual budgets.
- An effort to integrate the budget into QuickBooks was discussed to allow for automatic generation of budget versus actual reports.
- A future layout for financial reports was proposed, including a simple tabular format to detail project costs and budgets.

- Concerns were raised regarding the clarity of restricted funds and the need for a detailed description of fund restrictions in audit reports.
- It was discussed to track grants individually for more detailed financial statements.
- It was agreed to ensure the accuracy of financial statements and the ease of understanding for stakeholders.

2. Executive Director's Report Presented By Ahmad Ward

Ahmad Ward encouraged board-wide contributions to meet pledges, highlighting events like the successful Blue and BBQ. Personalized thank-you efforts to donors and a coordinated marketing effort were discussed.

- Discussion about hosting an event, such as Blue and BBQ, was highlighted as successful with positive community engagement.
- Ahmad proposed that board members should write handwritten thank-you notes to major contributors and mentioned a desire to coordinate with Don on this initiative.
- Suggested a practice of sending digital thank-you communications and following up with phone calls to acknowledge contributions.
- Ahmad provided an update on fundraising, indicating an expected incoming payment of \$105,000 from the Town of Hilton Head. Meghan will be sending invoice.
- An additional \$200,000, part of a second installment from the De Sole Foundation for the capital campaign, is pending in the bank account. This installment follows a \$50,000 payment last year, with a \$250,000 installment expected next year, totaling \$500,000.
- Recent donations and programming efforts since the last board meeting have totaled \$23,488.63, including funds from Beaufort County ATAX grant.
- Upcoming programming includes a community mapping project on May 31st, funded in part by the Titans and the Alice Walton Foundation.
- Preparations for Juneteenth are underway, with significant ticket sales occurring earlier than usual. The event will feature artist Leela James among other activities.
- The first Youth Archaeological Camp will start in July for middle and high school students, supported by funding from the Boeing Global Engagement Program.

We will need an affirmative vote from the Board to allow the organization to apply for ATAX funds from the Town of Hilton Head Island. We must attach a copy of the minutes that give this approval to our application later this Summer.

- **Motion – Stuart Bell made a motion requesting the board to allow the executive director to apply for ATAX funds from the Town of Hilton Head Island in late summer.**
- **Second - The motion was seconded by Clinton Hallman.**
- **Decision - The motion to apply for ATAX funds in June is unanimously approved.**
- Over the past year, 1,800 children were impacted by degree response programs and approximately 400 through history hikes, illustrating significant community engagement.
- We have received a Coastal Zone Certification for the Interpretive Trail project. We are still awaiting this same permit for the Archaeological Research Facility / Auditorium.

3. Governance Committee

Presented By Eric Washington

- The Governance Committee currently has no formal report due to the absence of active members other than the chair. Discussions on this matter are anticipated in the future.

4. Nominating Committee – No Report

5. Development Committee – No Report

Presented By Clinton Hallman

6. Marketing Committee

Presented By Hester Hodde, Sonya Grant

The Marketing Committee continues to work with Don Stephenson on the Gullah Descendants Resilience Storytelling Project. These interviews appear in the monthly Newsletter and reinforce the theme of resilience and how it gives power to Gullah descendants to thrive, despite social and economic challenges. A set list of questions has been developed to guide each interview.

So far, featured Storytellers have been:

February: Abe Grant

March: Herbert Ford

April: Thomas Barnwell

May: Alex Brown

June will feature our very own Chair, Lola Campbell!

Additional Marketing Discussions

The storytelling initiative aims to capture significant community narratives through strategic collaboration and optimized resources, focusing on resilience themes with potential grant funding.

- The meeting includes a discussion about a storytelling initiative tied to a resilience theme aimed at enhancing community engagement, such as an oral history project. It emphasizes compiling significant stories from community members and possibly videotaping interviews to capture comprehensive narratives.
- Suggestions are made to coordinate with a major university with a strong journalism department or local newspapers to support the oral history project effectively. This approach can expand the project's credibility and resources.
- The project is considered fundable with potential grants from the town's Office of Cultural Affairs, aiming for funding amounts between \$20,000 and \$50,000. Opportunities exist to seek interactive display mechanisms for historical narratives within new projects.
- There is discussion about leveraging existing recorded materials from elders rather than repeatedly asking them for participation, due to their expressed exhaustion from previous interviews. Collaboration with organizations like the Heritage Library that possess such materials is encouraged.
- Action Item - It is suggested to engage with other local organizations to prevent overlapping efforts, ensuring the use of available resources like previously recorded tapes to strengthen the project without repetitive requests for participation.
- A need for improved communication among island organizations is highlighted to better coordinate storytelling initiatives and maximize resources without overburdening the community.

B. Old Business – No Report

Presented By Omolola Campbell

C. New Business

Presented By Omolola Campbell, Ahmad Ward

Concerns about managing ARFA capital project emphasized the need for dedicated oversight, deciding against an ad hoc committee and focusing on board member engagement. It was highlighted that construction expertise on the board should provide oversight in meetings and financial aspects. It was suggested that board members with construction expertise attend bi-weekly meetings to provide guidance and oversight, rather than forming a separate committee.

Participants agreed that the primary board responsibility is the budget and costs and should only intervene in financial aspects that exceed contingencies.

Motion – Clinton Hallman made a motion to consider creating an ad hoc committee to oversee and manage efforts related to the ARFA capital project.

Second – The motion was seconded by Shirley (Peaches) Coleman

Decision - The motion to adopt an ad hoc committee was unanimously approved.

D. Announcements

Presented By Omolola Campbell, Ahmad Ward

A request was made for board members to volunteer for the upcoming Juneteenth event to represent the organization.

E. Executive Session (If Necessary)

Presented By Omolola Campbell

F. Meeting Adjourned

Presented By Omolola Campbell

Meeting adjourned at 6:00PM

NOTE: Next Board meeting is June 18, 2025.

Historic Mitchelville Freedom Park		2026
REVENUES		
Grants (Regional)		280,500
Donations / Citizenships (membership)		175,000
Management Agreement - TOHH		105,000
Grants (Organizational)		225,000
Program Income		50,000
Archaeological Reseach Facility		
	Admissions /Rentals	50,000
Individual Business Contributions & Sponsorships		
	Corp. Sponsorship	100,000
	Board Pledges--	16,000
Gifts-in-kind--Rental Space HMFP Offices		14,000
Miscellaneous Revenue (tours, etc.)		9,000
Merchandise Income		2,500
TOTAL RECEIPTS		1,027,000
EXPENSES		
Staff - Paid Event / Program Staff		365,200
Program Costs (speakers/venue/etc.)		132,800
Marketing (programs)		79,000
Fundraising costs		75,000
General Project marketing		45,000
Lobbying/Consultation		42,000
Archaeological Research Facility Oper. Costs (Partial estimate)		37,500
Benefits (Insurance / 401k / Dental / Vision / Life)		21,000
Placer A.I. Platform		20,000
Payroll Taxes		16,000
Trash removal (Park)		15,000
Park maintenance & updates		15,000
Rent, Parking & Utilities HMFP Offices		14,000
Audit Fees		10,000
Misc. Indirect Program Costs		13,000
Donor software and associated costs		12,500
Promotion of Master Plan (print, displays, direct marketing)		10,000

Group Management Systems Administrative Costs		9,500
Accounting fees		9,000
Software		9,000
Conferences/Natl. Meetings/Workshops		8,000
Educational Outreach/Curriculum Dev.		8,000
Property / Terrorism / Liability Insurance		8,000
Dues / Memberships and Subscriptions		7,500
Hospitality		5,000
Park Utilities		5,000
Interest Expense / Service Charges		4,500
Depreciation and amortization		4,000
Project travel costs		3,000
Technology upgrades for Project		3,000
Legal Counsel		3,000
Organizational Supplies		2,500
Board Retreat / Training		2,500
Storage		2,500
Web site hosting		2,000
Printing and Copying Expenses		2,000
Postage, Mailing Service		2,000
Professional Fees - Chamber of Commerce		1,500
County Property Tax		800
Online Payment System Fees		600
Admin Fees - Community Foundation		600
PayPal fees		500
Total		1,027,000
Revenue Over (Under)		0

