

2023 Accommodations Tax Funds Request Application

Organization Name: Mitchelville Preservation Project

Project/Event Name: Accommodations Tax Grant Application

Executive Summary

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

2023 Accommodations Tax Funds Request Application

Date Received: 09/02/2022

Time Received: 01:28 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: Mitchelville Preservation Project

Project/Event Name: Accommodations Tax Grant Application

Contact Name: Ahmad Ward

Title: Executive Director

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

Email Address:

award@exploremitchelville.org

Contact Phone: 843-255-7301

Event Date: Various dates

Event Location: Historic Mitchelville
Freedom Park / Locations TBD

Total Budget: \$926,500.00

Grant Requested: \$185,000.00

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

Funding would be used to: promote Mitchelville Master Plan to the national public, provide outreach to visitors / tourists, develop / distribute updated print marketing offerings and purchase strategic marketing management services. HMFP will market and promote: 1) "Finding Freedom's Home" Mitchelville exhibit at the Westin HHI Resort and Spa, 2) Promotion of Historic Mitchelville Freedom Park's future 3) 2022 Blues and BBQ, 4) 2023 Juneteenth Celebration, 5) "Dawn of Freedom" "Roots of Reconstruction" Tours in Historic Mitchelville, 6) Mitchelville Anniversary

Forum and 7) Branding effort of HMFP. Funds would also support event transportation and for site set-up and preparation.

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

As the presence of Mitchelville grows, it draws larger audiences to the Island to partake in the once hidden history of Hilton Head. The response to events presented by HMFP over the past four years, gives the organization evidence that the story of Mitchelville will continue to appeal to this market on a much greater level as the presence increases. Our presentation of Historic Mitchelville through signature events, exhibits and conferences brings in special interest groups and organizations, e.g., enthusiasts of Civil War, Reconstruction, SC history, genealogy, Gullah-Geechee culture and more. This impact is measured through program evaluations and surveys.

A. Total Number of Physical Tourists Served: 26,449

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

B. Total Number of Physical Visitors Served: 14,322

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: 11,335

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): 52,106

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

Historic Mitchelville Freedom Park uses a variety of methods to calculate visitors and tourists for programs and events. HMFP employs a visitor survey tool for in-person events, to capture reasons for attending and personal information to track where people are visiting. Fortunately, HMFP was able to present most of its programming in person after the previous two years were hampered because of the Covid-19 pandemic. The organization continued to provide its Griot's Corner literacy program online, as well as the important national Juneteenth virtual partnership. Virtual programming is calculated by views and other social media analytics.

The Holiday Nights and Lights continues to be a key event for HMFP with **3,400** people in attendance over a three-day period with **1,800** tourists participating according to the donation cards passed out at the entrance and collected at the exit. The States represented in the data were: **Florida, Georgia, Louisiana, New York, North Carolina, Ohio, Pennsylvania and Tennessee.**

The Freedom Day program that looked at the importance of health and wellness had **300** people in attendance.

The Blues and BBQ program in the Park had **350** participants.

HMFP welcomed **1,346** people back to the Park for the annual Juneteenth celebration at the Park on June 18th. The states represented at the Juneteenth Event were **Alabama, Florida, Georgia, Kentucky, Michigan, New York, New Jersey, North Carolina, Ohio, Pennsylvania, and Virginia.** There was an accompanying sleepover in the Park on the 16th with Joseph McGill from the Slave Dwelling Project. The virtual Juneteenth program was a collaboration with other African American museums from across the country: August Wilson Center for African American Culture - Pittsburgh, Pennsylvania; The Harvey Gantt Center for African American Arts + Culture - Charlotte, North Carolina; The Charles H. Wright Museum of African American History - Detroit, Michigan; National Civil Rights Museum - Memphis, Tennessee; National Underground Railroad Freedom Center - Cincinnati, Ohio; Northwest African American Museum - Seattle, Washington; California African American Museum - Los Angeles, California and the America's Black

Holocaust Museum - Milwaukee Wisconsin. The Virtual program had **32,593** viewers over the YouTube, Facebook and PBS platforms. The decrease in virtual viewership matches what has been seen across the board in digital engagement since the world has “reopened.” However, Amazon’s exposure to their employees increased from **1.3 Million** in 2021 to **1.4 Million** this year.

We moved into the second year of our “QR code stations” partnership with the Town of Hilton Head Island Office of Cultural Affairs. The three stations in the Park highlight the story of Mitchelville, a performance by Marlina Smalls and the Hallelujah Singers and an interpretation of Harriet Tubman by Cora Miller. The three stations have yielded **2,805** scans since January 2022 (over **5,000** total) with tourists ranging from **36** states. Some of the states not commonly recorded at Mitchelville programming include **Arkansas, Colorado, Idaho, Illinois, Missouri, Montana, Oklahoma, Oregon, Texas, Washington** and the commonwealth of **Puerto Rico**. In addition, the codes were scanned by tourists from **Australia, Canada, Germany, Poland, Romania, Uganda, Switzerland and the Ukraine**.

Including the reporting of Finding Freedom's Home exhibition numbers from the Westin Hotel and Spa (**23,000**) our official reach, physical and virtual (counting the Juneteenth numbers for the actual program and not Amazon) totaled **84,699** people with the out of area percentage reaching **70**

B. DESCRIPTION OF OPERATIONS:

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

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

community planted strong and enduring familial roots for generations of future African-Americans.

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

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

The Historic Mitchelville Freedom Park was able to flourish with the world reopening from the pandemic and welcome people back to the Park for events and tours of the property. HMFP is adding key Master Plan elements like the Bateau interpretive panels with more additions coming in the near future. The funds requested from the Town of Hilton Head will enable us to: maintain and expand our outreach offerings in the park and on various digital / online platforms, increase the branding for Historic Mitchelville Freedom Park and

provide unique programming that elevates the Project to levels in alignment to the national museum/ cultural institution field. Most importantly, funding will assist us in reaching out from beyond Hilton Head Island, in a marketing/ public relations effort that shares this unique and incredible story of citizenship, democracy and freedom with the rest of the world.

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

- Purchase strategic marketing management services, Continuation of branding effort for Historic Mitchelville Freedom Park, Creation of promotional materials and branding / promotion of Master plan / upcoming campaign. Specific services would include media relations (e.g., press releases, media pitching, media buying in TV, Print, and Radio) and creation of collateral pieces and displays -\$105,000
- Implementation of key tourism events and programming - \$65,000
- Park site maintenance and event preparation / Liability / Event Insurance - \$15,000

Total \$185,000

Please refer to section B7 for more details about programming.

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

Partial funding would greatly impact HMFP's efforts to maintain the momentum gained over the last six years with programs and outreach. In addition, partial funding would hinder current efforts to solidify HMFP's presence in the Park as we promote the Master Plan and work toward making the proposed cultural attraction a reality. Partial funding would result in cuts to regional markets outreach and the loss of opportunities to 1) increase new visits and 2) maintain repeat visitors and patrons. To account for this loss in funding, HMFP would likely cancel some programming or strategies during the

calendar to maintain functions.

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

HMFP events, such as the Juneteenth Celebration and Holiday Nights and Lights (**4,746 participants in 2022**) continue to reach beyond South Carolina to attract thousands of people from the country to HHI. Mitchelville's prominence in national conferences, programming, programs and publications; invitations to national grant opportunities and the growing scope of the organization places HMFP in position to draw even more people to HHI in 2023. HMFP continues to maintain a high percentage of tourists to the Park site with or without targeted programming. According to the HHI Office of Cultural Affairs' Arts & Economic Prosperity study arts/cultural attendees spent an average of \$52.86 per person, making last year&

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

1 - Destination Advertising/Promotion <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i>	57 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	35 %
3 - Tourism-Related Facilities <i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i>	8 %
4 - Tourism-Related Public Services <i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as</i>	0 %

restrooms, dressing rooms, parks and parking lots.

5 - Tourist Public Transportation 0 %
Tourist shuttle transportation.

6 - Waterfront Erosion/Control/Repair 0 %
Control and repair of waterfront erosion.

7 - Operation of Visitor Information Centers 0 %
Operating visitor information centers.

Total: 100 %

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

HMFP currently works with organizations such as: The Westin Hotel and Spa, The Marriott Barony Beach Club, Hampton Inn, Gullah Heritage Trail Tours, Gullah Geechee Cultural Heritage Corridor Commission, Island Rec, The Arts & Cultural Council of HHI, The Heritage Classic Foundation and Hilton Head Island-Bluffton Chamber of Commerce to attract culturally specific tours to the area.

Specifically, HMFP works with Coastal Discovery Museum and the Hilton Head Land Trust to present the “Roots of Reconstruction tours” which traces the history of Reconstruction and concentrates on the African American historical presence on the Island. HMFP is partnering with the Heritage Library, the Hilton Head Land Trust, the Gullah Museum, and the Historical Black churches of HHI to present “Historic Holidays on Hilton Head Island” which chronicles the history of the Island with Christmas as the prevailing theme.

