

# 2023 Accommodations Tax Funds Request Application

**Organization Name:** Gullah Museum of Hilton Head Island

**Project/Event Name:** Gullah Museum of Hilton Head

## Executive Summary

The Gullah Museum used 2022 ATAX funding to increase marketing and promotions for the organization. Its previous year's goal of a "record-breaking" year was surpassed. Evidence of the significance of just how record-breaking can be seen in the remarkable increase in visitors/tourists to the Museum site and events. This year the organization saw a 782% increase in attendance. The highest to date for the organization since its inception. The funds requested will also be used to expand the social media marketing strategy, conduct marketing surveys, as well conduct a marketing study to get the data needed to continue to best reach potential visitors and tourists.

2023 ATAX Request - \$150,000

The Gullah Museum has increased its request this year to continue to improve the visitor experience on the museum site. In Category 3, there is a request for \$30,000. The organization has requested additional funding to have a restroom constructed on the site for visitors/tourists and the maintenance of facilities on the site.

Over the past year, the organization has removed foliage and leveled the grounds. They have also begun the renovation of the migrant homes and purchased a new storage unit. In 2023, the Gullah Museum would like to construct a restroom and have an office on the museum site. They will also begin renovation of the Great Dane trailer. Through the years, the organization has amassed quite a collection of artifacts with over 350 artifacts that they would like to display. In order to display the artifacts, the organization would have to improve security at the site with a fence and

security cameras.

# 2023 Accommodations Tax Funds Request Application

Date Received: 09/02/2022	Time Received: 12:11 PM	By: Online Submittal
---------------------------	-------------------------	----------------------

*Applications will not be accepted if submitted after 4 pm on September 2, 2022*

## A. SUMMARY OF GRANT REQUEST:

**ORGANIZATION NAME:** Gullah Museum of Hilton Head Island

**Project/Event Name:** Gullah Museum of Hilton Head

Contact Name: Louise Cohen Title: Executive Director

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

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

Event Date: Event Location: Gullah Museum/ Spanish Wells Club House/Providence Presbyterian/Shelter Cove

**Total Budget:** \$250,000.00 **Grant Requested:** \$150,000.00

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

The Gullah Museum will use the grant to educate all individuals about the rich Gullah culture of "America's Favorite Island," through its cultural events and presentations. The requested funds will be used for programming expansion that will allow the organization to extend its reach and attract more visitors and tourists through partnerships and collaboration with similarly aligned organizations. In more recent years,

many have just discovered “Gullah” and are eager to attain as much knowledge as possible. With less than 38,000 residents and fewer than 6% of native islanders residing on the island, it is imperative now more than ever to the fabric of Hilton Head and its history moving forward, that The Gullah Museum continues with its mission of preservation and tell the story of independence and ancestors long gone.

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

The Gullah Museum's board has worked tirelessly over the past year to enhance the visitor experience at the Gullah Museum site as well as on Hilton Head through renovations and site upgrades. Concurrent projects on the museum site are the renovation of the two migrant houses and the installation of a new office with an area for tourists/visitors that would remove them from the elements and allow tourists/visitors to enjoy presentations comfortably.

Presentations are conducted year-round by one of the island's oldest active native griots on Hilton Head, (Dr. Louise Miller-Cohen). The presentations are held within authentic structures and on a tract of property acquired from a direct descendant (William Simmons) of Mitchelville after the Civil War. The events/presentations allow visitors/tourists to gain knowledge of the history

A. Total Number of Physical Tourists Served: 466 - 2021 (7.5.21 - 8.30.21).  
2022 - 1999

*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: 57 - 2021 2022 - 1935

*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: 43 - 2021 2022 - 1058  
*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): 566 - 2021  
(7.5.21 - 8.30.21) 2022 - 4,992 (782% increase)

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

The number of visitors was documented through tourist guestbooks, visitor input, visitor surveys, and event registration programs.

## B. DESCRIPTION OF OPERATIONS:

---

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

The mission of the Gullah Museum of Hilton Head Island is to **revive, restore and preserve the Hilton Head Island Gullah history for the benefit of all – lest we forget**. Since 2003, the Gullah Museum of Hilton Head, a 501(c)3 organization, has been committed to maintaining Gullah customs, traditions, language, stories, songs, and structures on Hilton Head Island. Through the generous support of individuals and institutions, the Gullah Museum of Hilton Head Island has successfully preserved its first structure “The Little House” and completed an award-winning documentary – “Hilton Head Island Back in the Day: Through the Eyes of the Gullah Elders.”

A beautiful wrought iron fence adorned with murals of Gullah Art aligns the property of the museum site. And a mural of the Gullah Museum's founder, Louise Cohen with the "Dewey House" is displayed on the recently restored Great Dane trailer that the Great Dane corporation restored for the organization.

In 2021, The Gullah Museum raised over \$7,000 for children in need within the community. The gifts were given out during the Christmas season to those children who would otherwise have no Christmas at all.

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

The requested grant funding would be used to expand the organization's web presence to drive more visitors and tourists to the site. It will also be used to produce and market the following events: (Each event provides an opportunity for native islanders, small business owners, and other Gullah vendors to showcase their wares.)

The 6th Annual Gullah Food Festival – food, crafts, vendors, and presentations

Gullah Christmas Gala - depicts how Christmas was celebrated on Hilton Head Island prior to development.

The 13th Annual Gullah Gala Awards - The Gala Awards honors Gullah trailblazers who were skilled in many areas that uplifted the Gullah community. (Example: 2020 Honoring the Pioneers - honored those trailblazers who had a significant impact within the Native Island Community).

The Annual Ol' Gullah Breakfast - The Gullah Breakfast will serve

some of the traditional breakfast items such as Salmon Patties, Shrimp & Grits, Stewed Oyster & Grits, Fish & Grits, etc.

Quilting Workshop - teaches the art of quilting by local quilters.

The 7th Annual Oyster Roast - The Oyster Roast showcases the art of roasting oysters the old-time way by use of a "crocka" sack, tin, and an open flame. Tourists participate by learning how to shuck(open) oysters and by eating and enjoying a true delicacy, our local oysters.

Gullah Time Talk - will feature talks surrounding Gullah topics and capturing stories and tales to further preserve the Gullah culture.

The Gullah Summer Camp - teaches all youth about Gullah culture, traditions, and foodways. *This grant is funded by the Breedlove Foundation/Community Foundation of the Lowcountry*

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)

The impact of partial funding would be damaging to the organization and would reduce its ability to carry out its mission of reviving, restoring, and preserving Hilton Head's Gullah culture. The Gullah Museum's board has worked tirelessly over the past two and a half years to improve the museum site to enhance the visitor experience

and add to informative presentations, etc. A decrease in funding would prevent the Gullah Museum from having a working toilet on the museum site as well as being able to display the artifacts.