Statement of Activity

Historic Mitchelville Freedom Park

January 1-August 30, 2025

DISTRIBUTION ACCOUNT	TOTAL
Income	
40000 CONTRIBUTIONS, GIFTS & GRANTS	0
40100 Government Grants - Local	\$104,717.00
40200 Government Grants - State	0
40210 SCPRT Grant	20,019.33
Total for 40200 Government Grants - State	\$20,019.33
40300 Direct Public Support	\$113,166.69
40400 Direct Public Grants	\$136,876.52
40500 Contributions - Individual & Business	0
40520 Donations & Memberships - Individuals	\$136,945.08
40530 Corporate Contributions	2,347.00
Total for 40500 Contributions - Individual & Business	\$139,292.08
Total for 40000 CONTRIBUTIONS, GIFTS & GRANTS	\$514,071.62
41000 PROGRAM INCOME	0
41010 Admission/Ticket Sales Revenue	\$48,930.09
41020 Misc Tour & Special Events Revenue	6,431.79
41100 Juneteenth Celebration	0
41110 Juneteenth Celebration Admissions	118.62
Total for 41100 Juneteenth Celebration	\$118.62
Total for 41000 PROGRAM INCOME	\$55,480.50
42000 FUNDRAISING INCOME	0
42200 Capital Campaign	\$1,201,030.00
Total for 42000 FUNDRAISING INCOME	\$1,201,030.00
43000 INVESTMENT INCOME	0
43200 Interest - SouthState Checking	277.27
Total for 43000 INVESTMENT INCOME	\$277.27
Total for Income	\$1,770,859.39
Cost of Goods Sold	
Gross Profit	\$1,770,859.39
Expenses	
60000 MANAGEMENT & ADMINISTRATION	0
60010 Bank Fee	\$15.01
60012 Online Payment Fees	145.44
Total for 60010 Bank Fee	\$160.45
60020 Conference, Convention, Meeting	11,414.51
60025 Donor Software Costs	11,499.80
60030 Dues and Subscriptions	\$8,789.19
60040 Insurance Expense	\$1,829.21

Statement of Activity

Historic Mitchelville Freedom Park

January 1-August 30, 2025

DISTRIBUTION ACCOUNT	TOTAL
60050 Legal Counsel	75.00
60055 Office/Organizational Supplies	4,442.36
60060 Postage, Mailing Service	42.00
60080 Technology Upgrades	1,382.88
61000 Facilities and Equipment	\$35,381.85
62000 Consultants/Contract Labor	\$87,945.95
63000 Payroll Expenses	\$162,106.48
Constant Contact	696.36
Total for 60000 MANAGEMENT & ADMINISTRATION	\$325,766.04
70000 FUNDRAISING EXPENSES	\$85,047.70
71000 PROGRAM SERVICES EXPENSE	\$355,771.39
80000 Capital Expense	\$1,006,089.85
Ask My Accountant	13.47
Total for Expenses	\$1,772,688.45
Net Operating Income	-\$1,829.06
Other Income	
Other Expenses	
Net Other Income	0
Net Income	-\$1,829.06

Statement of Financial Position

Historic Mitchelville Freedom Park

As of August 30, 2025

DISTRIBUTION ACCOUNT	TOTAL
Assets	
Current Assets	
Bank Accounts	
10100 Coastal States CD	
10200 Comm Found of the Lowcountry	
10300 Paypal Account	87.50
10400 South State Bank	533,326.52
10500 South State Capital Acct	2,000.00
10600 South State Sweep Acct	3,247,331.46
Total for Bank Accounts	\$3,782,745.48
Accounts Receivable	
Pledge Receivable - Blues and BBQ	
Pledge Receivables	0
Total for Accounts Receivable	0
Other Current Assets	0
Total for Current Assets	\$3,782,745.48
Fixed Assets	\$4,906.61
Other Assets	
Collections-Exhibits	10,000.00
Total for Other Assets	\$10,000.00
Total for Assets	\$3,797,652.09
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	
Total for Accounts Payable	0
Credit Cards	-\$16,079.58
Other Current Liabilities	0
Total for Current Liabilities	-\$16,079.58
Long-term Liabilities	
Total for Liabilities	-\$16,079.58
Equity	
Net Assets With Donor Restrictions	\$69,795.48
Opening Balance Equity	-757.32
Net Assets Without Donor Restrictions	3,746,522.57
Net Income	-1,829.06
Total for Equity	\$3,813,731.67
Total for Liabilities and Equity	\$3,797,652.09

Statement of Activity

Historic Mitchelville Freedom Park

January-December, 2024

DISTRIBUTION ACCOUNT	TOTAL
Income	
40000 CONTRIBUTIONS, GIFTS & GRANTS	0
40100 Government Grants - Local	\$291,240.22
40200 Government Grants - State	0
40210 SCPRT Grant	7,183.75
Total for 40200 Government Grants - State	\$7,183.75
40300 Direct Public Support	\$114,333.40
40400 Direct Public Grants	\$1,291,953.00
40500 Contributions - Individual & Business	\$204,727.16
Total for 40000 CONTRIBUTIONS, GIFTS & GRANTS	\$1,909,437.53
41000 PROGRAM INCOME	0
41010 Admission/Ticket Sales Revenue	\$1,932.32
41020 Misc Tour & Special Events Revenue	13,331.65
41100 Juneteenth Celebration	\$19,417.62
41200 Misc Program Income	100.00
Total for 41000 PROGRAM INCOME	\$34,781.59
42000 FUNDRAISING INCOME	\$353,656.13
43000 INVESTMENT INCOME	\$94,104.23
Total for Income	\$2,391,979.48
Cost of Goods Sold	
Gross Profit	\$2,391,979.48
Expenses	
60000 MANAGEMENT & ADMINISTRATION	\$558,250.27
70000 FUNDRAISING EXPENSES	\$144,206.06
71000 PROGRAM SERVICES EXPENSE	\$384,617.86
80000 Capital Expense	\$779,071.28
Ask My Accountant	-476.74
Total for Expenses	\$1,865,668.73
Net Operating Income	\$526,310.75
Other Income	
Other Expenses	
Net Other Income	0
Net Income	\$526,310.75

Statement of Financial Position

Historic Mitchelville Freedom Park

As of December 31, 2024

DISTRIBUTION ACCOUNT	TOTAL
Assets	
Current Assets	
Bank Accounts	
10100 Coastal States CD	
10200 Comm Found of the Lowcountry	
10300 Paypal Account	87.50
10400 South State Bank	398,773.80
10500 South State Capital Acct	2,000.00
10600 South State Sweep Acct	3,397,331.46
Total for Bank Accounts	\$3,798,192.76
Accounts Receivable	
Pledge Receivable - Blues and BBQ	
Pledge Receivables	0
Total for Accounts Receivable	0
Other Current Assets	
MOU Town of HHI	
Prepaid Expenditures	0
Prepaid Property Insurance	
TOHH A-Tax Receivable	
Uncategorized Asset	
Total for Other Current Assets	0
Total for Current Assets	\$3,798,192.76
Fixed Assets	\$7,367.97
Other Assets	
Collections-Exhibits	10,000.00
Total for Other Assets	\$10,000.00
Total for Assets	\$3,815,560.73
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	0
Credit Cards	0
Other Current Liabilities	0
Total for Current Liabilities	0
Long-term Liabilities	
Total for Liabilities	0
Equity	
Net Assets With Donor Restrictions	\$69,795.48
Opening Balance Equity	-757.32
Net Assets Without Donor Restrictions	3,220,211.82
Net Income	526,310.75
Total for Equity	\$3,815,560.73