HMFP cross promotes events and programs with NIBCAA in national publications such as the USA Today and for national conferences like the Association for the Study of African American Life and History. HMFP is working with the Association of African American Museums, the Southeastern Museums Conference and the Association for the Study of African American Life and History to promote the Park as an upcoming cultural attraction as site development takes shape. In

addition, HMFP is working with the National Park Service Reconstruction Monument and the upcoming International African American Museum on program partnerships. HMFP enjoys meaningful relationships with the Smithsonian Institution, specifically, the National Museum of African American History and Culture and the National Museum of American History that will continue to lift the profile of our site. HMFP is engaged with the National Museum of American History to assist them in presenting an important exhibition on Gullah artifacts from the Lowcountry that will go on display at the facility in 2024.

7. Additional comments. (250 words or less)

The requested funds from the TOHH ATAX grant cycle will enable HMFP to develop, implement and promote the following: **“Finding Freedom's Home: Archeology at Mitchelville”** exhibition at the Westin Hilton Head Island Resort and Spa. This collection of artifacts, photographs, letters, and documents continues to serve as our major outreach vehicle to tourists. HMFP will host its eighth annual **Juneteenth Celebration** in Historic Mitchelville Freedom Park, honoring the end of slavery in America in June. This event, featuring stage performances and cultural programming, attracts tourists/visitors throughout the state of South Carolina as well as from Alabama, Georgia, Florida, North Carolina and various Northeastern states. Due to the continued success of the virtual Juneteenth collaboration with African American Museums around the country, that aspect of the celebration will continue. **Blues and BBQ** marks its fifth annual appearance on the HMFP calendar on March 25th. This event, held live in the Park for the first time in 2021, will return to combine two key southern tenets with the themes of freedom and liberty to create a fun “Edutainment” event. **The Mitchelville Anniversary Forum** is a symposium that discusses contemporary issues connected to Mitchelville’s key themes: Freedom, Democracy, Citizenship and Opportunity. **Holiday Nights and Lights** has

established itself as one of HMFP's cornerstone events with **thousands** of people visiting the Park site during the first weekend of December. As HMFP implements its Master Plan for the Park, the **“HMFP” branding effort/project marketing** will continue by adding more promotional materials, collateral pieces, as well as temporary structures and signage in the Park that will improve interpretation for our visitors, collect important demographic information and support docents telling the story of Mitchelville.

C. FUNDING:

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

MPP currently receives funding from the following sources:

- Beaufort County ATAX grant
- Town of Hilton Head ATAX grant
- Individual Gifts and Donations
- Private Sponsorship funds
- Board of Directors' pledges
- Signature Events
-

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

<p>Government Sources</p> <p><u>54%</u></p>	<p>Private Contributions, Donations and Grants</p> <p><u>26%</u></p>
<p>Corporate Support, Sponsors</p> <p>13%</p>	<p>Membership, Dues, Subscriptions</p> <p><u>2%</u></p>

Ticket Sales, or Sales
5% _____ 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.

South Carolina Department of Parks, Recreation, and Tourism Advertising Grant	\$31,000.00
Beaufort County ATAX	\$35,000.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Years Provided:

2023

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

Profit and Loss Years Provided:

2020

2021

2022 Profit and Loss (September 1st)

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

Balance Sheet Years Provided:

2020

2021

2022 Balance sheet through Sept 1

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

IRS Form 990 or 990T Years Provided:

2018

2020

2021

2019

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	\$172,500.00	Mitchelville Preservation Project
2020	\$185,000.00	Historic Mitchelville Freedom Park (Various)
2021	\$185,000.00	Historic Mitchelville Freedom Park (Various)
2022	\$185,000.00	Historic Mitchelville Freedom Park (Various)

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

The Historic Mitchelville Freedom Park received ATAX awards in the amounts of \$185,000 for 2021 and \$185,000 for 2022. The Holiday Tree Lighting ride through boasted **3,400** people over a three day period with **1,800** tourists participating according to the donation cards passed out at the entrance and collected at the exit. The States represented in the data were: **Florida, Georgia, Louisiana, New York, North Carolina, Ohio, Pennsylvania and Tennessee**. The Freedom Day program that looked at the importance of health and wellness had **300** people in attendance. HMFP welcomed **1,346** people to the seventh annual Juneteenth celebration on June 18th. The states represented during Juneteenth: **Alabama, Florida, Georgia, Kentucky, New York, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee and Virginia**. The virtual Juneteenth program was a collaboration with African American museums from across the country in **California, Louisiana, North Carolina, Michigan, Ohio, Pennsylvania, Tennessee, Washington and Wisconsin**. The HMFP QR code stations yielded **2,805** scans with tourists ranging from over 36 states including: **Arkansas, Colorado, Idaho, Illinois, Missouri, Montana, Oklahoma, Oregon, Texas, Washington and West Virginia**.

3. What impact did this have on the success of the organization/event and

how did it benefit the community? (200 words or less)

Funding enabled us to get back into the Park for our Juneteenth celebration and increase our reach by **49%**. The growth of the Juneteenth event has exposed more people in the region to the holiday and expanding our scope. Funds also helped to grow our Holiday Nights and Lights event by 36% and extended the reach of the event to **700** miles (Philadelphia, PA) "Dawn of Freedom" tours connected with **500** visitors /tourists from all over the nation. This increased the profile of the organization and our metrics suggest that this will lead to more cultural heritage travelers attending the in-person Juneteenth and other Mitchelville events next year. Survey / evaluation results from programming indicated that patrons noted the quality of the educational material and acknowledged the diverse audience demographics of HMFP events. In addition, Mitchelville events have become renowned for its highly diverse audiences, enriching the unification of the community at large. HMFP is distinguishing itself as the Cultural Heritage hub on Hilton Head Island and our programs, virtual and in-person are beginning to draw expanded new audiences to the area.

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

HMFP measures the effectiveness of marketing and programming by tracking the number of visitors, tourism trends and responses to each of the hosted exhibits, programs and events. Data is collected through online ticket sales, visitor surveys and on-site surveys at signature events. HMFP also employs program / event specific evaluations, using both quantitative and qualitative data to measure effectiveness of our offerings. Regarding programs like the Roots of Reconstruction tour, we coordinate evaluation information with the Coastal Discovery Museum and the Hilton Head Land Trust. For Griot's Corner, the teachers are engaged before they leave the Park,

to secure feedback about the story, activities and connection to literacy/reading standards. The majority of this year's data was compiled through online analytics on Facebook, the exploremitchelville.org website, Instagram, YouTube and blkfreedom.org.

Signature: Ahmad T Ward

Title/Position: Executive Director

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

Email Address: award@exploremitchelville.org

Office Phone Number: 843-255-7301

Home Phone Number:

ATAX EFFECTIVENESS MEASUREMENT

Please refer to the *SAMPLE ATAX Effectiveness Measurement Form* for examples. When completing this form, please expand, contract, or add to the sections as needed (but contain the form to a total of approximately 2 pages). You may choose to use your own format instead of this form, and if doing so, please use the criteria below as a guideline. Regardless of format, **each applicant should choose how they measure degree of success. Applicants need to explain why this is an effective measurement technique that reflects results and how that relates to the objective.** * Actual spent refers to January through August 2022*

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
Purchase strategic marketing management services				
Printing, Brand strategy, Media relations/ coordination, Website update, Defined branding effort for creation of Historic Mitchelville Freedom Park after Master Planning Process	Strategic marketing services, coordination of media partners for special events, market analysis, Creative Ads, Site maintenance and updating, Creation of promotional materials, new collateral pieces, specialized ads and displays in preparation of Historic Mitchelville Freedom Park launch.	\$75,000	\$4,776	HMFP was fortunate to receive funding from the South Carolina Parks, Recreation and Tours Tourism grant which went towards digital media buys for Juneteenth this year. Freeing ATAX funding up for large scale national promotions for later this year. Print ad for Blues and BBQ reach - 14,238 Actions (profile visits and website clicks) - 132,000 . Website updates for exploremitchelville.org and Creation of promotional / organizational pieces for HMFP forthcoming.
Social Media	Maintenance and updating of social media: Facebook, Pinterest, Twitter and Blogs, surveys and data reports	\$30,000	\$1,500	Estimated reach per week all social media - 6400 Total reach during time period - 260,000 up 29% from 2021. Instagram reach up 65% from 2021.
Total		\$105,000	\$6,276	
Implementation of key programming				