The comprehensive marketing strategy would be reduced impacting the reach of the organization's mission to tourists, visitors, and residents. The Gullah Museum is a "hidden gem" and a major facet of Hilton Head Island's story as it is the only organiza

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

The expected economic impact and benefit to the Island's tourism would be an increased number of tourists and the ability to reach a demographic of tourists/visitors that under normal circumstances would never visit the island. The organization is a place of connection for those who visit after researching their heritage. The ability to day trip to the area and explore the cultural organizations of Hilton Head is both rewarding and fulfilling. There are more than a few visitors who plan family trips to vacation, family reunions, and school tours to take in more of the island's culture. They also travel regionally from Savannah to Charleston driving tourism and benefiting local municipalities. These tourists also schedule trips to coincide with other cultural events in the area, such as Mitchelvil

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<br><i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i> | 50 % |
| 2 - Tourism-Related Events<br><i>Promotion of the arts and cultural events.</i>  | 17 % |



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.* 34 %

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: 101 %**

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

The Gullah Museum will collaborate with the Mitchelville Preservation Project, the Native Island Business & Community Affairs Association (NIBCAA), Gullah Heritage Trail Tours, the Historic Gullah churches of Hilton Head, the Gullah/Geechee Consortium of Beaufort County, the Gullah-Geechee Cultural Heritage Corridor, the Heritage Library, The Morris Center, The Original Gullah Festival in Beaufort, Coastal Discovery Museum, and Beaufort County School District with new projects and events to enhance the overall tourism experience on the island.

The organization currently collaborates with other cultural and heritage organizations on Hilton Head and surrounding areas. It looks forward to expanding its reach within Hilton Head Island and the

surrounding areas in the future. With its current collaborations with organizations and their contributions, the organization anticipates being able to expand its presentations to other structures on the museum site and will continue to stay committed to its mission. With continued growth strategically and managerially the organization's impact on Hilton Head Island's tourism will continue to surpass years past and allow the organization to continue the preservation of Gullah culture.

7. Additional comments. (250 words or less)

As the number of natives, (less than 6%) continues to diminish at a significant rate in a place once known as home to the descendants of Mitchelville, the organization's mission of preservation and restoration of the Gullah culture of Hilton Head is (**critical**) as evidence of the Gullah culture on Hilton Head is becoming non-existent through the acquisition of native island property, lack of affordable housing on the island and exorbitant property taxes/home insurance fees. The native islanders that still live on Hilton Head will either die out and/or move from the area. And the Gullah people will fade from existence.

The Gullah Museum's life's breath is vital to the true history of Hilton Head for generations to come. The importance of the organizations (four) tasked with telling the stories of the Gullah people should be *authentic* to the culture and people as well as in their delivery. Fifty years from now, the Gullah story of Hilton Head Island will still

need to be told just as the story of Charles Fraser is continuously told. Ultimately, Hilton Head Island has always been more than a resort to native islanders. Hilton Head as native islanders once knew it is gone and the Gullah Museum serves as a beacon to give everyone a glimpse of the independence, resilience, and perseverance of a people left to perish and fend for themselves.

The Gullah inhabitants of many years past helped to build a new Hilton Head. They played an integral role in the development of Hilton Head and none of it could have been accomplished without them. We all play a role and must **never** forget the contributions made, nor **erase** a significant part of history tied to the island.

### C. FUNDING:

---

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

The organization is currently funded by Hilton Head ATAX, Beaufort County ATAX, The Breedlove Foundation, donations, event revenue, ticket sales, guest admissions, presentations, and merchandise.

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

<u>80%</u>	Government Sources	<u>8.8%</u>	Private Contributions, Donations and Grants
	Corporate Support, Sponsors		Membership, Dues, Subscriptions
<u>11.2%</u>	Ticket Sales, or Sales and Services		Other

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

Yes X No    

If so, please list top 3 sources and amounts.

Breedlove Foundation	\$10,000.00
Beaufort County ATAX 3%	\$36,875.00

**D. FINANCIAL INFORMATION:**

---

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

**Financial Statement Requirements:**

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

Budget Years Provided:

2023  
2023

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

Profit and Loss Years Provided:

2021  
2022 YTD

New 2021  
New 2021  
2020 Profit & Loss Statement

3. The previous two years and current year **balance sheets**.

Balance Sheet Years Provided:

2020 Balance Sheet

2021

2022 YTD

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

IRS Form 990 or 990T Years Provided:

2020 990

2019 990 Full

2021

## E. FINANCIAL GUARANTEES AND PROCEDURES:

---

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

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

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

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

## F. MEASURING EFFECTIVENESS:

---

If you received 2021 or 2022 HHI ATAX funds

1. List any ATAX award amounts received in 2021 and/or 2022.

2019	\$55,000.00	Gullah Food Festival, Gullah Soul Christmas, Gala Awards, Oyster Roast, Sanford Jones Musical, Gullah Breakfast, Oyster Roast, Gullah Food Cookoff
2020	\$55,000.00	Gullah Gala Awards, Sanford Jones Musical, Gullah Breakfast, Oyster Roast, Gullah Food Cookoff, Gullah Soul Christmas
2021	\$17,000.00	
2021	\$17,000.00	Gullah Gala Awards, Sanford Jones Musical, Gullah Breakfast, Oyster Roast, Gullah Food Cookoff, Gullah Soul Christmas
2022	\$125,000.00	
2022	\$125,000.00	Oyster Roast, Ol' Gullah Breakfast, Family Fun Day, Gullah Camp, Gullah Food Festival, Gullah Christmas Gala, Gullah Gala

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 ATAX funds were used for marketing and promotions to continue to produce quality Gullah family entertainment events. The marketing strategy for the 2022 planned events included radio, television, media relations, and social media. The objectives were achieved through a significant increase of (782%) in tourists/visitors to the Museum site and an increase in visitors to the organization's events. social media, and website.

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

The funding awarded enabled the Gullah Museum of Hilton Head Island the opportunity to expand its efforts to preserve the Gullah culture and to continue to attract visitors/tourists to the Museum. The events planned were well attended and exposed visitors/tourists and locals alike to the island's rich history. Being able to market the various events in a variety of ways has significantly increased the Museum's reach observed in the number of visitors to the website, social media outlets, and the Museum site. The community of Hilton Head Island benefits through increased cultural awareness and increased tourism.