Statement of Financial Position

Historic Mitchelville Freedom Park

As of December 31, 2024

DISTRIBUTION ACCOUNT	TOTAL
Total for Liabilities and Equity	\$3,815,560.73

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2023

	TOTAL
Revenue	
40000 CONTRIBUTIONS, GIFTS & GRANTS	
40100 Government Grants - Local	
40110 Beaufort County ATax	35,000.00
40120 TOHH - ATAX 2022	71,015.24
40130 TOHH - ATAX 2023	243,598.54
Total 40100 Government Grants - Local	349,613.78
40200 Government Grants - State	
40210 SCPRT Grant	1,228,940.48
Total 40200 Government Grants - State	1,228,940.48
40300 Direct Public Support	
40320 Gifts in Kind - Rental Space	7,000.08
Total 40300 Direct Public Support	7,000.08
40400 Direct Public Grants	
40430 Various Public Grants	25,000.00
40440 Mellon Foundation Grant	1,250,000.00
Total 40400 Direct Public Grants	1,275,000.00
40500 Contributions - Individual & Business	11,738.72
40510 Board Pledges	6,400.00
40520 Donations & Memberships - Individuals	202,158.03
40530 Corporate Contributions	1,619.00
Total 40500 Contributions - Individual & Business	221,915.75
Total 40000 CONTRIBUTIONS, GIFTS & GRANTS	3,082,470.09
41000 PROGRAM INCOME	
41020 Misc Tour & Special Events Revenue	5,383.00
Juneteenth Celebration	10,578.73
Total 41000 PROGRAM INCOME	15,961.73
42000 FUNDRAISING INCOME	
42100 Blues and BBQ	
Blues and BBQ Admissions	5,938.31
Blues and BBQ Donations	47,692.16
Total 42100 Blues and BBQ	53,630.47
42200 Capital Campaign	770,500.00
Total 42000 FUNDRAISING INCOME	824,130.47
43000 INVESTMENT INCOME	
43200 Interest - SouthState Checking	352.72
43300 Interest - SouthState Capital Acct	15,122.00
43400 Interest - Sweep Acct	62,426.84
Total 43000 INVESTMENT INCOME	77,901.56
Total Revenue	\$4,000,463.85
GROSS PROFIT	\$4,000,463.85
Expenditures	

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2023

	TOTAL
60000 MANAGEMENT & ADMINISTRATION	
60010 Bank Fee	640.00
60011 Late Fee/Penalty	891.66
Total 60010 Bank Fee	1,531.66
60020 Conference, Convention, Meeting	13,114.10
60025 Donor Software Costs	10,283.29
60030 Dues and Subscriptions	1,372.60
60032 Museum Associations/Orgs	3,350.00
60033 Rotary Fees	1,425.00
Total 60030 Dues and Subscriptions	6,147.60
60040 Insurance Expense	
D&O, Liability, Exhibit Expense	698.00
Liability/Event/Terrorism Insurance	5,851.30
Total 60040 Insurance Expense	6,549.30
60045 Interest Expense	1,513.93
60050 Legal Counsel	137.50
60055 Office/Organizational Supplies	3,796.78
60060 Postage, Mailing Service	1,286.26
60075 Property Taxes	642.25
60080 Technology Upgrades	10,435.78
61000 Facilities and Equipment	
61050 Depr and Amort - Allowable	3,692.04
61100 Donated Facilities	7,000.08
61150 Park Maintenance & Updates	25,200.00
61200 Park Utilities	1,741.00
61300 Public Storage - Archaeology	3,542.79
61350 Trash Removal	10,200.00
Park Lease	41.00
Total 61000 Facilities and Equipment	51,416.91
62000 Consultants/Contract Labor	0.00
62100 Accountant	22,939.00
62200 Bookkeeper	4,287.60
62300 Consultant	93,499.92
62400 Event/Tour Coordinator	1,800.00
62500 Griot's Corner Facilitator	7,200.00
62600 History Hike Facilitator	5,000.00
62700 MAGIC Facilitator	10,800.00
Total 62000 Consultants/Contract Labor	145,526.52
63000 Payroll Expenses	
63100 Administrative Asst	17,922.40
63200 Director of Finance	12,500.00
63300 Director of Programs	49,700.04
63400 Executive Director	103,938.66
63500 Payroll Processing Fee	4,391.74

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2023

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

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2023

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

Historic Mitchelville Freedom Park

Statement of Financial Position

As of December 31, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
10100 Coastal States CD	170,586.35
10200 Comm Found of the Lowcountry	128,890.07
10300 Paypal Account	87.50
10400 South State Bank	162,652.71
10500 South State Capital Acct	2,000.00
10600 South State Sweep Acct	2,808,973.34
Total Bank Accounts	\$3,273,189.97
Accounts Receivable	
Pledge Receivable - Blues and BBQ	0.00
Pledge Receivables	5,000.00
Total Accounts Receivable	\$5,000.00
Other Current Assets	
MOU Town of HHI	0.00
Prepaid Expenditures	0.00
Prepaid Property Insurance	0.00
TOHH A-Tax Receivable	185,000.00
Uncategorized Asset	0.00
Total Other Current Assets	\$185,000.00
Total Current Assets	\$3,463,189.97
Fixed Assets	
Furniture and Equipment	36,965.09
Signage	2,655.00
zAccumulated Depreciation	-28,560.08
Total Fixed Assets	\$11,060.01
Other Assets	
Collections-Exhibits	10,000.00
Total Other Assets	\$10,000.00
TOTAL ASSETS	\$3,484,249.98

Historic Mitchelville Freedom Park

Statement of Financial Position

As of December 31, 2023

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

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

DEPARTMENT OF THE TREASURY

Date: **DEC 28 2010**

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

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

Dear Applicant:

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

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

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

Letter 947 (DO/CG)

Forms 990 / 990-EZ Return Summary

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

Mitchelville Preservation Project, **-***8109 Inc.

Net Asset / Fund Balance at Beginning of Year **818,286**

Revenue

Contributions	<u>3,906,600</u>	
Program service revenue	<u>15,961</u>	
Investment income	<u>77,901</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses	<u>77,006</u>	
Net income	<u>-77,006</u>	
Other income	<u>0</u>	
Total revenue		<u>3,923,456</u>

Expenses

Program services	<u>625,261</u>	
Management and general	<u>273,996</u>	
Fundraising	<u>126,241</u>	
Total expenses		<u>1,025,498</u>
Excess / (deficit)		<u>2,897,958</u>

Changes **-196,803**

Net Asset / Fund Balance at End of Year **3,519,441**

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>3,923,456</u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>1,025,498</u></u>

	Beginning	Balance Sheet Ending	Differences
Assets	<u>818,286</u>	<u>3,519,441</u>	
Liabilities			
Net assets	<u><u>818,286</u></u>	<u><u>3,519,441</u></u>	<u><u>2,701,155</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date **11/15/24**
 Failure to file penalty **16,905**

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filer

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.**2023****Mitchelville Preservation Project,
Inc.**EIN or SSN
****-***8109**Name and title of officer or person subject to tax **Ahmad Ward
Key Employee****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 ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 3,923,456
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 ☒ 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

☒ I authorize **Easter CPA LLC** to enter my PIN **25125** 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 **04/25/25****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.

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

Date

04/25/25**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So****For Privacy Act and Paperwork Reduction Act Notice, see back of form.**
DAAForm **8879-TE** (2023)

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**Mitchelville Preservation Project, Inc.****Doing business as****Historic Mitchelville Preservation****Number and street (or P.O. box if mail is not delivered to street address)****PO Box 21758****Room/suite****City or town, state or province, country, and ZIP or foreign postal code****HILTON HEAD ISLAND SC 29925****D Employer identification number****** - ***8109****E Telephone number****843-255-7300****G Gross receipts\$****4,000,462****F Name and address of principal officer:****Ahmad Ward****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** **WWW.EXPLOREMITCHELVILLE.ORG****H(c) Group exemption number****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Year of formation:** **2010****M State of legal domicile:** **SC****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	See Schedule 0		
	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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	0
Revenue	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
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	640,646	3,906,600
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,698	15,961
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,901	-77,006
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-50,865	3,923,456
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	603,479	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	166,237	214,682
	16a Professional fundraising fees (Part IX, column (A), line 11e)	192,500	105,000
	b Total fundraising expenses (Part IX, column (D), line 25)	126,241	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	408,118	705,816
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	766,855	1,025,498
	19 Revenue less expenses. Subtract line 18 from line 12	-163,376	2,897,958
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	818,286	3,519,441
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
		818,286	3,519,441

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		
	Ahmad Ward	Key Employee		
Paid Preparer Use Only	Type or print name and title	Print/Type preparer's name	Preparer's signature	Date
		David E Williams		04/24/25
	Firm's name	Easter CPA LLC	Check ☐ if PTIN self-employed	*****
	Firm's address	840 William Hilton Pkwy Ste B Hilton Head, SC 29928	Firm's EIN	843-906-6808

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 FTF**16,905**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:**See Schedule O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **112,586** including grants of \$) (Revenue \$)

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

4b (Code:) (Expenses \$ **13,481** including grants of \$) (Revenue \$)**See Schedule O****4c** (Code:) (Expenses \$ **28,305** including grants of \$) (Revenue \$)

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

4d Other program services (Describe on Schedule O.)(Expenses \$ **470,889** including grants of \$) (Revenue \$)**4e** Total program service expenses **625,261**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	22	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified 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 ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	16
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
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	X
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	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	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.