ATAX EFFECTIVENESS MEASUREMENT

TOPIC	THE PLAN	BUDGET	ACTUAL SPENT	RESULTS <i>When possible, provide planned results vs. actual results, and/or current year vs. prior year results .</i>
Blues and BBQ, Juneteenth Celebration, Dawn of Freedom Tours Mitchelville Anniversary Forum, Promotion of Finding Freedom's Home exhibition Event Transportation (Juneteenth)	Event services, contractors, materials for tours/presentations, venue expenses, Event permitting, Juneteenth and group tours transportation.	\$ 65,000.00	\$65,000	Blues and BBQ took place in the Park with 350 people in attendance; Juneteenth Celebration - 1,346 people from 11 different states - 49% increase from 2021 Virtual program on blkfreedom.org / YouTube/ Facebook reached 32,593 viewers, Virtual presentation shown to Amazon employees - 1.4 Million people . Dawn of Freedom guided tours welcomed 500 people to HMFP. Tourists made up 52% of participation. Holiday Nights and Lights boasted 3,400 people in attendance over a three-day (six hours)period for a 36% increase from 2021. The Finding Freedom's Home exhibition still reached 23,000 tourists as of September 1 2023. The Anniversary Forum scheduled for October 29 will happen at the USCB Hilton Head Campus Expected attendance - 100 .
Total		\$ 65,000.00	\$ 65,000.00	

Park site maintenance and updates				
Park site maintenance, Park updates Event Insurance, Liability /Event Insurance		\$ 15,000.00	\$ 1,247.00	Maintenance of / Insurance for Historic Mitchelville Freedom Park. Enabled organization to protect the interests of Historic Mitchelville Freedom Park and our patrons. Most site maintenance scheduled for later part of year.
Total		\$ 15,000.00	\$ 1,247.00	

Total Budget to Actual **\$185,000.00** **\$112,477.50**



**Historic Mitchelville Freedom Park, Inc.
Board of Directors Meeting Minutes**

Chamber of Commerce Conference Room
1 Chamber of Commerce Dr.
Hilton Head Island, SC 29928

May 24, 2022 - 4:00PM

Attendance (in-person and via Zoom): Didi Summers, Jamie Berndt, Gloria Holmes, Herbert Ford, Lola Campbell, Margot Brown, Heather Hodde, Carlton Dallas, Myla Lerner, Anna Ponder, Jamie Berndt **Staff:** Ahmad Ward, Joyce Wright, Robin Perkins

Meeting called to order 4:02 PM - Didi Summers, Board Chair

Chair called for a Motion to Approve April 26, 2022 Board Minutes

Motion to Approve: Carlton Dallas. 2nd Lola Campbell - **Approval was unanimous**

Minutes for board retreat will be approved at next month's meeting

Item 1 Executive Director's Report - Ahmad Ward, Executive Director

- **Meeting Site and Summer Schedule – The** County Office space is temporarily unavailable because of early voting, registration etc. We need to find an alternate location, and decide whether or not we will meet during the summer months.
- **Bateau Panels** have been installed in the park between the existing bateau and the pavilion. Images will be emailed to the board. There are three 6-foot tall panels that depict: 1. Gullah culture 2. land and home ownership 3. sweet grass baskets and the creativity of the culture.
- **Blues and BBQ Report –** We spent more money than anticipated, however, the costs for programming will be covered by ATAX funds
 - \$47,000 total cost for the event
 - \$5,991 for marketing – 100% of this will be reimbursed (ATAX)
 - \$41,716 for programming (73% -\$30,000 will be reimbursed)
 - \$11,000 - \$12,000 is projected to be the actual cost for the event
 - \$95,715 is revenue for the event; we are close to our \$100,000 goal
 - We received approx. \$7,000 from online donations
 - Revenue from the event is still being totaled. Checks are still being received; \$30,000 in checks were received in the past week.

- **Juneteenth Celebration (6/16-18)** (All logistics are already being addressed) Juneteenth will include a sleepover in the Park with Joe McGill who did this last year. McGill has done this nationally. We expect to accommodate a larger group of participants than last year. Board members are invited to sleep in the park overnight. Sleepover begins at 6PM -6AM. Tents will be available:
 - Cost \$35.00 adult
 - Cost \$25.00 young people
 - Dinner is included
- **Donor Event June 17, 2022 at the Westin Hotel** – Guests will be those who have already given and those who have expressed interest in HMFP at earlier donor events. We have invited Jim Clyburn as our special guest.
- **Virtual Juneteenth event – ‘We the People’** – this will include 11 Additional Museums around the country. Amazon has offered to provide this for its 1.3 million employees. Another potential sponsor, Detroit PBS, has offered to live stream it on 6/19. Additional plans are still being developed.

Yellow Box there is the possibility to have high level lawyers and attorneys to read the pre-
amble to constitution. Katanji Brown Jackson has been invited to be a reader. Judge Eric
Washington has already agreed, and has recorded a segment for us in the park in his judicial
robe. Hopefully three federal judges will be able participate in the readings. We are also working
with black freedom.org.

- **Sarah Hardy** – HMFP has received over \$3,000 in donations in honor of the Sarah Hardy, the mother of Peaches Peterson, our former chair.
- **Smithsonian Museum of American History** – HMFP is working with the Smithsonian Museum of African American History to schedule a meeting on the HH Island to discuss a collaboration. The Museum has found 3000 objects related to Gullah culture in their possession. The provenance is not reliable, and work is continuing on this.

Dr. Deborah Mack has suggested that local Native Islanders can assist with the process of authenticating the artifacts and can assist in establishing provenance. The possibility exists for them to identify some of their own descendants.

Dr. Deborah Mack is planning to meet with Native Islanders in Mount Pleasant, Savannah and Hilton Head. HMFP is scheduled to participate in this process in Hilton Head on 6/25 from 11AM – 1PM. USCB campus is the suggested location. This has not yet been finalized. The exhibition will eventually be unveiled at the museum in the future (11/24).

- **RBC Heritage and Heritage Classic Foundation** - We have an opportunity to collaborate with RBC Heritage and the Heritage Classic Foundation. They would like to fund the **M.A.G.I.C.** program for 5 years. We expect to receive \$25,000 annually from **RBC** and \$25,000 annually

from **Heritage Classic Foundation**. The ED is working on a 5-year growth plan. This would allow us to hire a part-time person to coordinate this educational program.

- **ATAX Application** - HMFP needs approval to apply for ATAX grant in the fall for the 2023 fiscal year.

Ahmad Ward asked a **Motion to apply for ATAX** funds for 2023.

Motion: Anna Ponder. 2nd Herbert Ford. **Motion passed unanimously**

- **Summer Meetings** – Meetings are scheduled for June 6/21 and July 7/26. There will be no meeting in August (regular meetings will continue to be on the 4th Tuesday of each month except when schedule changes are necessary). Location for meetings is TBA and will continue to be hybrid (in person and virtual).

Item 2 Board Chair Report - Didi Summers

- **Summer Meetings** – Meetings are scheduled for June 6/21 and July 7/26. There will be no meeting in August (regular meetings will continue to be on the 4th Tuesday of each month except when schedule changes are necessary). Location for summer meetings is TBA and will continue to be hybrid (in person and virtual).
- **Strategic Plan – Overview and Discussion** – The ED presented a detailed report to the board on the Strategic Plan for the organization. This is the cornerstone of what I would like to accomplish this year He did a fantastic job identifying the challenges and proposed solutions to improve the health of the board’s organizational structure.

The Development Plan was excellent. Having a development officer will help with logistics; this will solve many of our problems. Whether this will be a full or part-time position is still open. A focus on logistics will improve communications with our donors.

Hiring a **CFO** will clarify and respond to many administrative issues and logistics. The CFO would help solve problems regarding communications with donors.

Administrative visibility is important – i.e. establishing a clear process of communicating with donors. There should also be synergy between administration and the marketing committee to make sure that what we are doing is clear and visible on our website. We also need to make sure board is always aware of what is going on.

Gift Donor Policy – A donor acceptance policy is important and necessary. We need to develop one, and we need input and feedback from the board as we develop it.

(Ahmad Ward: – we are upgrading our software to use Bloomerang. This program will address many of these issues; it will take care of many of the processes of identifying and responding to donors i.e. getting thank-you letters sent out.)

Once we have an administrative assistant it will also help. **(Ahmad Ward:** Robin Perkins is our new administrative assistant who began working part time on May 9th. She has a great

background she will be taking over correspondence duties for Ahmad. She has been on the job for 3 weeks. She will be in office M-W and will be available for special events as needed.)

Discussion: * specific timelines and turnarounds will help ensure compliance with established policies and overall processes. * The giving levels listed in the Strategic Plan have been approved by the board. A donor gift policy needs to be finalized (i.e. we need a way to disseminate information when we get donations).

(Omolola Campbell: the Governance committee will address a donor and gift-giving policy as well as other needed policies now that we have a strategic plan in place. This is the anticipated next step for the Governance Committee since policies and procedures are part of the responsibility of Governance. Policy proposals will be submitted to the board for its input and feedback on before they're submitted to the board for approval. As part of this process, the Governance Committee will work with staff)

Budgets and Line Items:

Didi Summers - Being fully staffed is a major step forward. Funding additional staff should become an amendment to the budget because budgets need to be clear about our staff costs etc.. In addition, if money comes from other line items, we should be clear about that going forward (i.e. costs and overheads etc. need to be clearly identified)

Margot Brown: I don't feel it's necessary to amend the budget. We can have a **variance** to the budget that we can track as we go forward. If there is a variance, we can make it a line in the budget, but not an amendment to the budget. For example, staff and benefits costs need to be line items because these costs need to be tracked.