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

The effectiveness of both the overall activity and on individual programs is measured by the increased foot traffic to the museum site, scheduled events, along with an increase of visitors on the website and social media outlets.

Signature: Louise Cohen

Title/Position: Executive Director

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

Email Address: [hhistoryteller@aol.com](mailto:hhistoryteller@aol.com)

Office Phone Number:

Home Phone Number: 843-681-3254



PRESENT EXECUTIVE MEETING GMHHI 8-9-2022

MEMBERS PRESENT ZOOM PRESENTATION: NELL HAY (CHAIR) MELDON HOLLIS (V. CHAIR), LOUISE COHEN (DIRECTOR), IBRAHIM MALIK (TREASURER), SHAWNTA COHEN, YOLAWNDA MCKINNEY, MURRAY CHRISTOPHER, BRENDA WILLIAMS, BRIDGET COHEN.

INVOCATION OFFERED BY I. MALIK. MEETING CALLED TO ORDER AT 6:07. APPROVAL OF AGENDA MOVED BY I. MALIK AND 2<sup>ND</sup> S. COHEN. MINUTES APPROVED BY I. MALIK AND 2<sup>ND</sup> BY YOLAWNDA MCKINNEY WITH A CORRECTION BY L. COHEN, IN THE NUMBER OF CARDS DONATED WAS 50 INSTEAD OF 80 AS RECORDED, CORRECTION MADE.

OLD BUSINESS- INTERVIEWS WITH PERSPECTIVE BOARD MEMBERS MAMIE ATKINS, BRANDON GLENN, AND CARRIE HIRSCH IS STILL PENDING, B. WILLIAMS WILL RESEND BIO INFORMATION TO COMMITTEE MEMBERS.

NEW BUSINESS – 6<sup>TH</sup> ANNUAL GULLAH FOOD FESTIVAL – N. HAY (CHAIR) ENTERTAINMENT: STEE AND EAR CANDY - \$2500, GULLAH GEECHEE RING SHOUTERS - \$3,000, VOES - \$1500, Q. SMALLS \$250, CONTRACTS HAVE BEEN RECEIVED HOWEVER, STEE AND EAR CANDY ARE TO SUBMIT AN UPDATED CONTRACT WITH DISCUSSED CHANGES. CHEF B.J. DENNIS OUR SPECIAL GUEST WILL DO COOKING DEMO, THE V. CHAIR ASKED WAS HE A PAID GUEST? I MALIK ASKED WHAT IS THE FEE? THE CHAIR STATED SHE HASN'T RECEIVED HIS FEE YET; HOWEVER, HE WILL BE PREPARING A DISH AND WE WOULD SUPPLY THE FOOD ITEMS, I WILL TRY TO GET THE FEE NAILED DOWN THIS WEEK. STILL WAITING TO HEAR BACK FROM KERI OLIVETTI IN REGARDS TO IF THE CHAMBER IS GOING TO FOOT THE BILL, HOWEVER WE ARE ON HER CALENDAR SO WE SHOULD HAVE COVERAGE FOR THAT. THE UPDATING OF OUR MISSION AND VISION STATEMENTS COMMITTEE WILL BE HEADED BY B. COHEN, ALONG WITH SHAWNTA COHEN AND I. MALIK. THE V. CHAIR ASKED ARE WE TYING DOWN SOMEONE TO DO THE MARKETING? AND HOW ARE WE COLLECTING NUMBERS OF PEOPLE ATTENDING OUR EVENTS? ON BOTH ATAX APPLICATIONS, THEY ARE ASKING FOR THE NUMBER THAT ATTEND OUR EVENTS. FOR THE APPLICATION DUE ON 9/2 WE NEED A SENSE OF THE NUMBERS. THE WRIST BANDS HAVE BEEN USED FOR A COUNT SHARED I. MALIK. HAS NATASHIA BEEN ASKED TO SUBMIT OUR APPLICATIONS? IT WAS AGREED BY MEMBERS PRESENT THAT WE ASK NATASHIA AIKEN TO SUBMIT OUR HHI ATAX AND BEAUFORT COUNTY ATAX APPLICATIONS. THE BOARD VOTED UNANIMOUSLY TO APPLY FOR THE TOWN OF HILTON HEAD ISLAND ATAX AND SUBMIT THE APPLICATION ON SEPTEMBER 2, 2022.

DIRECTORS REPORT – L. COHEN –IT WAS A BUSY JULY, SEEING VISITORS REGULARLY AND A WEEK OF CAMP. THE EXPERIENCE THAT WAS PROVIDED FOR THE KIDS WAS WONDERFUL, HATS OFF TO LINDA AND HER TEAM. TO HAVE THE CHILDREN WALK OVER TO JAMILIAH'S HERB GARDEN AND HER POINTING OUT ALONG THE ROAD DIFFERENT HERBS, THE QUILTING, THE KWANZAA PRESENTATION, THE ECONOMIC EDUCATION, DRUMMING, AND THE FISHING THE CHILDREN HAD A REAL HANDS-ON EXPERIENCE. IT WAS A PRICELESS EXPERIENCE THE KIDS RECEIVED; I HOPE WE CONTINUE TO EXTEND THAT TYPE OF EXPERIENCE FOR THE CHILDREN. WE HAD 83 GUEST IN JULY, I'VE BEEN ENCOURAGING OUR GUEST TO FIND OUT MORE ABOUT THEIR FAMILY. THE DIRECTOR ASKED IF OFF SITE PRESENTATIONS COULD COUNT TOWARDS OUR ATAX NUMBER NOW? THE V. CHAIR ANSWERED YES, THEY WANT TO HOW MANY PEOPLE ARE REACHED. THE V. CHAIR ASKED WHEN THE DIRECTOR IS ASKED TO MAKE PRESENTATIONS AWAY FROM THE MUSEUM, IS THE MUSEUM BEING COMPENSATED OR THE DIRECTOR? THE DIRECTOR IS COMPENSATED.