Margot Brown
Hilton Head Island

PO Box 21758

SC 29925

843-255-7300

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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)Erin Erenberg	0.00									
Director	0.00	X						0	0	0
(2)Herbert Ford	0.00									
Director	0.00	X						0	0	0
(3)DrAndrea Grant	Guess 0.00									
Director	0.00	X						0	0	0
(4)Clinton Hallman	0.00									
Director	0.00	X						0	0	0
(5)Hester Hodde	0.00									
Director	0.00	X						0	0	0
(6)Kirsten Hotchkiss	0.00									
Secretary	0.00	X						0	0	0
(7)Napoleon Nelson	0.00									
Director	0.00	X						0	0	0
(8)William Patterson	0.00									
Director	0.00	X						0	0	0
(9)Michale Tighe	0.00									
Director	0.00	X						0	0	0
(10)Eric Washington	0.00									
Director	0.00	X						0	0	0
(11)Billy Watterson	0.00									
Director	0.00	X						0	0	0

Form 990 (2023) **Mitchelville Preservation Project, **-***8109**Page **8****Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Raymond Werts										
(12) Vice Chairman	0.00	X						0	0	0
(13) Margot Brown	0.00									
(13) Treasurer	0.00			X				0	0	0
(14) Lola Campbell	0.00									
(14) Chairperson	0.00			X				0	0	0
(15) Thomas C Barnwell Jr.	0.00									
(15) Chairman Emeritus	0.00			X				0	0	0
(16) Ahmad Ward	0.00									
(16) Key Employee	0.00			X				0	0	0
(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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	824,130				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,578,553				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,503,917				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2a Juneteenth Celebration	Business Code		10,578	10,578		
	b Reenactments & Tours			5,383	5,383		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				15,961		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			77,901	77,901	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents		6a	(i) Real	(ii) Personal			
b Less: rental expenses		6b					
c Rental inc. or (loss)		6c					
d Net rental income or (loss)							
7a Gross amount from sales of assets other than inventory		7a	(i) Securities	(ii) Other			
b Less: cost or other basis and sales exps.		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ 824,130 of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b	77,006				
c Net income or (loss) from fundraising events					-77,006		
9a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions				3,923,456	93,862	0

Form 990 (2023) **Mitchelville Preservation Project, **-***8109**Page **10****Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	184,060	41,666	126,954	15,440
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	12,151	12,151		
10 Payroll taxes	18,471	3,141	13,668	1,662
11 Fees for services (nonemployees):				
a Management				
b Legal	137		137	
c Accounting	75,047		75,047	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	105,000			105,000
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	61,934	61,934		
12 Advertising and promotion	162,650	162,650		
13 Office expenses	11,976	7,951	4,025	
14 Information technology	10,436	10,436		
15 Royalties				
16 Occupancy	47,724	9,558	34,027	4,139
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,822	12,746	12,076	
20 Interest	1,513		1,513	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	124,670	124,670		
23 Insurance	6,549		6,549	
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 Juneteenth Event	72,607	72,607		
b Holiday Event	28,305	28,305		
c MPP Anniversary	18,207	18,207		
d Freedom Day	17,725	17,725		
e All other expenses	41,514	41,514		
25 Total functional expenses. Add lines 1 through 24e	1,025,498	625,261	273,996	126,241
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	88	1	88
	2 Savings and temporary cash investments	637,010	2	3,273,100
	3 Pledges and grants receivable, net	295,757	3	13,724
	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 146,492		
	b Less: accumulated depreciation	10b 120,140	594	10c 26,352
	11 Investments—publicly traded securities	-125,163	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	196,177
	15 Other assets. See Part IV, line 11	10,000	15	10,000
16 Total assets. Add lines 1 through 15 (must equal line 33)	818,286	16	3,519,441	
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	670,436	27	3,301,796
	28 Net assets with donor restrictions	147,850	28	217,645
	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		31	
	32 Total net assets or fund balances	818,286	32	3,519,441
	33 Total liabilities and net assets/fund balances	818,286	33	3,519,441

Part XI Reconciliation of Net AssetsCheck 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	3,923,456
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,025,498
3	Revenue less expenses. Subtract line 2 from line 1	3	2,897,958
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	818,286
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	-196,803
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	3,519,441

Part XII Financial Statements and ReportingCheck 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		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		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.		
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?		
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		

Federal Statements

FYE: 12/31/2023

Statement 1 - Late Filing Explanation

Description

Tax Return was properly and timely extended ad because taxpayer is in an area declared as a desaster area. the due date was extended to My 1,2025.

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

2023Open to Public
Inspection

Name of the organization

**Mitchelville Preservation Project,
Inc.**

Employer identification number

**** - ***8109****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2023

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.")	579,318	1,099,708	628,626	640,646	3,906,600	6,854,898
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	6,900					6,900
4 Total. Add lines 1 through 3	586,218	1,099,708	628,626	640,646	3,906,600	6,861,798
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.						6,861,798

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	586,218	1,099,708	628,626	640,646	3,906,600	6,861,798
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,429					1,429
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.)	30					30
11 Total support. Add lines 7 through 10						6,863,257
12 Gross receipts from related activities, etc. (see instructions)					12	285,650
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	99.98 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.92 %
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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 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?
- b** A family member of a person described on line 11a above?
- 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.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.*
- 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
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).*
- 2** Activities Test. *Answer lines 2a and 2b below.*

	Yes	No
2a		
2b		
3a		
3b		

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described 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.*
- 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.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

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

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). 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— <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 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.)

Part II, Line 10 - Other Income Detail

\$ 30

**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

2023Open to Public
Inspection

Name of the organization

Employer identification number

**Mitchelville Preservation Project,
Inc.****** - ***8109****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 **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other
- c** ☐ Preservation for future generations
- 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 ☐ Yes ☐ No

Part V Endowment Funds

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| 3a(i) Unrelated organizations? | | |
| 3a(ii) Related organizations? | | |
| 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		146,492	120,140	26,352
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				26,352

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 ☐

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	

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	

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 <i>(continued)</i>
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SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Mitchelville Preservation Project,
Inc.

Employer identification number

-*8109

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990) 2023

Mitchelville Preservation Project, **-*8109**Page **2**

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

	(a) Event #1 Capital Campaig (event type)	(b) Event #2 Blues and BBQ (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	770,500	53,630	824,130
	2 Less: Contributions ..	770,500	53,630	824,130
	3 Gross income (line 1 minus line 2)			
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses		77,006	77,006
	10 Direct expense summary. Add lines 4 through 9 in column (d)			77,006
11 Net income summary. Subtract line 10 from line 3, column (d)			-77,006	

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	☐ Yes % ☐ No %	☐ Yes % ☐ No %	☐ Yes % ☐ No %
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain:

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

b If "Yes," explain:

Schedule G (Form 990) 2023

Mitchelville Preservation Project, **-*8109**Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer
☐ Employee
☐ Independent contractor
17 Mandatory distributions:

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

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

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**Name of the organization **Mitchelville Preservation Project,
Inc.**Employer identification number
**** - ***8109****Form 990 - Organization's Mission**

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

Form 990 - Additional Information**Part IV, Line 11g**

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

Form 990, Part III - Additional Information

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

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

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

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

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

Schedule O (Form 990) 2023

Name of the organization

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Archeology at Mitchelville Exhibition. In the fall of 1862, Major General Ornsby Mitchel, Commander of the Department of the South at Hilton Head Island, ordered the construction of a freedman's town to serve as a new home for thousands of former slaves who flocked to the island after it fell to union forces in November 1861. Mitchelville was more than a refugee camp. The town's new residents built their own homes with materials provided by the Union Army. They were responsible for creating their own government, enforcing town ordinances, establishing schools and ensuring that every child between the ages of 6 and 15 attended regularly. Mitchelville proved that freed men and women could govern, sustain and educate themselves. Archeology at Mitchelville will display excavated findings from the first large-scale dig by Brockington and Associates. The dig uncovered remnants of old homes, wells and garbage pits, and recovered more than 20,000 artifacts.