Didi Summers: What needs to be approved? **Margot Brown:** If the ED wants to incur some expense, he needs to say what he wants and how he wants to fund it. Explanations are needed, but an amendment is not needed as long as any variance does not change the total budget.

Item 3 Treasurer's Report - Margot Brown, Chair, Ahmad Ward, ED

- We received notification that **June CPA** will not be able to do our 2021 audit because of their present workload and scheduling. We are planning to interview another CPA, Zoe Davis. We will be looking for a proposal from her. The cost for this is not yet known. Committee is seeking recommendations. USCB auditor is one of the recommendations.

Ahmad Ward – HMFP Financials – A Statement of activity has been provided to the board.

Budget to actuals - There were a couple of revenue lines that were in the wrong section, and needed to be recoded. Adjustments have been made and an up-dated document showing budget to actuals will be provided to the board. The coding will be amended. Adjusted items and amounts are:

MOU for Town of HH - \$100,000 - we are in receipt of these funds for 2021 - 2022

Government Grants – Beaufort County ATAX - we usually receive \$20,000. This year we received \$35,000

Revenues Year to Date - \$441,613.91

Expenses Year to Date - \$283,632.73

* Additional grants and board pledges are still being received

Revenue from Blues and BBQ will also show up in the budget under Donations and Corporate Contributions. **Bloomerang** produced a report that shows donations and charges.

Current Assets \$1,133,390.04

Liability and Equity \$1,146,000.00

(Discussion: Margot Brown – re. MOU for 2021. Will we accrue that for 2021 but not record it as income in 2022. We will continue to discuss this, and make changes as needed.)

Revenue (with adjustments) \$340,000.00

Item 4 Nominating Committee Report - Jamie Berndt, Chair

- **New Board Member Vote** – Michael Tighe
Herbert and Jamie met with Michael (Mike) Tighe, Mike, the new GM of the Westin and believe he would be a great addition to the financial committee. Michael (Mike) Tighe would take over the term vacated by Michael Scioscia. He will finish out the remainder of the vacated term (through December 2022), and then will sit for a full three-year after that.
- **Jamie Berndt called for a Motion to vote to accept Michael Tighe to complete a partial term through 12/22 and then to a complete a full 3-year term afterwards.**

Motion: Jamie Berndt. 2nd Carlton Dallas -**Vote to approve is unanimous.**

- The committee is recommending that the board vote on board candidate Grace Delmar Stepp at the June board meeting.
- We have 4 active candidates. There will be 3 replacements presented to the board at the September meeting. We will be bringing at least 3 people on to the board. We can bring on an additional person if the board wants to expand the board.

Item 4 Governance Committee Report - Lola Campbell, Chair

- Thank you to Ahmad Ward for his recent Strategic Plan and his presentation to the board

- Governance Committee will be moving on to policies and procedures as well as internal controls

We are searching for templates that we can use to help us improve the organization structurally

- The committee is continuing to work on the 'Mitchelville Way,' the cultural expectations for HMFP. We are requesting input from the full board since this should not be an internal committee decision.

Item 6 Marketing Committee Report - Hester Hodde, Myla Lerner, Anna Ponder

- Marketing Committee is making progress. The chair is working with branding experts on branding and a logo for HMFP. His strategy is to gather ideas and solicit proposals for the committee to review. The committee has agreed that it is imperative address these issues because it will support the board members involved with donor cultivation events.

The committee will meet next Friday to review the suggestions and proposals that have been presented. Once the committee has reviewed them, their suggestions will be presented to the full board.

- The Marketing Committee will provide regular updates on its progress to the board.

Didi Summers: Discussion: Should we have an executive session? We will plan this for June meeting. This session will be a way to check in on how things are going.

Item 6 Old Business - none

Item 7 New Business - none

Item 8 Announcements –

- **Business Attraction Program** – Brings together employers, parents, scholars to assist children in thinking about and planning for future goals. The program provides a roadmap leading to the achievement of toward career goals. See Carlton Dallas for details.
- Lola opened her gift shop **Binya**. Grand opening last Sunday 5/15 exceeded her expectations; Shop is on Campbell's land on Spanish Wells Road

Meeting Adjourned: 5:15 PM

Submitted by [Gloria Holmes](#), Secretary 6/14/22

2022

Annual Juneteenth Celebration



CENTER FOR EVENT MANAGEMENT
AND HOSPITALITY TRAINING

A detailed nautical chart of a coastal area, likely the Savannah River region, showing water depths, navigational aids, and land features. The chart includes various symbols for buoys, lights, and structures, along with depth soundings and navigational notes. A large dark blue rectangle is overlaid on the chart, containing the title text.

RESEARCH METHODOLOGY

- Attendees completed a 31-question online survey
- QR Code directed respondents to survey
- A ticket for a prize drawing was provided as an incentive to respondents
- iPads made available to respondents without mobile devices

RESPONSES



48



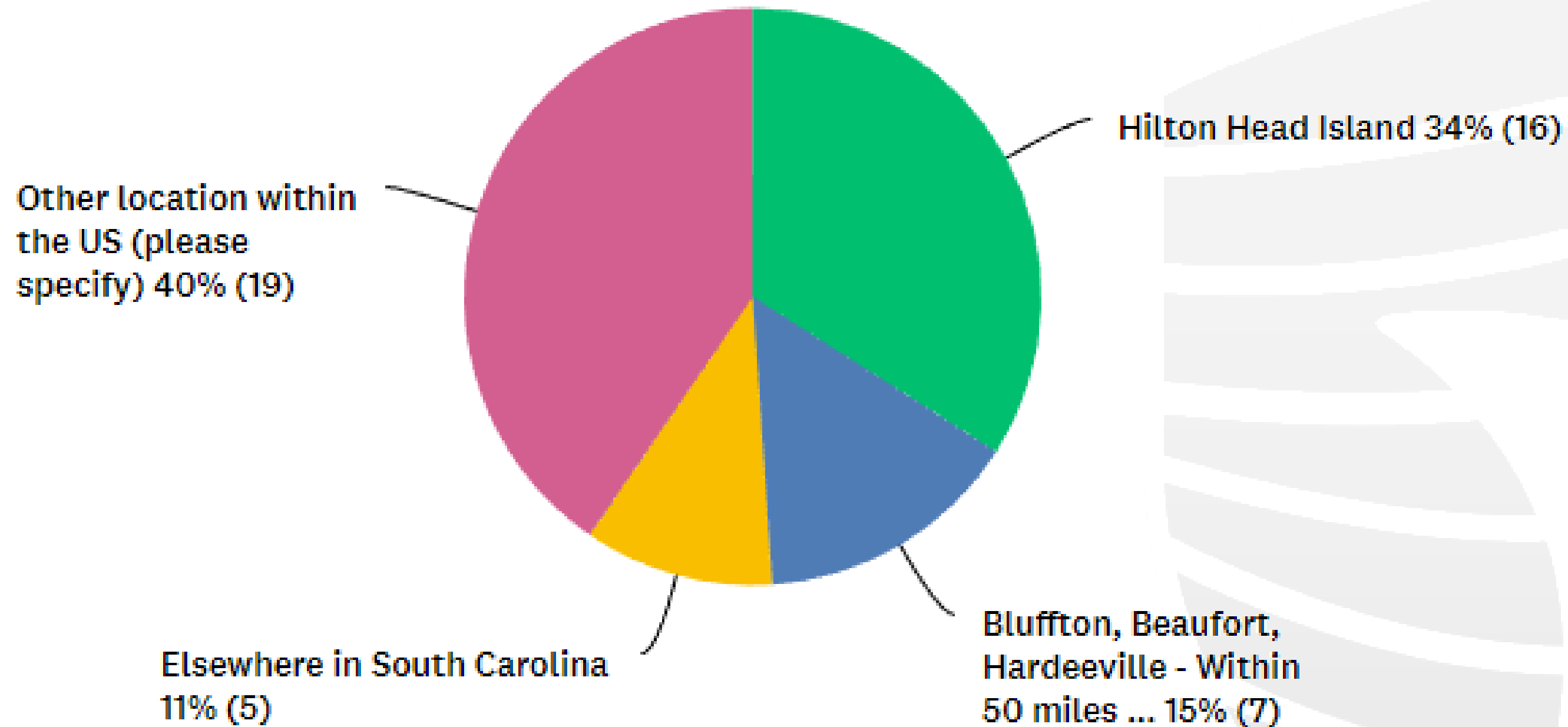
ORIGIN BREAKDOWN

4



Where is your primary residence?