RENOVATION COMMITTEE – M. CHRISTOPHER – TILLER UPDATE; WE ARE ON SCHEDULE FOR OUR VARIANCE REVIEW ON AUGUST 22<sup>nd</sup>, KATHLEEN SENT LETTERS TO ALL PROPERTY OWNERS WITHIN 350FT OF THE SITE, THIS WILL BE AN ADDITIONAL CHARGE. WITH THE APPROVAL OF THE VARIANCE, WE ARE SET TO MOVE FORWARD WITH THE CONSTRUCTION OF THE TWO OUTHOUSES. I'VE CONTACTED MIKE OF GRACELAND AND SENT HIM THE PLAN AND ASKED HIM FOR AN ESTIMATE OF WHAT IT WOULD COST TO CONSTRUCT. ALSO, MATERIALS WERE SUPPOSE TO BE DONATED FOR ONE OUTHOUSE BUT HAVE NO IDEA OF WHO THE SUPPLIER WAS; THE CHAIR SAID SHE BELIEVE IT WAS GRAYCO, HE SAID HE WOULD REACH OUT TO THEM. SAV. RESTORATION IS APPLYING FOR THEIR PERMIT ON TOMORROW, ONCE THEY APPLY FOR THEIR BUSINESS LICENSE THRU THE TOWN, THEY SHOULD BE ABLE TO GIVE US A START DATE.

BUDGET COMMITTEE – V. CHAIR M. HOLLIS- LOOKING AT THE TOWN ATAX OF \$125,000 BROKEN OUT IN 3 CATOGORIES, CAT. 1 MARKETING \$93,750; CAT. 2 EVENTS \$25,000 CAT. 3 FACILITIES \$6,250 WHICH HAS BEEN SPENT. WE'VE SUBMITTED 2 INVOICES TOTALLING \$16,770.60. OUR BAL IN CAT 1 IS \$76,530 EXPENDING \$8,000 (MARKETING) AND CAT 2 BAL \$8,770 EXPENDING \$8,000 (EVENTS). THE RECOMMENDATION IS THAT WE HAVE A SIGNIFICANT EVENT IN DECEMBER, PERHAPS A CHRISTMAS GALA WITH EMPHASIS ON LIFE ON THE ISLAND BEFORE 1960. I'VE TALKED WITH 4 COMPANIES HERE IN REFERENCE TO MARKETING; I RECEIVED A LIST OF 6 COMPANIES FROM THE DIRECTOR OF CULTURAL AFFAIRS, I DISCUSSED WITH HER WHAT WE MIGHT WANT TO DO AT THE MUSEUM AND I WANT TO TOUCH BASES WITH THEM. MY INTENTION IS TO ENTER IN A CONTRACT FOR A YEAR, THE MONEY WILL BE COMMITTED, I WILL GIVE A RECOMMENDATION AFTER MY CONVERSATION WITH THE COMPANIES. IF WE ONLY HAVE THE OCTOBER EVENT, WE WILL END UP GIVING BACK \$75,000 IN MARKETING AND \$9,000 FOR EVENTS AND THAT'S NOT THE POSTURE WE WANT TO BE IN. THE ATAX DUE DATES ARE SEPTEMBER 2<sup>ND</sup> & 30<sup>TH</sup>, AND WE NEED TO THINK ABOUT WHAT WE WILL BE APPLYING FOR, THE ISSUE OF OUR INVENTORY, WE HAVE OVER 315 ITEMS LISTED, HOWEVER NO INVENTORY OF THE ART & ARTIFACTS ARE CATALOGUED AND TAKING PICTURES OF THE ITEMS WOULD BE THE BEST WAY TO HANDLE THAT. THERE WAS DISCUSSION OF MOVING ITEMS FROM DIRECTORS' HOUSE AND STORING THEM IN AN AIR-CONDITIONED AREA. THE V. CHAIR HAS 2 PLACES HE WILL BE CHECKING OUT FOR TEMPORARY STORAGE SPACE (1) USCB ON HILTON HEAD HAS STORAGE AND (2) PALMETTO ELECTRIC. THE ITEMS FROM THE MIGRANT HOUSES COULD BE PLACED IN A POD. THERE WAS DISCUSSION ABOUT TEMPORARY DISPLAYING OF SOME OF OUR ARTIFACTS.

TREASURER'S REPORT – I. MALIK – BAL IN OPERATNG ACCT \$54,291.11; SBA ACCT \$13,577.51; RESTRICTED ACCT \$15,376; AND RENOVATION ACCT \$9,534.29. THE V. CHAIR SAID HE WILL SEND A FORMULA TO THE BOARD FOR PAYMENT OF GRANT WRITING.

PRESIDENT'S UPDATE – N. HAY – Y. MCKINNEY IS IN CHARGE OF VOLUNTEERS FOR UCOMING EVENT, SHE SHARED THAT SHE HAS MADE CONTACT WITH GALEN MILLER AND WOULD LIKE TO PROVIDE HIM WITH A LIST OF OUR EVENTS, HOWEVER HIS GROUP CAN ASSIST WITH REGISTRATION AND HE PARTNERS WITH L.J. BUSH WHOSE GROUP OF YOUNG MEN CAN ASSIST WITH SETTING UP AND BREAKING DOWN AT THE EVENT; ALSO REACHED OUT TO THE BOYSCOUTS AND IS WAITING A CALL BACK FROM THEM. THERE WAS DISCSSION ON ADDITIONAL ITEMS WE COULD SELL I.E., SWEAT SHIRTS, BALL CAPS, GULLAH COOK BOOK, AND THE BOOK GULLAH DAYS, TOTES WITH THE MUSEUM'S LOGO AND REPRODUCTION OF ART PANELS ON BAGS, T SHIRTS ETC. THE DIRECTOR STATED THAT IN ORDERING ADDITIONAL MERCHANDISE WE MUST CONSIDER STORING THESE ITEMS. THERE WAS DISCUSSION ON THE USE OF BILL BOARDS AND DIGITAL BILL BOARDS. THE V. CHAIR REMINDED US THAT

HE IS SPEAKING WITH PEOPLE IN MARKETING TO DEVELOP A FULL MARKETING PLAN AND HE WILL BRING HIS FINDINGS BACK TO THE BOARD. AFTER A FEW MORE DISCUSSIONS MEETING WAS ADJOURNED.