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

Mitchelville Anniversary Forum is a one-day symposium that examines aspects of the Mitchelville story and how it resonates in present time. The 2019 Anniversary Forum seeks to examine access and who has it. It looked at the issues revolving around historic and contemporary access in 21st century America. This session examined access to quality education, issues associated with health care and the growing political power of women, 100 years after gaining the right to vote in 1920.

Modeling our ancestors to grow and influence our community (MAGIC) leadership program was designed to engage area high school students in discovering their own leadership abilities by exploring historical concepts and participating in a variety of learning experiences. Lifelong learning

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

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

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

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

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

The organization has a Conflicts of Interest policy and procedures to monitor compliance with the Conflict of Interest policy and they are reviewed regularly by the Board of Directors.

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

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

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

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

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

The organization makes its Form 990 available for public inspection upon

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

The organization makes its documents required to be available for public

Name of the organization	Employer identification number
Mitchelville Preservation Project,	** - ***8109

inspection.

Form 990, Part XI - Additional Information

Purchase of Assets in 2024 \$ 206,803

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)
Attach to your tax return.Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023Attachment
Sequence No. **179**Name(s) shown on return **Mitchelville Preservation Project,
Inc.**Identifying number
**** - ***8109**

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	91,574
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,160,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	2,282
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	2,282

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	96,824
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	176
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		5,132	5.0	HY	200DB	1,027
c 7-year property						
d 10-year property						
e 15-year property		19,074	15.0	HY	150DB	733
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	98,760
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

Mitchelville Preservation Project, *-*8109**

Form 4562 (2023)

Page **2****Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions								25			
26 Property used more than 50% in a qualified business use:											
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6						
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):					
Scenic Video	06/15/23	222,087	173	5.0	25,910
43 Amortization of costs that began before your 2023 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					25,910

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Federal Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<u>5-year GDS Property:</u>											
9	Restorative Painting	6/15/23	25,659			X	5,132	5	HY 200DB	0	21,554
			<u>25,659</u>				<u>5,132</u>			<u>0</u>	<u>21,554</u>
<u>15-year GDS Property:</u>											
8	Building Imprpvments	6/15/23	65,915			X	13,183	15	HY S/L	0	53,171
10	Landscaping redesign	6/15/23	29,456			X	5,891	15	HY 150DB	0	23,859
			<u>95,371</u>				<u>19,074</u>			<u>0</u>	<u>77,030</u>
<u>Prior MACRS:</u>											
1	Sign - Speedy Sign	1/23/18	980			X	491	7	HY S/L	489	70
2	Sign - Speedy signs	12/21/17	980			X	416	7	HY S/L	564	60
3	Sign - Meeting Dynamics	7/14/18	695			X	322	7	HY S/L	373	46
4	Theater Seating The Repertoire	12/31/14	20,000			X	10,000	7	HY S/L	17,199	0
5	Computers - Gullah Great Computers	4/30/15	525			X	262	5	HY S/L	473	0
6	Computer - Reidel	5/28/19	2,282		X	X	0	5	HY S/L	2,282	0
			<u>25,462</u>				<u>11,491</u>			<u>21,380</u>	<u>176</u>
<u>Amortization:</u>											
7	Scenic Video	6/15/23	222,087				222,087	5	MOAmort	0	25,910
			<u>222,087</u>				<u>222,087</u>			<u>0</u>	<u>25,910</u>
Grand Totals			368,579				257,784			21,380	124,670
Less: Dispositions and Transfers			0				0			0	0
Less: Start-up/Org Expense			0				0			0	0
Net Grand Totals			<u>368,579</u>				<u>257,784</u>			<u>21,380</u>	<u>124,670</u>

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SC Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	SC Prior	SC Current	Federal Current	Difference Fed - SC
<u>5-year GDS Property:</u>								
9	Restorative Painting	6/15/23	0	0	0	0	21,554	21,554
			0	0	0	0	21,554	21,554
<u>15-year GDS Property:</u>								
8	Building Imprpvments	6/15/23	0	0	0	0	53,171	53,171
10	Landscaping redesign	6/15/23	0	0	0	0	23,859	23,859
			0	0	0	0	77,030	77,030
<u>Prior MACRS:</u>								
1	Sign - Speedy Sign	1/23/18	980	980	630	140	70	-70
2	Sign - Speedy signs	12/21/17	980	980	770	140	60	-80
3	Sign - Meeting Dynamics	7/14/18	695	695	447	99	46	-53
4	Theater Seating The Repertoire	12/31/14	20,000	20,000	20,000	0	0	0
5	Computers - Gullah Great Computers	4/30/15	525	525	525	0	0	0
6	Computer - Reidel	5/28/19	2,282	2,282	1,597	457	0	-457
			25,462	25,462	23,969	836	176	-660
<u>Amortization:</u>								
7	Scenic Video	6/15/23	222,087	222,087	0	25,910	25,910	0
			222,087	222,087	0	25,910	25,910	0
Grand Totals			247,549	247,549	23,969	26,746	124,670	97,924
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			247,549	247,549	23,969	26,746	124,670	97,924

Bonus Depreciation Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	Sign - Speedy Sign	1/23/18	980		0	0	489	491
2	Sign - Speedy signs	12/21/17	980		0	0	564	416
3	Sign - Meeting Dynamics	7/14/18	695		0	0	373	322
4	Theater Seating The Repertoire	12/31/14	20,000		0	0	10,000	10,000
5	Computers - Gullah Great Computers	4/30/15	525		0	0	263	262
6	Computer - Reidel	5/28/19	2,282		2,282	0	0	0
8	Building Imprpvements	6/15/23	65,915		0	52,732	0	13,183
9	Restorative Painting	6/15/23	25,659		0	20,527	0	5,132
10	Landscaping redesign	6/15/23	29,456		0	23,565	0	5,891
Grand Total			<u>146,492</u>		<u>0</u>	<u>96,824</u>	<u>11,689</u>	<u>35,697</u>

FYE: 12/31/2023

Depreciation Adjustment Report
All Business Activities

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

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Future Depreciation Report**FYE: 12/31/24**

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Prior MACRS:</u>					
1	Sign - Speedy Sign	1/23/18	980	60	0
2	Sign - Speedy signs	12/21/17	980	51	0
3	Sign - Meeting Dynamics	7/14/18	695	40	0
4	Theater Seating The Repertoire	12/31/14	20,000	0	0
5	Computers - Gullah Great Computers	4/30/15	525	0	0
6	Computer - Reidel	5/28/19	2,282	0	0
8	Building Imprpvements	6/15/23	65,915	879	0
9	Restorative Painting	6/15/23	25,659	1,642	0
10	Landscaping redesign	6/15/23	29,456	560	0
			<u>146,492</u>	<u>3,232</u>	<u>0</u>
<u>Amortization:</u>					
7	Scenic Video	6/15/23	222,087	44,418	0
			<u>222,087</u>	<u>44,418</u>	<u>0</u>
Grand Totals			<u>368,579</u>	<u>47,650</u>	<u>0</u>

Asset	Description	Date In Service	Cost	SC
<u>Prior MACRS:</u>				
1	Sign - Speedy Sign	1/23/18	980	140
2	Sign - Speedy signs	12/21/17	980	70
3	Sign - Meeting Dynamics	7/14/18	695	99
4	Theater Seating The Repertoire	12/31/14	20,000	0
5	Computers - Gullah Great Computers	4/30/15	525	0
6	Computer - Reidel	5/28/19	2,282	228
8	Building Imprpvements	6/15/23	0	0
9	Restorative Painting	6/15/23	0	0
10	Landscaping redesign	6/15/23	0	0
			<u>25,462</u>	<u>537</u>
<u>Amortization:</u>				
7	Scenic Video	6/15/23	<u>222,087</u>	<u>44,418</u>
			<u>222,087</u>	<u>44,418</u>
Grand Totals			<u>247,549</u>	<u>44,955</u>