Answered: 47 Skipped: 1



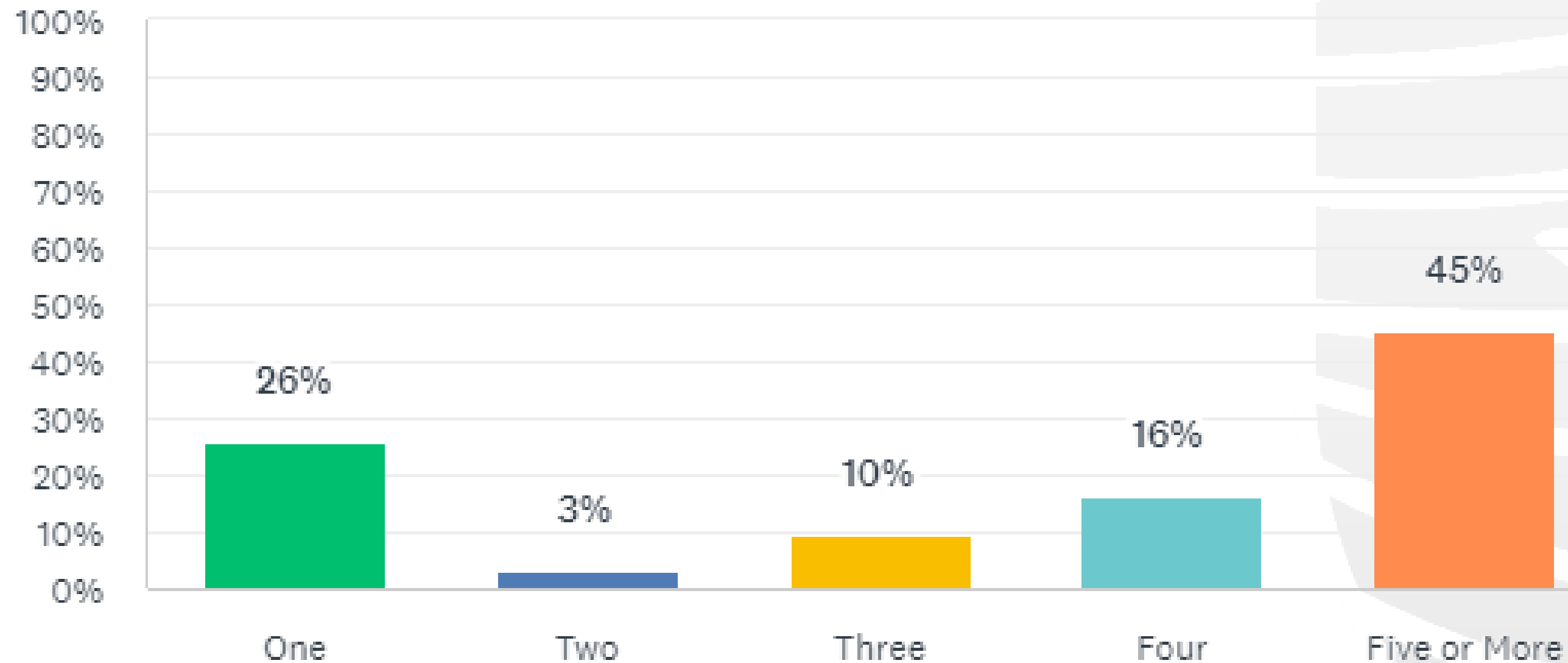
“Elsewhere” Specified

Answered: 19

- Lilburn, GA
- Gaithersburg, MD
- Alabama
- MD
- North Carolina (2 respondents)
- Dooly County
- California
- Merrillville, IN
- Georgetown, SC
- Harvest, AL
- Olympia Fields, IL
- Olympia Fields, IL
- Buford, GA
- Elmhurst, IL
- New York
- Queens, NY
- Rock Hill, SC
- Maine
- Fayetteville, NC

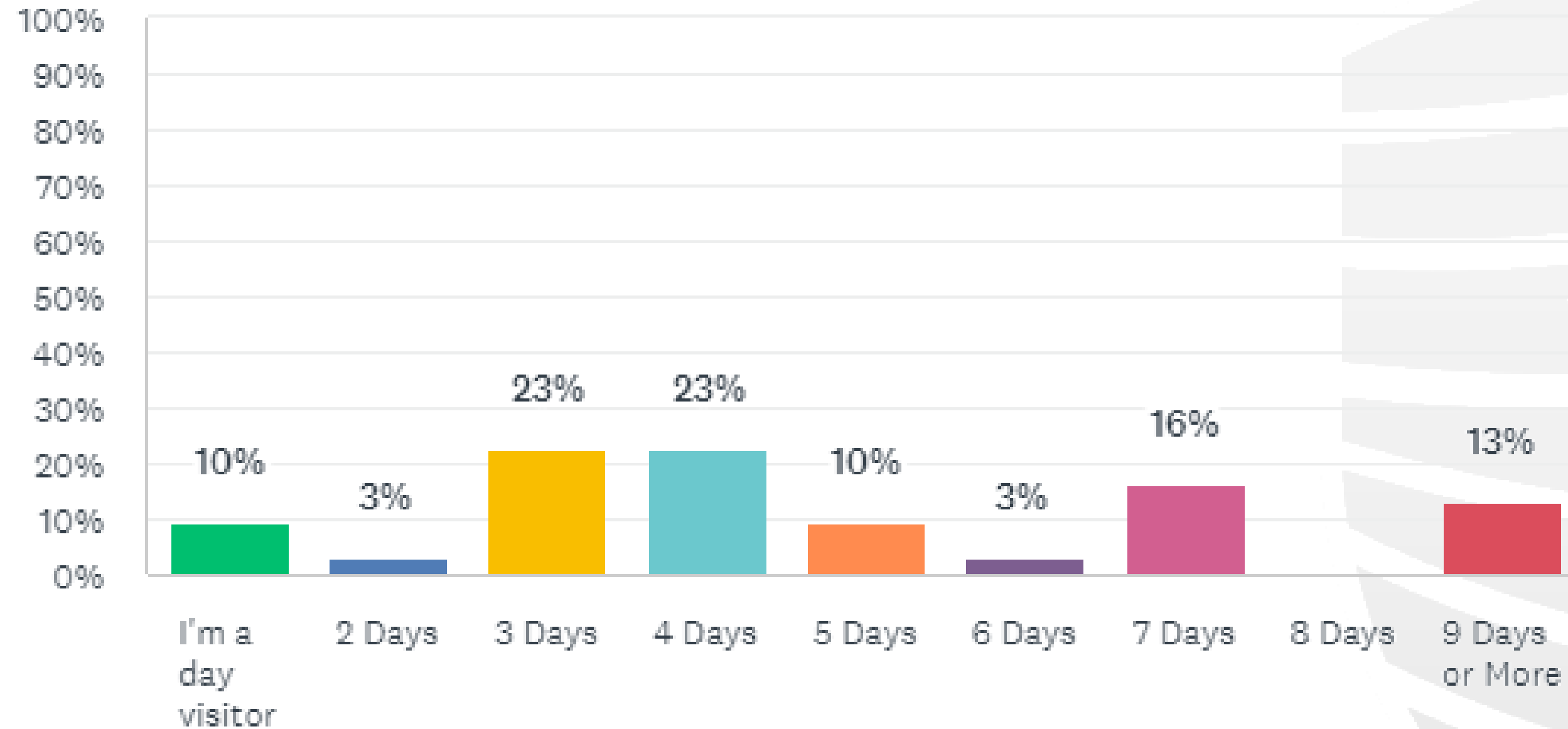
Including this visit, how many trips have you taken to Hilton Head?

Answered: 31 Skipped: 17



How many days do you intend to stay in Hilton Head?

Answered: 31 Skipped: 17



What type of accommodations will you be using while visiting?

Answered: 27 Skipped: 21

Full-service hotel	26%
With friends/relatives	26%
Other (please specify)	19%
Home/Villa/condo timeshare	11%
Home/Villa/condo owned	11%
Home rental	4%
Limited-service hotel/motel	4%
Villa/condo rental	0%
RV Park	0%