SUBMITTED BY,

SISTUH BRENDA H. WILLIAMS, SECRETARY



**Visitor Survey**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

How did you hear about the event? \_\_\_\_\_

Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ Church \_\_\_\_\_ Social media \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_



**Visitor Survey**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

How did you hear about the event? \_\_\_\_\_

Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ Church \_\_\_\_\_ Social media \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

**2023 Budget**  
**Gullah Museum**

**Income**

HHI ATAX	\$150,000.00
Beaufort ATAX	50,000.00
Donations	12,000.00
Breedlove Grant	10,000.00
Merchandise Sales	10,000.00
Presentations	10,000.00
Admission	8,000.00
<b>Total Income</b>	<b>250,000.00</b>

**Expenditures**

Marketing	\$50,000.00	
Operations	50,000.00	
Events	25,000.00	
Summer School	12,000.00	
Professional Svcs	15,000.00	
Merchandise Purchase	8,000.00	
Renovation	27,000.00	migrant houses
	20,000.00	Trailer
Site Upgrade	15,000.00	office
	10,000.00	fence
	18,000.00	toilet
<b>Total renovation and upgrade</b>	<b>90,000.00</b>	
<b>Total expenditures</b>	<b>250,000.00</b>	

**Gullah Museum of Hilton Head Island, Inc.**  
**Statement of Financial Position**  
**JULY 31, 2022**

**ASSETS**

Current Assets - Cash

Operating Account	60,248.90
Restricted Account	15,376.00
Capital Account-Renovations	9,534.29
SVOG Program Grant Account-SBA	13,577.51

<b>Total Current Assets -Cash</b>	<b>\$ 98,736.70</b>
-----------------------------------	---------------------

**Fixed Assets**

Gullah Artifacts	150,000.00
------------------	------------

<b>Total Fixed Assets</b>	<b>\$ 150,000.00</b>
---------------------------	----------------------

<b>TOTAL ASSETS</b>	<b>\$ 248,736.70</b>
---------------------	----------------------

**LIABILITIES AND NET ASSETS**

**Liabilities**

<b>Total Liabilities</b>	0.00
--------------------------	------

**Net Assets**

Restricted Net Assets	98,736.70
Unrestricted Net Assets	190,334.94
Net Revenue (Loss)	(40,334.94)

<b>Total Net Assets</b>	<b>\$ 248,736.70</b>
-------------------------	----------------------

<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 248,736.70</b>
---	----------------------

**Gullah Museum of Hilton Head Island, Inc.**  
**Statement of Financial Position**  
**As of December 31, 2021**

**ASSETS**

Current Assets - Cash	
Operating Account	39,594.08
Restricted Account	12,850.00
Capital Account	23,034.29
SVOG Program Grant Account	62,265.01

**Total Current Assets -Cash** \$ 137,743.38

**Fixed Assets**

Gullah Artifacts	150,000.00
------------------	------------

**Total Fixed Assets** \$ 150,000.00

**TOTAL ASSETS** \$ 287,743.38

**LIABILITIES AND NET ASSETS**

**Liabilities**

**Total Liabilities** 0.00

**Net Assets**

Restricted Net Assets	98,149.30
-----------------------	-----------

Unrestricted Net Assets	99,847.25
-------------------------	-----------

Net Revenue	89,746.83
-------------	-----------

**Total Net Assets** \$ 287,743.38

**TOTAL LIABILITIES AND NET ASSETS** \$ 287,743.38

**Gullah Museum of Hilton Head ISLAND, INC.**  
**Statement of Financial Position**  
**December 31, 2020**

**ASSETS**

**Current Assets**

Bank Accounts	
Operating	1,746.04
Restricted Account	10,850.80
Capital Improvement	23,034.29
Petty Cash	300.00
<b>Total Current Assets</b>	<b>35,931.13</b>

**Non-Current Assets**

Gullah Musuem Artifacts	150,000.00
-------------------------	------------

**TOTAL ASSETS**

**\$ 185,931.13**

**LIABILITIES AND NET ASSETS**

**Liabilities**

<b>Total Liabilities</b>	<b>0.00</b>
--------------------------	-------------

**Net Assets**

Unrestricted Net Assets	143,731.35
*Restricted Net Assets	33,885.09
Net Revenue	8,314.69

**Total Net Assets**

**\$ 185,931.13**

**TOTAL LIABILITIES AND NET ASSETS**

**\$ 185,931.13**

\*Restricted Net Assets are grants received for Summer Camp Program and Capital Improvements to the Museum property



**Gullah Museum of Hilton Head**  
**Statement of Activities**  
**JULY 2022**

**Revenue**

Donations	\$417.00
Admission Fees	\$1,195.25
Presentation	1,710.00
Merchandise Sales	673.00
Town of Hilton Head ATX Grant	12,927.51
Vendor Fees	900.00
Interest Income	4.47

**Total Revenue** \$ 17,827.23

**Expenditures**

Advertising	803.32
Business Registration	250.00
Family & Friends Event	3,040.99
Professional Fees	200.00
Marketing	3,125.64
Memorabilia Expenses	2,695.34
Payroll Expenses	1,414.94
Renovations	27,000.00
Repairs and Maintenance	1,130.68
Insurance	411.20
Storage Shed	2,438.81
Summer Camp	6,495.00
Utilities	39.09

**Total Expenditures** \$ 49,045.01

**Net Revenue (Loss)** (\$31,217.78)

**Gullah Museum of Hilton Head**  
**Statement of Activities**  
**January - July 2022**

**Revenue**

Donations	6,624.61
Breedlove Foundation Grant	10,000.00
Town of Hilton Head Island ATAX Grant	12,927.51
Gullah Presentations	7,365.54
Even Ticket Sales	2,832.68
Admission Fees	5,225.25
Merchandise Sales	5,393.27
Membership Dues	625.00
Vendor Fees	1,950.00
Town of HHI ATAX Grant	12,216.37
Interest Income	18.16

<b>Total Revenue</b>	<b>\$ 65,178.39</b>
----------------------	---------------------

**Expenditures**

Advertising/Promotional	5,871.90
Professional Fees	6,137.50
Charitable Donations	200.00
Friends and Family Event	5,694.35
Marketing Consultant	9,127.64
Event Entertainment	925.00
Event Food/Supplies	5,192.07
Insurance	947.52
Payroll Expenses	9,946.52
Memorabilia Expenses	3,264.53
Office Expenses	793.33
Property Renovations, Repairs and Maintenance	42,609.38
Rental - Storage Unit	450.00
Storage Shed	5,438.81
Summer Camp	7,045.00
Taxes	1,155.04
Telephone, Telecommunications	377.95
Utilities	265.34
Website and Internet	71.45

<b>Total Expenditures</b>	<b>\$ 105,513.33</b>
---------------------------	----------------------

<b>Net Revenue (Loss)</b>	<b>(\$40,334.94)</b>
---------------------------	----------------------

**Gullah Museum of Hilton Head Island, Inc.**  
**Statement of Financial Position**  
**JULY 31, 2022**

**ASSETS**

Current Assets - Cash

Operating Account	60,248.90
Restricted Account	15,376.00
Capital Account-Renovations	9,534.29
SVOG Program Grant Account-SBA	13,577.51