Total failure to pay penalty

Form 990		Two Year Comparison Report		2022 & 2023	
Name		For calendar year 2023, or tax year beginning		, ending	
Mitchelville Preservation Project, Inc.			Taxpayer Identification Number **-***8109		
Revenue	1. Contributions, gifts, grants	1.	2022 507,535	2023 2,328,047	Differences 1,820,512
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	133,111	1,578,553	1,445,442
	4. Program service revenue	4.	13,698	15,961	2,263
	5. Investment income	5.		77,901	77,901
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	-50,865	-77,006	-26,141
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	603,479	3,923,456	3,319,977
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	166,237	214,682	48,445
	17. Professional fundraising fees	17.	192,500	105,000	-87,500
	18. Other professional fees	18.	96,018	137,118	41,100
	19. Occupancy, rent, utilities, and maintenance	19.	38,657	47,724	9,067
	20. Depreciation and Depletion	20.	204	124,670	124,466
	21. Other expenses	21.	273,239	396,304	123,065
	22. Total expenses. Add lines 13 through 21	22.	766,855	1,025,498	258,643
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-163,376	2,897,958	3,061,334
Other Information	24. Total exempt revenue	24.	603,479	3,923,456	3,319,977
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	13,698	93,862	80,164
	27. Total assets	27.	818,286	3,519,441	2,701,155
	28. Total liabilities	28.			
	29. Retained earnings	29.	818,286	3,519,441	2,701,155
	30. Number of voting members of governing body	30.	16	16	
	31. Number of independent voting members of governing body	31.	16	16	
	32. Number of employees	32.	3	6	
33. Number of volunteers	33.				

Form 990	Tax Return History	2023
Name Mitchelville Preservation Project, Inc.		Employer Identification Number ** - ***8109

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	579,318	1,099,708	628,626	640,646	3,906,600	
Membership dues						
Program service revenue	78,195	22,075	24,065	13,698	15,961	
Capital gain or loss						
Investment income	1,429	5,274	1,457		77,901	
Fundraising revenue (income/loss) ..	26,622	-3,240	-5,459	-50,865	-77,006	
Gaming revenue (income/loss)						
Other revenue	30					
Total revenue	685,594	1,123,817	648,689	603,479	3,923,456	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	100,000	144,109	150,576	166,237	214,682	
Professional fees	62,655	49,358	265,073	288,518	242,118	
Occupancy costs	20,751	22,282	50,569	38,657	47,724	
Depreciation and depletion	4,089	1,758	1,669	204	124,670	
Other expenses	258,608	259,148	271,676	273,239	396,304	
Total expenses	446,103	476,655	739,563	766,855	1,025,498	
Excess or (Deficit)	239,491	647,162	-90,874	-163,376	2,897,958	
Total exempt revenue	685,594	1,123,817	648,689	603,479	3,923,456	
Total unrelated revenue						
Total excludable revenue	79,654	27,349	25,522	13,698	93,862	
Total Assets	599,332	1,095,484	987,556	818,286	3,519,441	
Total Liabilities	179,058	28,048	10,994			
Net Fund Balances	420,274	1,067,436	976,562	818,286	3,519,441	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 77,901					
Total	\$ 77,901					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Griot's Corner Coordinator	\$ 9,000	\$ 9,000	\$	\$
Program Manager costs	10,800	10,800		
Development Consultant	37,134	37,134		
History Hike Facilitor	5,000	5,000		
Total	<u>\$ 61,934</u>	<u>\$ 61,934</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Archaeology Project	\$ 13,481	\$ 13,481	\$	\$
Misc.	12,554	12,554		
Educational Outreach	7,200	7,200		
All other	3,692	3,692		
Griot's Corner	2,429	2,429		
Hospility	2,158	2,158		
Total	<u>\$ 41,514</u>	<u>\$ 41,514</u>	<u>\$ 0</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
SC Parks & Recreation Grants	\$ 1,228,940
TOHH A-Tax 2022	71,015
TOHHA Tax 2023	243,598
Beauford County A Tax	35,000
Direct Public Grants	25,000
MOU with TOHH for 2021	
Corporate Contributions	1,619
Individual Contributions	220,298
Archaeology	
Gifts in kind	7,000
Melon Foundation Grants	1,250,000
Coastal Discovery Museum	
Paid wages of Executive Director	
Blues and BBQ	
Cash Contribution	53,630
Capital Campaign	
Cash Contribution	770,500
Total	<u>\$ 3,906,600</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
Reenactments & Tours	\$ 5,383
Juneteenth Celebration	10,578
	77,901
Blues and BBQ	
Capital Campaign	
Archeology at Mitchelville	
Holiday Event	
Total	<u>\$ 93,862</u>

Federal Statements

FYE: 12/31/2023

Blues and BBQ

Other Direct Fundraising or Gaming Expenses

Description	Amount
Direct expenses	\$
Marketing	
Total	\$ 0

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

2022
 Open to Public
 Inspection
A For the 2022 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**Mitchelville Preservation Project, Inc.**

Doing business as

Historic Mitchelville Preservation

Number and street (or P.O. box if mail is not delivered to street address)

PO Box 21758

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

HILTON HEAD ISLAND SC 29925**D Employer identification number****27-2308109****E Telephone number****843-255-7300****G Gross receipts\$****654,344****F Name and address of principal officer:****Ahmad Ward****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** **WWW.EXPLOREMITCHELVILLE.ORG****H(c) Group exemption number****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Year of formation:** **2010****M State of legal domicile:** **SC****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	See Schedule 0		
	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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	0
Revenue	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
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	628,626	640,646
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,065	13,698
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,457	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-5,459	-50,865
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	648,689	603,479
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	150,576	166,237
	b Total fundraising expenses (Part IX, column (D), line 25)	210,000	192,500
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	210,404	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	378,987	408,118
	19 Revenue less expenses. Subtract line 18 from line 12	739,563	766,855
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	-90,874	-163,376
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	987,556	818,286
		10,994	0
	976,562	818,286	

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	
	Ahmad Ward		Key Employee	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	David E Williams, CPA		David E Williams, CPA	12/05/23
	Firm's name		Check ☐ if PTIN self-employed	PTIN
	David E. Williams C.P.A., LLC		P01510199	46-1684469
Firm's address		Phone no.		
840 William Hilton Pkwy Ste B		843-715-9568		
Hilton Head, SC 29928-3434				

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:**See Schedule O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **79,783** including grants of \$) (Revenue \$)

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

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**See Schedule O****4c** (Code:) (Expenses \$ **26,485** including grants of \$) (Revenue \$)

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

4d Other program services (Describe on Schedule O.)(Expenses \$ **217,949** including grants of \$) (Revenue \$)**4e** Total program service expenses **324,217**

Part IV Checklist of Required Schedules

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

Form 990 (2022) **Mitchelville Preservation Project, 27-2308109**Page **4****Part IV Checklist of Required Schedules (continued)**

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	22	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	3	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Form 990 (2022) **Mitchelville Preservation Project, 27-2308109**Page **5**

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	3
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified 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	

Form **990** (2022)

Form 990 (2022) **Mitchelville Preservation Project, 27-2308109**Page **6**

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	16
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
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	X
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	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	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

Melody Irvin
Hilton Head Island

PO Box 21758

SC 29925

843-255-7300

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) Jamie Berndt	0.00									
Director	0.00	X						0	0	0
(2) Carlton Dallas	0.00									
Director	0.00	X						0	0	0
(3) Herbert Ford	0.00									
Director	0.00	X						0	0	0
(4) DrAndrea Grant	Guess 0.00									
Director	0.00	X		X				0	0	0
(5) Hester Hodde	0.00									
Director	0.00	X						0	0	0
(6) Kirsten Hotchkiss	0.00									
Director	0.00	X						0	0	0
(7) Myla Lerner	0.00									
Director	0.00	X		X				0	0	0
(8) Anna Ponder PhD	0.00									
Director	0.00	X						0	0	0
(9) Grace Stepp	0.00									
Director	0.00	X						0	0	0
(10) Michale Tighe	0.00									
Director	0.00	X						0	0	0
(11) Billy Watterson	0.00									
Director	0.00	X						0	0	0