Responses

“Other” Specified

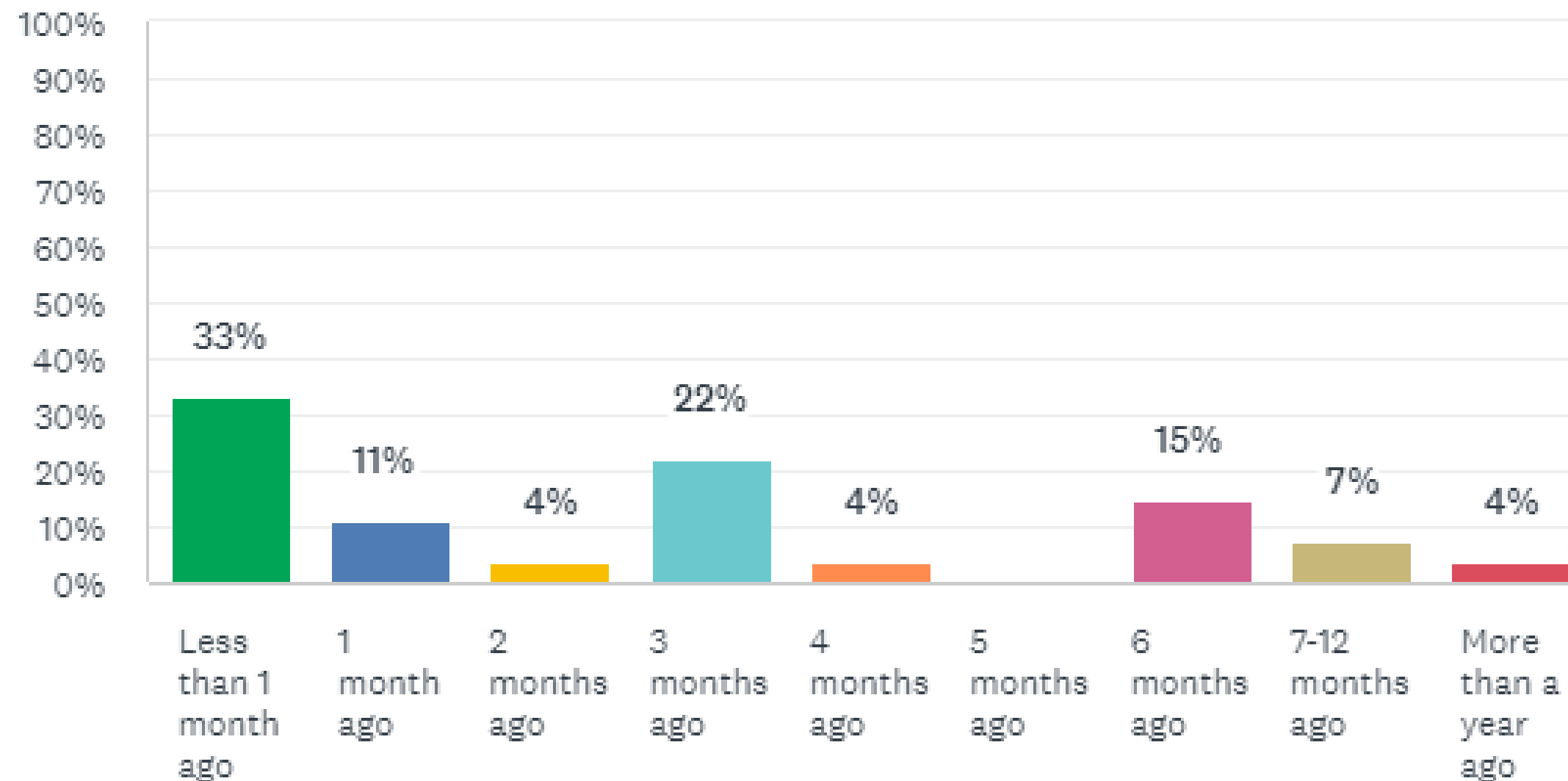
Answered: 5

- Sister’s Vacation home
- Local
- Personal Vacation home
- Live here
- Hotel



How many months in advance did you book this trip?

Answered: 27 Skipped: 21



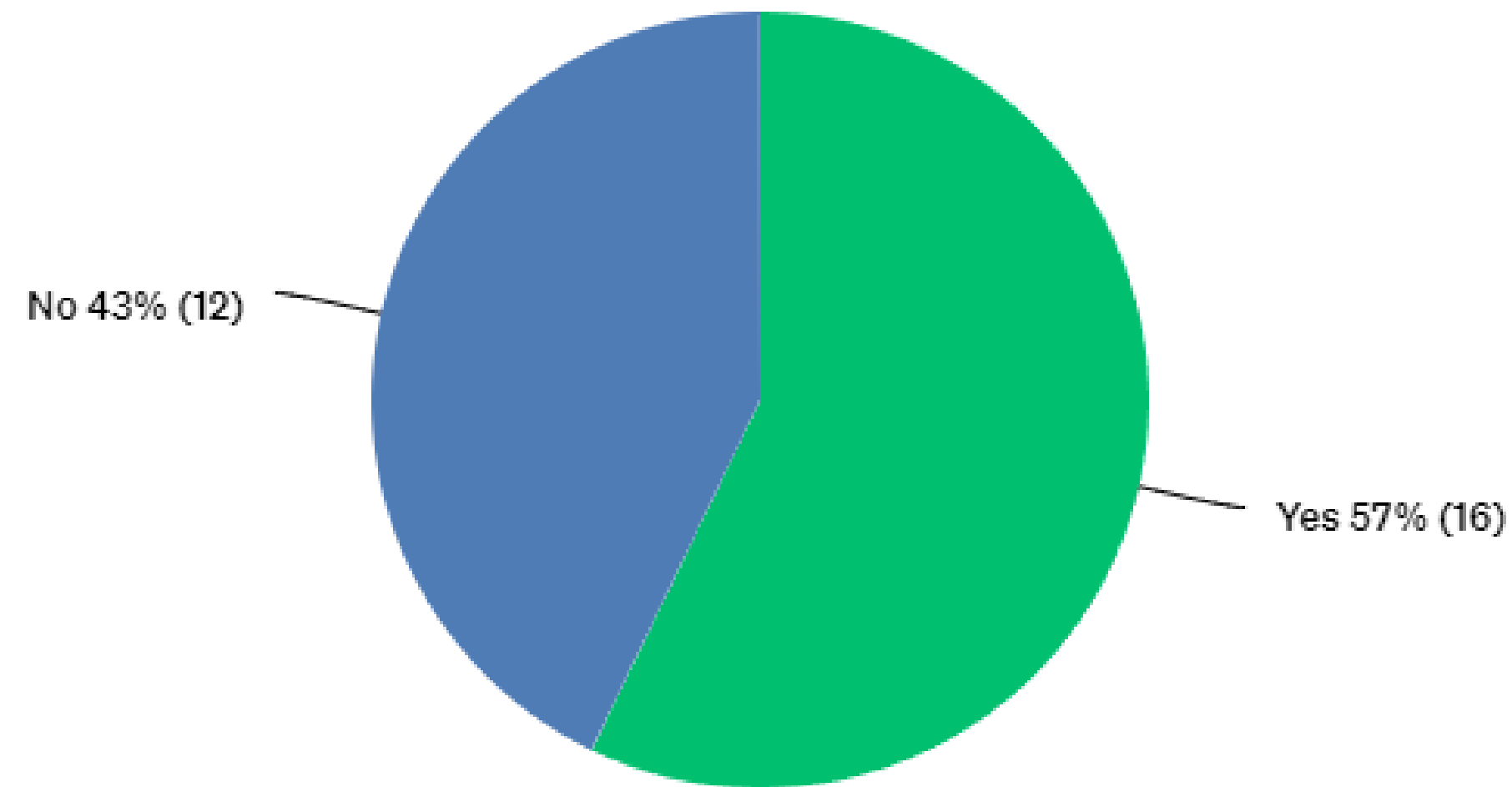
How influential was this festival when planning your trip to Hilton Head?

Answered: 27 Skipped: 21

EXTREMELY INFLUENTIAL	VERY INFLUENTIAL	MODERATELY INFLUENTIAL	SLIGHTLY INFLUENTIAL	NOT AT ALL INFLUENTIAL	TOTAL	WEIGHTED AVERAGE
41% 11	19% 5	19% 5	7% 2	15% 4	27	3.63