<b>Total Current Assets -Cash</b>	<b>\$ 98,736.70</b>
-----------------------------------	---------------------

**Fixed Assets**

Gullah Artifacts	150,000.00
------------------	------------

<b>Total Fixed Assets</b>	<b>\$ 150,000.00</b>
---------------------------	----------------------

<b>TOTAL ASSETS</b>	<b>\$ 248,736.70</b>
---------------------	----------------------

**LIABILITIES AND NET ASSETS**

**Liabilities**

<b>Total Liabilities</b>	0.00
--------------------------	------

**Net Assets**

Restricted Net Assets	98,736.70
Unrestricted Net Assets	190,334.94
Net Revenue (Loss)	(40,334.94)

<b>Total Net Assets</b>	<b>\$ 248,736.70</b>
-------------------------	----------------------

<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 248,736.70</b>
---	----------------------

**Gullah Museum of Hilton Head Island, Inc.**  
**Statement of Activities**  
**December 2021**

**Revenue**

Donations	300.00
Gullah Presentations	1,620.00
Merchandise Sales	190.00
Town of HHI ATAX Grant	10,428.92
Interest Income	1.74
<b>Total Revenue</b>	<b>\$ 12,540.66</b>

**Expenditures**

Advertising/Promotions	3,500.00
Accounting	150.00
Charitable Donations	500.00
Meeting, Conventions/Entertainment	1,236.30
Grant Wrting	2,298.00
Payroll Expnses	2,134.16
Merchandise Expenses	870.00
Utilities	38.73
Postages	34.80
Repairs and Maintenance	1,004.57
Rental - Storage Unit	75.00
Website and Internet	34.32
<b>Total Expenditures</b>	<b>\$ 11,875.88</b>
<b>Net Revenue (Loss)</b>	<b>\$ 664.78</b>

**Gullah Museum of Hilton Head Island, Inc.**  
**Statement of Activities**  
**January - December 2021**

**Revenue**

Donations	6,452.62
Gullah Presentations	12,040.79
Hilton Head Island ATAX Grant	18,834.87
Food Festival	5,150.00
Merchandise Sales	8,172.94
Breedlove Foundation	12,000.00
SC CARES Grant	45,576.50
SVOG Program Grant	68,943.83
Interest Income	28.17

**Total Revenue**

**\$ 177,199.72**

**Expenditures**

Advertising/Promotional	12,752.12
Accounting Fees	2,900.00
Fundraising Fees	2,276.30
Donation/Membership	875.00
Electricity	272.40
Equipment Purchase	2,145.63
Food Festival	1,262.13
Insurance	1,502.43
Property Repairs and Maint.	17,137.99
Real Estate, Prop Tax	735.00
Grant Writing Expenses	6,598.00
Meetings, Conventions/Entertainment	1,236.30
Marketing Consultant.	5,752.00
Merchandise Purchase	5,819.37
Office Equipment	853.86
Office Expense	1,194.30
Payroll Expenses	9,501.32
Printing and Copying	724.11
Supplies	467.42
Telephone, Telecommunications	307.04
Rental - Storage Unit	900.00
Summer Camp	8,588.87
Website and Internet	3,435.50
Misc.	215.80

**Total Expenditures**

**\$ 87,452.89**

**Net Revenue**

**\$ 89,746.83**

**Gullah Museum of Hilton Head Island, Inc.**  
**Statement of Activity**  
**January - December 2020**

<b>Revenue</b>	
Back in the Day Movie	220.00
Breedlove Foundation Grant	20,000.00
Direct Public Grants	1,500.00
Donations	8,503.01
Gala - 2020	8,362.97
Hilton Head Island ATAX Grant	12,028.36
Interest Income	4.72
Membership Dues	345.00
Merchandise Sales	290.00
Gullah Heritage Trail Tours	4,647.29
Gullah Museum Tour Fees	1,929.34
<b>Total Revenue</b>	<b>\$ 57,830.69</b>
<b>Expenditures</b>	
Advertising/Promotional	10,996.28
Bank Service Charge	20.00
Business Expenses	695.00
Church Music Concert Expenses	245.82
Contract Services	2,585.00
Electricity	224.29
Executive Director	3,000.00
Facilities and Equipment	16,693.43
Marketing Consultant	5,102.00
Memorial Day Celebration Expenses	80.00
Musical Expense	334.50
Operations	1,090.26
Other Types of Expenses	541.60
Rag Quilting	300.00
Rental - Storage Unit	2,265.00
Special Events - Expenses- Gala	4,746.27
Website and Internet	596.55
<b>Total Expenditures</b>	<b>\$ 49,516.00</b>
<b>Net Revenue</b>	<b>\$ 8,314.69</b>

**Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning** , 2021, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Gullah Museum of Hilton Head Island, Inc.		<b>D</b> Employer identification number 42-1603322
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number 8436836401
	3 Farmers Club Rd. City or town, state or province, country, and ZIP or foreign postal code Hilton Head Island, SC 29926		<b>F</b> Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ [www.gullahmuseumofhhi.org](http://www.gullahmuseumofhhi.org)

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

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

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

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

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

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

**Part II Balance Sheets** (see the instructions for Part II)

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

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

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

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

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

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

<b>28</b> The Gullah Oyster Roast is an event that showcases the Gullah Culture. At the event food and events depicting the Gullah Culture years are help. More than 1500 people attend the event. (Grants \$ 12,450. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	12,950.
<b>29</b> Restoration of the Gullah House This house shows how the Gullah People lived years ago. During the year, bus tours, and bicycle tours results in more than 2,000 people attending this event (Grants \$ 20,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	17,138.
<b>30</b> Gullah Summer Camp - This is a program that teaches young people about the Gullah Culture. About 25-50 youths participate in Gullah Story telling, food preparation and other aspects of the Gullah Culture. (Grants \$ 10,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	8,589.
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	38,677.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

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

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



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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
41	List the states with which a copy of this return is filed ▶ SC		
42a	The organization's books are in care of ▶ Ibrahim Abdul-Malik Telephone no. ▶ (843) 683-6401 Located at ▶ 131 Squire Pope Road, Hilton Head Island SC ZIP + 4 ▶ 29926		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .		X

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Sign Here</b>	Signature of officer Nell B Hay, Chairman	Date 05/13/2022
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name James Mitchell, Jr.	Preparer's signature <i>James Mitchell, Jr.</i>	Date 05/13/2022	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01874885
	Firm's name ▶ JM Financial Services	Firm's EIN ▶ 45-4908239		Phone no. (843) 683-0040	
	Firm's address ▶ 268 Applewood Drive, Rochester, NY 14612				