Form 990 (2022) **Mitchelville Preservation Project, 27-2308109**Page **8****Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

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

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

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

Section B. Independent Contractors

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

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

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

Form 990 (2022) **Mitchelville Preservation Project, 27-2308109**Page **9****Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	63,910				
	d Related organizations	1d					
	e Government grants (contributions)	1e	133,111				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	443,625				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		640,646				
	Program Service Revenue	2a Reenactments & Tours	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				13,698			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	(ii) Personal			
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 63,910 of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b	50,865				
	c Net income or (loss) from fundraising events				-50,865		
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			603,479	13,698	0	0

Form 990 (2022) **Mitchelville Preservation Project, 27-2308109**Page **10****Part IX Statement of Functional Expenses**

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

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

☒

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	153,212	26,046	113,377	13,789
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	13,025	2,214	9,639	1,172
11 Fees for services (nonemployees):				
a Management				
b Legal	414		414	
c Accounting	10,259		10,259	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	192,500			192,500
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	85,345	84,599	746	
12 Advertising and promotion	102,706	68,437	34,269	
13 Office expenses	20,126	174	19,952	
14 Information technology	6,281	6,281		
15 Royalties				
16 Occupancy	38,657	11,517	24,197	2,943
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,276	8,872	8,404	
20 Interest	2,952		2,952	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	204	204		
23 Insurance	8,025		8,025	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Juneteenth Event	66,127	66,127		
b Holiday Event	26,485	26,485		
c MPP Anniversary	13,127	13,127		
d Freedom Day	9,515	9,515		
e All other expenses	619	619		
25 Total functional expenses. Add lines 1 through 24e	766,855	324,217	232,234	210,404
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)				

Form 990 (2022) **Mitchelville Preservation Project, 27-2308109**Page **11****Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	88	1	88
	2 Savings and temporary cash investments	674,221	2	637,010
	3 Pledges and grants receivable, net	297,645	3	295,757
	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	1,316	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,462		
	b Less: accumulated depreciation	10b 24,868	4,286	10c 594
	11 Investments—publicly traded securities		11	-125,163
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,000	15	10,000
16 Total assets. Add lines 1 through 15 (must equal line 33)	987,556	16	818,286	
Liabilities	17 Accounts payable and accrued expenses	10,994	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	10,994	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		976,562	27	670,436
28 Net assets with donor restrictions			28	147,850
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			31	
32 Total net assets or fund balances		976,562	32	818,286
33 Total liabilities and net assets/fund balances		987,556	33	818,286

Form **990** (2022)

Part XI Reconciliation of Net AssetsCheck 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	603,479
2	Total expenses (must equal Part IX, column (A), line 25)	2	766,855
3	Revenue less expenses. Subtract line 2 from line 1	3	-163,376
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	976,562
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	5,100
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	818,286

Part XII Financial Statements and ReportingCheck 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	

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

OMB No. 1545-0047

2022**Open to Public
Inspection****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

**Mitchelville Preservation Project,
Inc.**

Employer identification number

27-2308109**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	365,145	579,318	1,099,708	628,626	640,646	3,313,443
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	6,900	6,900				13,800
4 Total. Add lines 1 through 3	372,045	586,218	1,099,708	628,626	640,646	3,327,243
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3,327,243

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	372,045	586,218	1,099,708	628,626	640,646	3,327,243
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	624	1,429				2,053
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	730	30				760
11 Total support. Add lines 7 through 10						3,330,056
12 Gross receipts from related activities, etc. (see instructions)					12	191,788
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 2022 (line 6, column (f) divided by line 11, column (f))	14	99.92 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.90 %
16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. 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—2021. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)**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?**b** A family member of a person described on line 11a above?**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.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations**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.**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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations**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).

	Yes	No
1		

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

	Yes	No
1		
2		
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).**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.**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.**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.**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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

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

Part II, Line 10 - Other Income Detail

\$ 760

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

Employer identification number

**Mitchelville Preservation Project,
Inc.****27-2308109****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

	(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 in (a)	2c
d Number of conservation easements included in (c) 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 2(d) 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	\$

Schedule D (Form 990) 2022 **Mitchelville Preservation Project, 27-2308109**Page **2****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 **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other
- c** ☐ Preservation for future generations
- 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 ☐ Yes ☐ No

Part V Endowment Funds.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** Unrelated organizations **3a(i)** ☐ Yes ☐ No
- (ii)** Related organizations **3a(ii)** ☐ Yes ☐ No
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		25,462	24,868	594
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				594

Schedule D (Form 990) 2022

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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	

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	

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 <i>(continued)</i>
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**SCHEDULE G
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022Open to Public
Inspection**Mitchelville Preservation Project,
Inc.**

Employer identification number

27-2308109**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990) 2022

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

	(a) Event #1 Blues and BBQ (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	63,910		63,910
	2 Less: Contributions	63,910		63,910
	3 Gross income (line 1 minus line 2)			
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	50,865		50,865
	10 Direct expense summary. Add lines 4 through 9 in column (d)			50,865
11 Net income summary. Subtract line 10 from line 3, column (d)			-50,865	

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
6 Volunteer labor	☐ Yes % ☐ No %	☐ Yes % ☐ No %	☐ Yes % ☐ No %	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No**b** If "No," explain:**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," explain:

Schedule G (Form 990) 2022

Mitchelville Preservation Project, 27-2308109Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer
☐ Employee
☐ Independent contractor
17 Mandatory distributions:

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

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

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization **Mitchelville Preservation Project,
Inc.**Employer identification number
27-2308109**Form 990 - Organization's Mission**

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

Form 990 - Additional Information**Part IV, Line 11g**

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

Form 990, Part III - Additional Information

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

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

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

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

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

Archeology at Mitchelville Exhibition. In the fall of 1862, Major General Ornsby Mitchel, Commander of the Department of the South at Hilton Head Island, ordered the construction of a freedman's town to serve as a new home for thousands of former slaves who flocked to the island after it fell to union forces in November 1861. Mitchelville was more than a refugee camp. The town's new residents built their own homes with materials provided by the Union Army. They were responsible for creating their own government, enforcing town ordinances, establishing schools and ensuring that every child between the ages of 6 and 15 attended regularly. Mitchelville proved that freed men and women could govern, sustain and educate themselves. Archeology at Mitchelville will display excavated findings from the first large-scale dig by Brockington and Associates. The dig uncovered remnants of old homes, wells and garbage pits, and recovered more than 20,000 artifacts.

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

Mitchelville Anniversary Forum is a one-day symposium that examines aspects of the Mitchelville story and how it resonates in present time. The 2019 Anniversary Forum seeks to examine access and who has it. It looked at the issues revolving around historic and contemporary access in 21st century America. This session examined access to quality education, issues associated with health care and the growing political power of women, 100 years after gaining the right to vote in 1920.

Modeling our ancestors to grow and influence our community (MAGIC) leadership program was designed to engage area high school students in discovering their own leadership abilities by exploring historical concepts and participating in a variety of learning experiences. Lifelong learning

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

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

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

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

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

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

Prior to filing, the Board of Directors reviews the Form 990.

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

The organization has a Conflicts of Interest policy and procedures to monitor compliance with the Conflict of Interest policy and they are reviewed regularly by the Board of Directors.