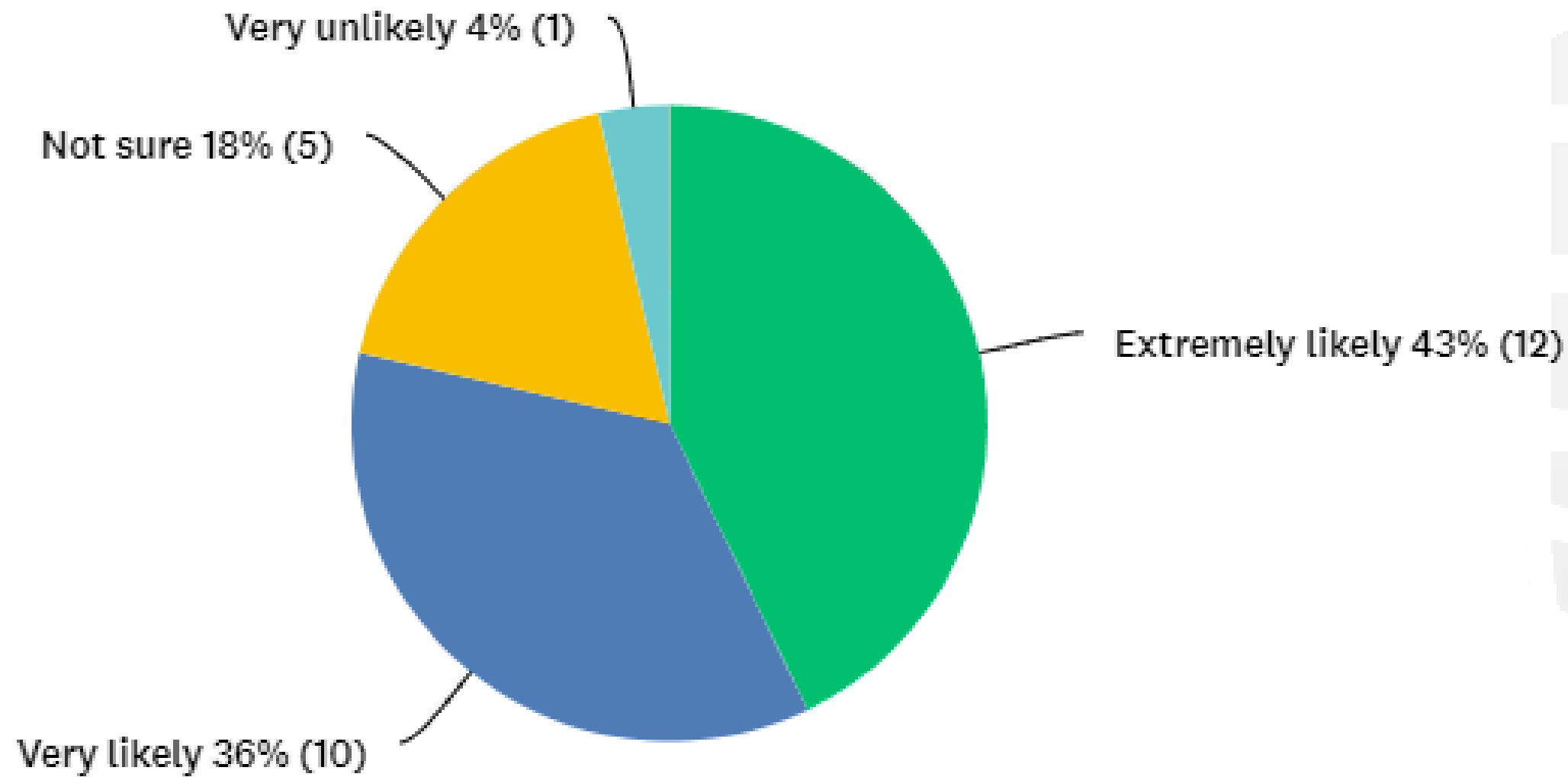
Would you have been in Hilton Head at this time had it not been for the festival?

Answered: 28 Skipped: 20



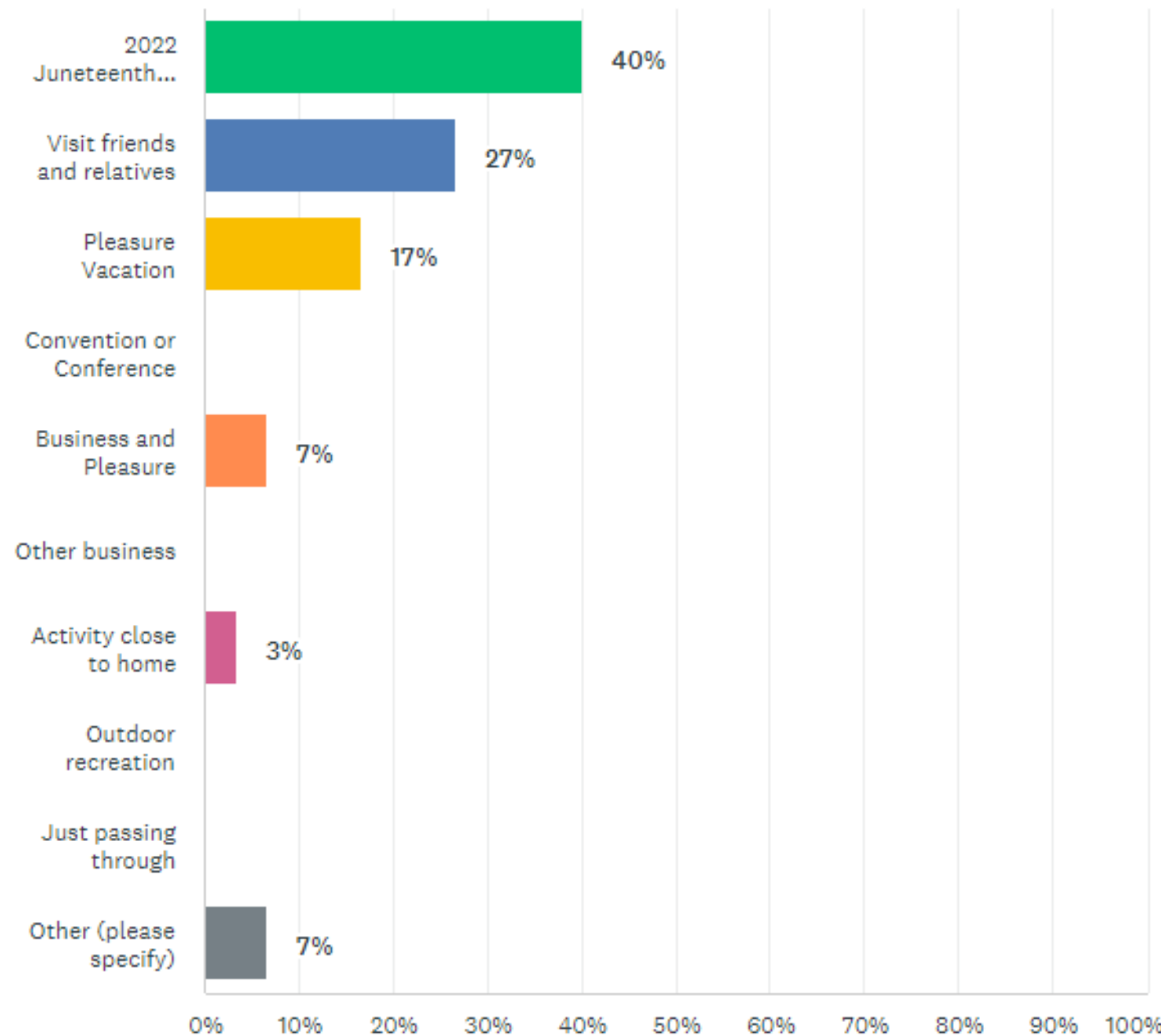
How likely are you to return to Hilton Head when this festival is not being held?

Answered: 28 Skipped: 20



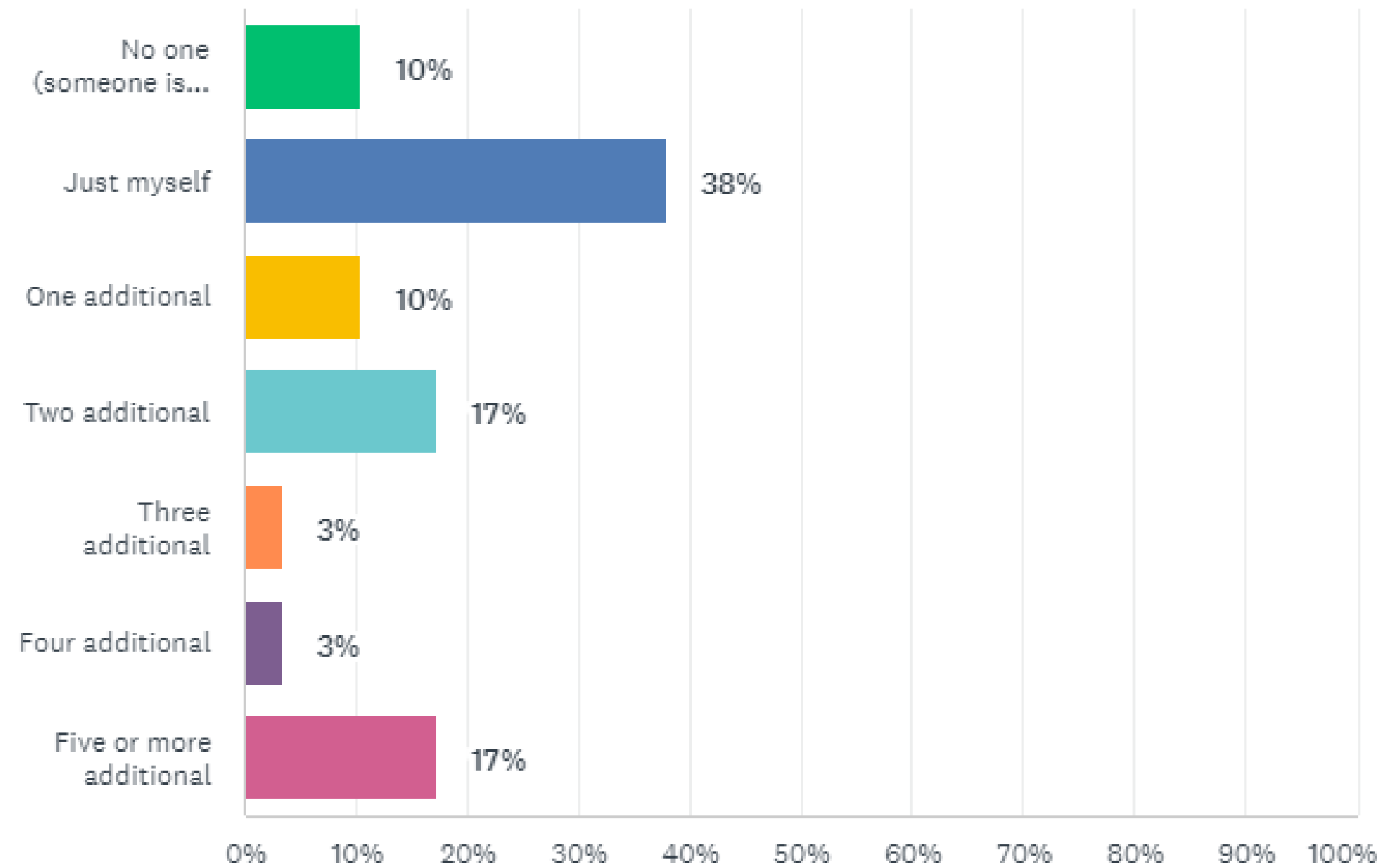
What was your primary reason for this visit to Hilton Head Island?