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

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

Description	Amount
Advertising/Promotional	24,324.
Property Repairs and Maintenance	17,138.
Summer Camp	8,589.
Equipment Purchase	2,146.
Food Festival	1,262.
Insurance	1,502.
Office Expenses	3,752.
Donations	875.
Property Taxes	735.
Rental- Storage Unit	900.
Website and Internet	3,436.
<b>Total</b>	<b>64,659.</b>

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **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)						
<b>Total</b>						

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

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

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					158,261.	158,261.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .					13,323.	13,323.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .					171,584.	171,584.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						171,584.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .					171,584.	171,584.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .					28.	28.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .					28.	28.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .					171,612.	171,612.
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	99.98 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.02 %
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 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 . . . . . ▶

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

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

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)( 3 ) (enter number) organization [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [ ] 527 political organization Form 990-PF [ ] 501(c)(3) exempt private foundation [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation [ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test... [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

Name of organization Gullah Museum of Hilton Head Island, Inc.	Employer identification number 42-1603322
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Town of Hilton Head Island One Town Center Square Hilton Head Island SC 29928	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Breedlove Foundation 528 Patterson RD. Hendersonville NC 28739	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SC Cares Grant P. O. Box 12903 Columbia SC 29211	\$ 45,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SVOG 409 Third Steet Washington DC 20416	\$ 68,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2021**

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Gullah Museum of Hilton Head Island, Inc.

42-1603322

Pt I, Line 16:

Description: Advertising/Promotional \$24,324

Description: Property Repairs and Maintenance \$17,138

Description: Summer Camp \$8,589

Description: Equipment Purchase \$2,146

Description: Food Festival \$1,262

Description: Insurance \$1,502

Description: Office Expenses \$3,752

Description: Donations \$875

Description: Property Taxes \$735

Description: Rental- Storage Unit \$900

Description: Website and Internet \$3,436

Pt II, Line 24:

Description: Gullah Museum Historical Artifacts used by Gullah People Beginning of Year: \$150,000 End of Year: \$150,000

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Gullah Museum of Hilton Head Island, Inc.</b>	<b>D</b> Employer identification number <b>42-1603322</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3 Farmers Blub Road</b>	<b>E</b> Telephone number <b>(843) 298-2395</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Hilton Head Island, SC 29926</b>	<b>F</b> Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ [www.gullahmuseumhhi.org](http://www.gullahmuseumhhi.org)

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

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

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

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

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>						<b>48,609</b>
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>						<b>8,873</b>
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>						<b>345</b>
	<b>4</b>	Investment income . . . . .	<b>4</b>						<b>4</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>			<b>0</b>			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>			<b>0</b>			
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>						<b>0</b>
	<b>6</b>	Gaming and fundraising events:							
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>			<b>0</b>			
	<b>b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>			<b>0</b>			
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>			<b>0</b>				
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>						<b>0</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>			<b>0</b>				
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>			<b>0</b>				
<b>c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>						<b>0</b>	
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>						<b>0</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>						<b>57,831</b>	
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>						<b>0</b>
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>						<b>0</b>
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>						<b>0</b>
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>						<b>13,688</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>						<b>16,182</b>
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>						<b>1,090</b>
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>						<b>18,557</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>						<b>49,517</b>	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>						<b>8,314</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>						<b>27,617</b>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>						<b>150,000</b>
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>						<b>185,931</b>

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	27,617	<b>22</b> 35,931
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b> 150,000
<b>25</b> <b>Total assets</b> . . . . .	27,617	<b>25</b> 185,931
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b> 0
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	27,617	<b>27</b> 185,931

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? Preserve, Protect and Promote the Gullah Culture

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

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

<b>28</b> The Gullah Gala is an event that is held each year to showcase members of the Gullah Community, past and present, who have made major contributions toward preserving the Gullah Culture. More than 500 people attended this event Which was held in January 2020 before the Pandemic. (Grants \$ 12,000) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	12,948
<b>29</b> Restoration of the Gullah House. During the year, Gullah Trail Tours and Bicycle Tours result in more than 2000 tourist viewing the Gullah house. This year, due to the Pandemic, there were no tours. However, the organization is utilizing grants to restore the house that have become delapidated. (Grants \$ 20,000) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	18,693
<b>30</b> _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	31,641

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Louise Miller Cohen Executive Director	35	6,000	0	0
Nell B. Hay Chairman of the Board Directors	20	0	0	0
Ibrahim Abdul-Malik Treasurer	20	0	0	0
Brenda Williams Secretary	15	0	0	0
Murray Christopher Director	5	0	0	0
Shawanta Cohen Director	5	0	0	0
Yolawnda Cohen-Mckinney Diirector	5	0	0	0
Linda Ferguson Director	5	0	0	0
Meldon S. Hollis Director	5	0	0	0
Natashia Aiken Director	5	0	0	0
Bridget Cohen Director	5	0	0	0

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

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		✓
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
<b>b</b>	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed ▶ <b>South Carolina</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>Ibrahim Abdul-Malik</b> Telephone no. ▶ <b>(843) 683-6401</b> Located at ▶ <b>131 Squire Pope Road, Hilton Head Island, SC</b> ZIP + 4 ▶ <b>29926</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
			✓
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____		✓
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		✓
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .		✓

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

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

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

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . [ ]

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 47 Yes No [check]

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48 Yes No [check]

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a Yes No [check]

b If "Yes," was the related organization a section 527 organization? . . . . . 49b Yes No [ ]

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000 . . . . . [ ]

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

d Total number of other independent contractors each receiving over \$100,000 . . . . . [ ]

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . . [check] Yes [ ] No

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

Sign Here Signature of officer: Ibrahim Abdul-Malik, Treasurer. Date: 6.3.2021

Paid Preparer Use Only Print/Type preparer's name: James Mitchell, Jr. Preparer's signature: [Signature] Date: 5/29/21 Check [check] if self-employed PTIN: P01874885 Firm's name: JM Dinancial Services, Inc. Firm's EIN: 45-4908239 Firm's address: P. O. Box 16042, Rochester, NY 14616 Phone no.: 843-683-0040

May the IRS discuss this return with the preparer shown above? See instructions . . . . . [check] Yes [ ] No

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

<b>Name of the organization</b> Gullah Museum of Hilton Head Island, Inc.	<b>Employer identification number</b> 42-1603322
--	---