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

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

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

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

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

The organization makes its Form 990 available for public inspection upon

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

The organization makes its documents required to be available for public

Schedule O (Form 990) 2022

Page **2**

Name of the organization

Employer identification number

Mitchelville Preservation Project,**27-2308109****inspection.****Form 990, Part IX, Line 11g - Other Fees for Services****Description****Tot/Prog Service****Mgt & General****Fundraising****Griot's Corner Coordinator****\$ 7,200****\$ 0****\$ 0****Program Manager costs****\$ 2,200****\$ 0****\$ 0****Grant writing****\$ 100****\$ 0****\$ 0****Outside Services****\$ 73,859****\$ 746****\$ 0****All Other****\$ 1,240****\$ 0****\$ 0****Total****\$ 84,599****\$ 746****\$ 0**

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)
Attach to your tax return.Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022Attachment
Sequence No. **179**Name(s) shown on return **Mitchelville Preservation Project,
Inc.**Identifying number
27-2308109

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,080,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	2,282
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	2,282

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

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

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

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	204
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	204
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

There are no amounts for Page **2** Form **4562** (2022)

27-2308109

Federal Asset Report

FYE: 12/31/2022

Form 990, Page 1

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

Bonus Depreciation Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	Sign - Speedy Sign	1/23/18	980		0	0	407	573
2	Sign - Speedy signs	12/21/17	980		0	0	495	485
3	Sign - Meeting Dynamics	7/14/18	695		0	0	320	375
4	Theater Seating The Repertoire	12/31/14	20,000		0	0	10,000	10,000
5	Computers - Gullah Great Computers	4/30/15	525		0	0	263	262
6	Computer - Reidel	5/28/19	2,282		2,282	0	0	0
Grand Total			25,462		0	0	11,485	11,695

Depreciation Adjustment Report
All Business Activities

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

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

2021
Open to Public
Inspection

A For the 2021 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 Mitchelville Preservation Project, Inc.		D Employer identification number 27-2308109
	Doing business as Historic Mitchelville Preservation		E Telephone number 843-255-7300
	Number and street (or P.O. box if mail is not delivered to street address) PO Box 21758		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code HILTON HEAD ISLAND SC 29925		G Gross receipts \$ 654,188
	F Name and address of principal officer: Ahmad Ward		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule 0		
	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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	40
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,099,708	628,626
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,075	24,065
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,274	1,457
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-3,240	-5,459
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,123,817	648,689
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	144,109	150,576
	16a Professional fundraising fees (Part IX, column (A), line 11e)	17,500	210,000
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 225,572		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	315,046	378,987
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	476,655	739,563
19 Revenue less expenses. Subtract line 18 from line 12	647,162	-90,874	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,095,484	987,556
	22 Net assets or fund balances. Subtract line 21 from line 20	28,048	10,994
		1,067,436	976,562

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Ahmad Ward Type or print name and title	Key Employee			
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	06/22/22		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.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:**See Schedule 0****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

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

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

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

4a (Code:) (Expenses \$ **66,883** including grants of \$) (Revenue \$)
Juneteenth is the oldest known celebration to recognize the end of slavery. It was on June 19, 1865 when union officer Major General Gordon Granger arrived at Galveston, Texas with news that the war had ended and all slaves were now free. MPP hosts its annual Juneteenth celebration in Historic Mitchelville Freedom Park. This program highlights the park and features stage performances and cultural programming that gives visitors a unique look at Historic Mitchelville. It promotes African American culture, history, and education featuring traditional music, art, crafts, food and live performances.

4b (Code:) (Expenses \$ **61,842** including grants of \$) (Revenue \$)
See Schedule 0

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
Holiday Event - Community event for the entire family to kick off the holiday season with entertainment and refreshments near the big oak tree in Historic Mitchelville Freedom Park

4d Other program services (Describe on Schedule O.)(Expenses \$ **181,089** including grants of \$) (Revenue \$)**4e** Total program service expenses **309,814**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	16
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
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	3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

	1a	16	1b	16	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		16		16		
b Enter the number of voting members included on line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?						X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6 Did the organization have members or stockholders?						X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					X	
b Each committee with authority to act on behalf of the governing body?					X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O						X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☒ Other (explain on Schedule O)

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

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

Melody Irvin
Hilton Head Island

PO Box 21758

SC 29925

843-255-7300

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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		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		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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

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

Part IX Statement of Functional Expenses

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

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

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

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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	88	1	88
	2 Savings and temporary cash investments	995,762	2	674,221
	3 Pledges and grants receivable, net	81,363	3	297,645
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,316	9	1,316
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,462		
	b Less: accumulated depreciation	10b 21,176	10c	4,286
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,000	15	10,000
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,095,484	16	987,556	
Liabilities	17 Accounts payable and accrued expenses	13,237	17	10,994
	18 Grants payable		18	
	19 Deferred revenue	14,811	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	28,048	26	10,994
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,067,436	27	976,562
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,067,436	32	976,562
33 Total liabilities and net assets/fund balances	1,095,484	33	987,556	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

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

Part XII Financial Statements and ReportingCheck 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		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		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.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
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		

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

**Mitchelville Preservation Project,
Inc.**

Employer identification number

27-2308109**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Mitchelville Preservation Project, 27-2308109Page **2****Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	205,334	365,145	579,318	1,099,708	628,626	2,878,131
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	6,900	6,900	6,900			20,700
4 Total. Add lines 1 through 3	212,234	372,045	586,218	1,099,708	628,626	2,898,831
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,898,831

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	212,234	372,045	586,218	1,099,708	628,626	2,898,831
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	105	624	1,429			2,158
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		730	30			760
11 Total support. Add lines 7 through 10						2,901,749
12 Gross receipts from related activities, etc. (see instructions)					12	178,090

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	99.90 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.88 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990) 2021

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
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.		
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.		
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.		
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.		
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.		
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.		
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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
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).		
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).		
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.		
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.		
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.		
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.		
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.)		

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).			
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.		Yes	No
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

**Mitchelville Preservation Project,
Inc.**

Employer identification number

27-2308109**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

	(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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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 **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other

c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

	Yes	No
3a(i)		
3a(ii)		
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				
c Leasehold improvements				
d Equipment				
e Other		25,462	21,176	4,286
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				4,286

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Mitchelville Preservation Project,
Inc.

Employer identification number

27-2308109

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain:

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

b If "Yes," explain:

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

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

Part IV

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

**Mitchelville Preservation Project,
Inc.**

Employer identification number

27-2308109**Form 990 - Organization's Mission**

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

Form 990 - Additional Information**Part IV, Line 11g**

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

Form 990, Part III - Additional Information

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

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

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

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

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

Archeology at Mitchelville Exhibition. In the fall of 1862, Major General Ornsby Mitchel, Commander of the Department of the South at Hilton Head Island, ordered the construction of a freedman's town to serve as a new home for thousands of former slaves who flocked to the island after it fell to union forces in November 1861. Mitchelville was more than a refugee camp. The town's new residents built their own homes with materials provided by the Union Army. They were responsible for creating their own government, enforcing town ordinances, establishing schools and ensuring that every child between the ages of 6 and 15 attended regularly. Mitchelville proved that freed men and women could govern, sustain and educate themselves. Archeology at Mitchelville will display excavated findings from the first large-scale dig by Brockington and Associates. The dig uncovered remnants of old homes, wells and garbage pits, and recovered more than 20,000 artifacts.

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

Mitchelville Anniversary Forum is a one-day symposium that examines aspects of the Mitchelville story and how it resonates in present time. The 2019 Anniversary Forum seeks to examine access and who has it. It looked at the issues revolving around historic and contemporary access in 21st century America. This session examined access to quality education, issues associated with health care and the growing political power of women, 100 years after gaining the right to vote in 1920.

Modeling our ancestors to grow and influence our community (MAGIC) leadership program was designed to engage area high school students in discovering their own leadership abilities by exploring historical concepts and participating in a variety of learning experiences. Lifelong learning

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

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

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

Name of the organization

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Mitchelville Preservation Project,

27-2308109

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

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

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

The organization has a Conflicts of Interest policy and procedures to monitor compliance with the Conflict of Interest policy and they are reviewed regularly by the Board of Directors.

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

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

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

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

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

The organization makes its Form 990 available for public inspection upon

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

The organization makes its documents required to be available for public

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

inspection.

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

OMB No. 1545-0172

2021Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

**Mitchelville Preservation Project,
Inc.**

Identifying number

27-2308109

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

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

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

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

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

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

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

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

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

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

Part IV Summary (See instructions.)

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

DAA

There are no amounts for Page **2**

27-2308109

Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

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

27-2308109

Bonus Depreciation Report

FYE: 12/31/2021

Form 990, Page 1

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

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Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

Federal Statements

Taxable Interest on Investments

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

Federal Statements

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

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

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

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

Federal Statements

Schedule A, Part II, Line 1(e)

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

Schedule A, Part II, Line 12 - Current year

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

Blues and BBQ

Other Direct Fundraising or Gaming Expenses

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