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51313	44949	67249	78378	48954	290843
<b>2</b> 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 . . . .	19483	24809	30277	32406	8873	115798
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .	70796	69758	97526	110784	57827	406641
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						406641

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .	7	5	8	11	4	35
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .	7	5	8	11	4	35
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	70803	69763	97534	110795	57831	406676
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	99.9 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . .	<b>16</b>	99.9 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	.01 %
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 . . . .	<b>18</b>	.01 %

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



# Schedule of Contributors

**2020**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization Gullah Museum of Hilton Head Island, Inc.	Employer identification number 42-1603322
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Town of Hilton Head Island ----- 1 Town Center Court ----- Hilton Head Island, SC 29926 -----	\$ 12028	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Breedlove Foundation ----- P. O. Box 785 ----- Bluffton, SC 29910 -----	\$ 20000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Gullah Museum of Hilton Head Island, Inc.	Employer identification number 42-1603322
---	--

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	NONE ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

**Short Form**

**Return of Organization Exempt From Income Tax**

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

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning** 2019, and ending 20

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

**C** Name of organization: Gullah Museum of Hilton Head, Inc.

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

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

**D** Employer identification number  
42-1603322

**E** Telephone number  
843-681-3254

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ \_\_\_\_\_

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

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

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

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	78,378
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	30,760
	<b>3</b> Membership dues and assessments	<b>3</b>	1,646
	<b>4</b> Investment income	<b>4</b>	11
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	0
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	0
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	0	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	0	
<b>b</b> Less: cost of goods sold	<b>7b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	0	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	110,795	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	0
	<b>11</b> Benefits paid to or for members	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	0
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	24,900
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	10,485
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	2,022
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	62,046
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	99,453	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	11,342
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	16,275
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	27,617

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	16,275	27,617
<b>23</b> Land and buildings . . . . .	0	0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	0
<b>25</b> <b>Total assets</b> . . . . .	16,275	27,617
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	0	0
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	16,275	27,617

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

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

What is the organization's primary exempt purpose? Preserve, Protect and Promote the Gullah Culture

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

<b>28</b> <u>The Gullah Museum Festival is held in October each year. The festival features, Food, Arts and Crafts, story Telling, Folk Dancing and Clothing that explain the Gullah Culture which existed on Hilton Head. The Festival is held to keep the Gullah Culture from dying out. 3000 plus people attend the event.</u> (Grants \$ <u>44,000</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>42,834</b>
<b>29</b> <u>Gullah Museum Gala is an event held during the first of the year. This event recognizes people, living and deceased, who contributed to presering the Gullah Culture. More than 750 People attended</u> (Grants \$ <u>17,000</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>14,619</b>
<b>30</b> <u>The Gullah Museum Summer Camp educates youths in the Beaufort County area about the Gullah Culture .This program, held over a six-week period, gives young people the opportunity to learn, live and experience the different aspects of the Gullah Culture</u> (Grants \$ <u>11,000</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>10,493</b>
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ <u>5,000</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	<b>4,339</b>
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	<b>72,285</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Louise Cohen</u> Executive Director	30	6,000	0	0
<u>Nell B. Hay</u> Chairman	15	0	0	0
<u>Ibrahim Abdul-Malik</u> Treasurer	15	0	0	0
<u>Brenda Williams</u> Secretary	10	0	0	0
<u>Gary A. Carter</u> Director	5	0	0	0
<u>Murray Christoper</u> Director	5	0	0	0
<u>Linda Ferguson</u> Director	5	0	0	0
<u>Natashai Aiken</u> Director	5	0	0	0
<u>Shawanta Cohen</u> Director	5	0	0	0
<u>Meldon Hollis</u> Director	5	0	0	0
<u>Bridget Cohen</u> Director	5	0	0	0
<u>Yolanda McKinnery</u> Director	5	0	0	0

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b	Did the organization file Form 1120-POL for this year? . . . . .		✓
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
40b			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		✓
40e			
41	List the states with which a copy of this return is filed ▶ <b>South Carolina</b>		
42a	The organization's books are in care of ▶ <b>Ibrahim Abdul-Malik</b> Telephone no. ▶ <b>(843) 683-6401</b> Located at ▶ <b>131 Squire Pope Road, Hilton Head Island, SC</b> ZIP + 4 ▶ <b>29926</b>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		✓
42b			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____		✓
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
44b			
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		✓
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .		✓
45b			

		<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>		<input checked="" type="checkbox"/>

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

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

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

		<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>		<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>		<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>		

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

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

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

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

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

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

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

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

<b>Sign Here</b>	Signature of officer	Date
	Ibrahim Abdul-Malik, Treasurer Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	James Mitchell, Jr.				P01874885
	Firm's name ▶ JM Financial Services	Firm's EIN ▶ 45-4908239		Phone no. 843-683-0040	

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**Gullah Museum of Hilton Head, Inc.**

Employer identification number

**421603322**

**Part 1- Expenses - Line 16 Other Expenses**

Advertising	32,217
Insurance	1,673
Membership Dues	370
Summer Camp	6,993
Website	132
Merchandise	2,428
Property Taxes	750
Donations	1,297
Demonstrations	1,200
Office Supplies	934
Events Expenss	14,052
<b>Total Expenses</b>	<b>62,046</b>

**Part III. 31 - Other Program Services**

**The Gullah Museum Oyster Roast is an event that is held to showcase the importance of the ocean and creek as a source of food for**

**The Gullah People. More than 1000 people attended the event.**



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

<b>Name of the organization</b> Gullah Museum of Hilton Head, Inc.	<b>Employer identification number</b> 42-1603322
---	---

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

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

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

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

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 99.9%. Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16 99.9%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 .001%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18 .001%.

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

**Schedule of Contributors**

**2019**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>Gullah Museum of Hilton Head, Inc.</b>	Employer identification number <b>42-1603322</b>
---	---

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
  - 501(c)( 3 ) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization
- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization	Employer identification number
----------------------	--------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Town of Hilton Head Island ----- 1 Town Center Court ----- Hilton Head Island, SC 29928 -----	\$ 35,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Women of Hilton Head Caring Hand ----- 12 Warbler Lane ----- Hilton Head Island, SC 29926 -----	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Beaufort County ----- 100 Ribaut Road ----- Beaufort, SC 29902 -----	\$ 13,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Breedlove Foundation ----- P. O. Box 785 ----- Bluffton, SC 29910 -----	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

DEPARTMENT OF THE TREASURY

Date: AUG 05 2004

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

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

Dear Applicant:

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

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

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

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

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

Letter 1045 (DO/CG)