Answered: 30 Skipped: 18



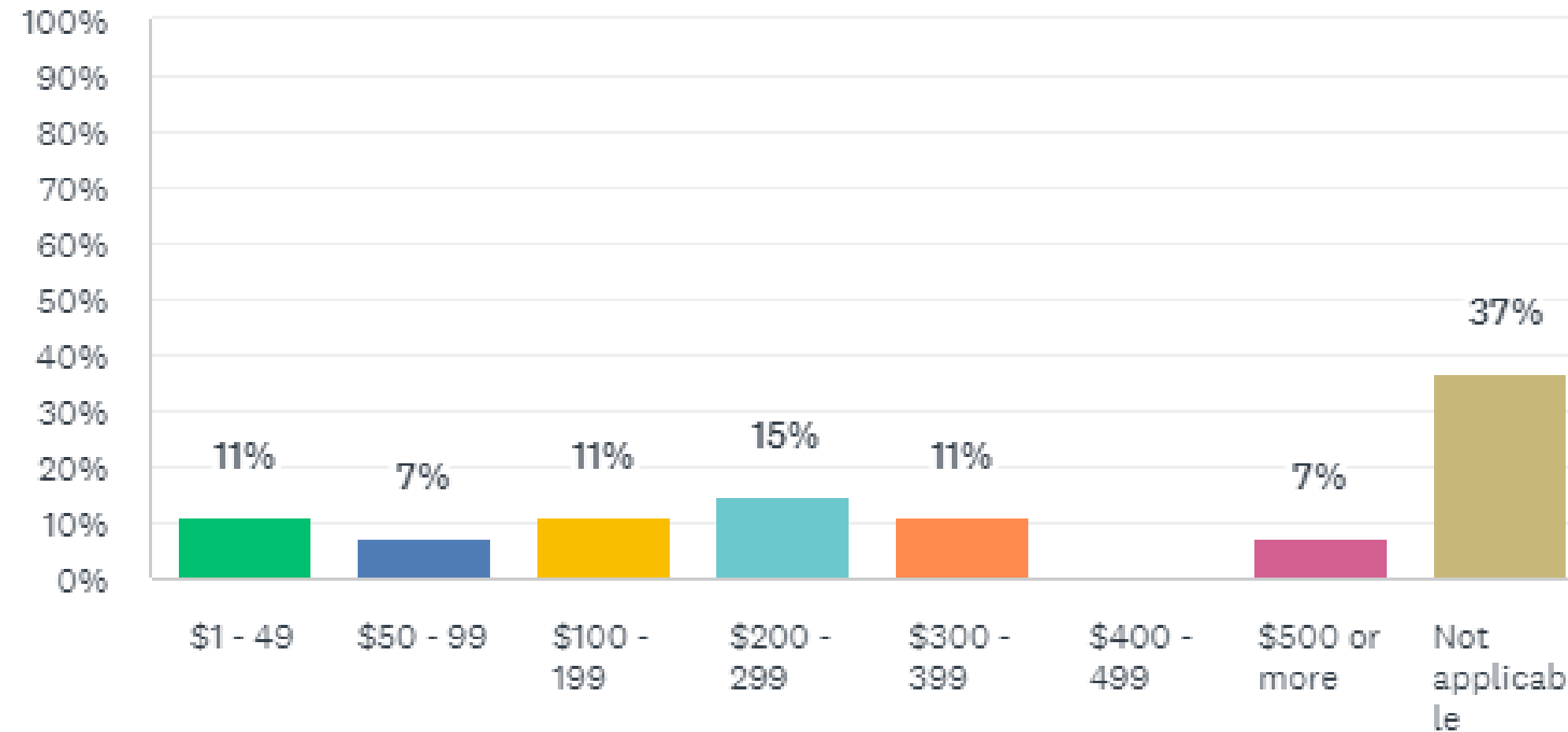
How many people are you financially responsible for during this trip?

Answered: 29 Skipped: 19



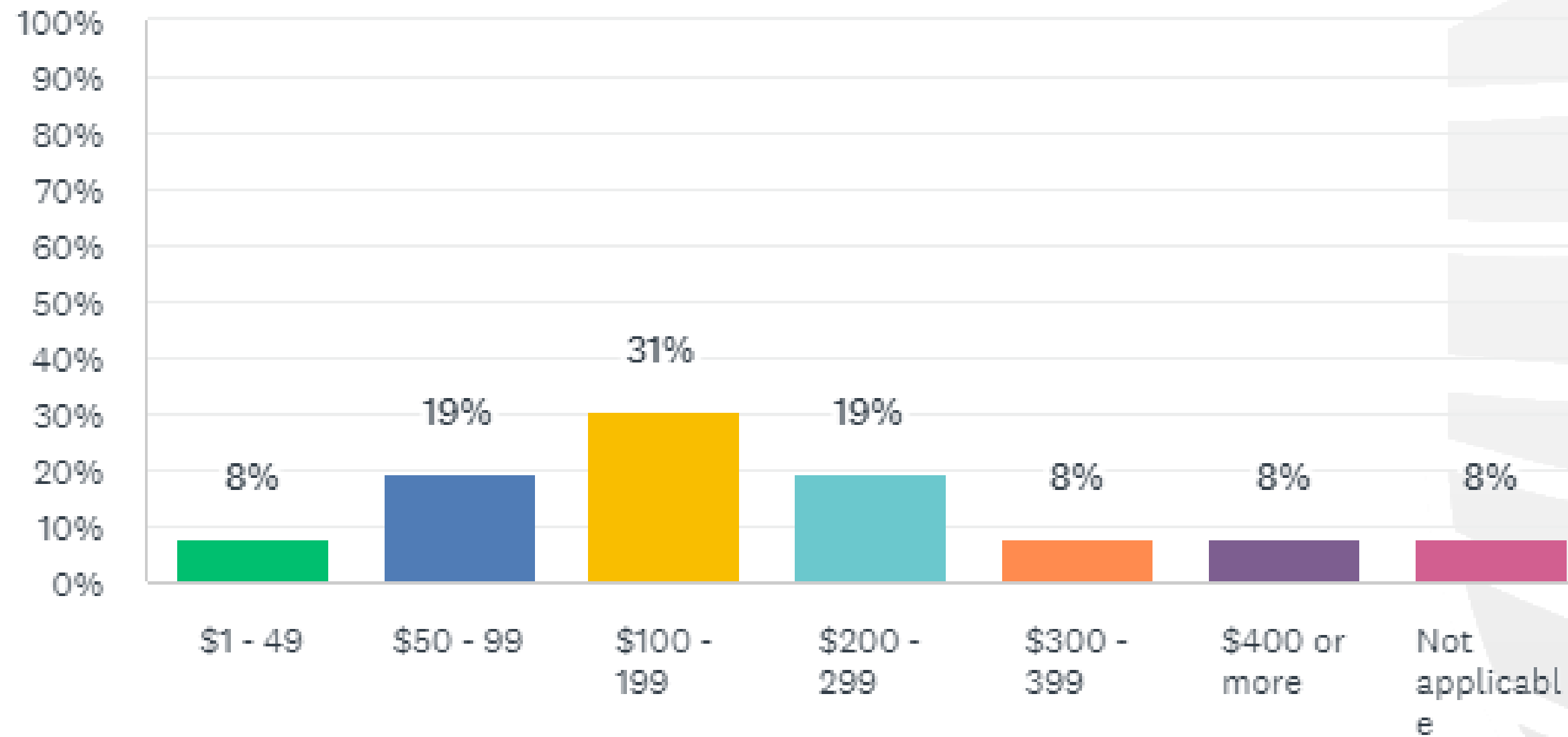
Approximately, how much will you spend on lodging per night?

Answered: 27 Skipped: 21



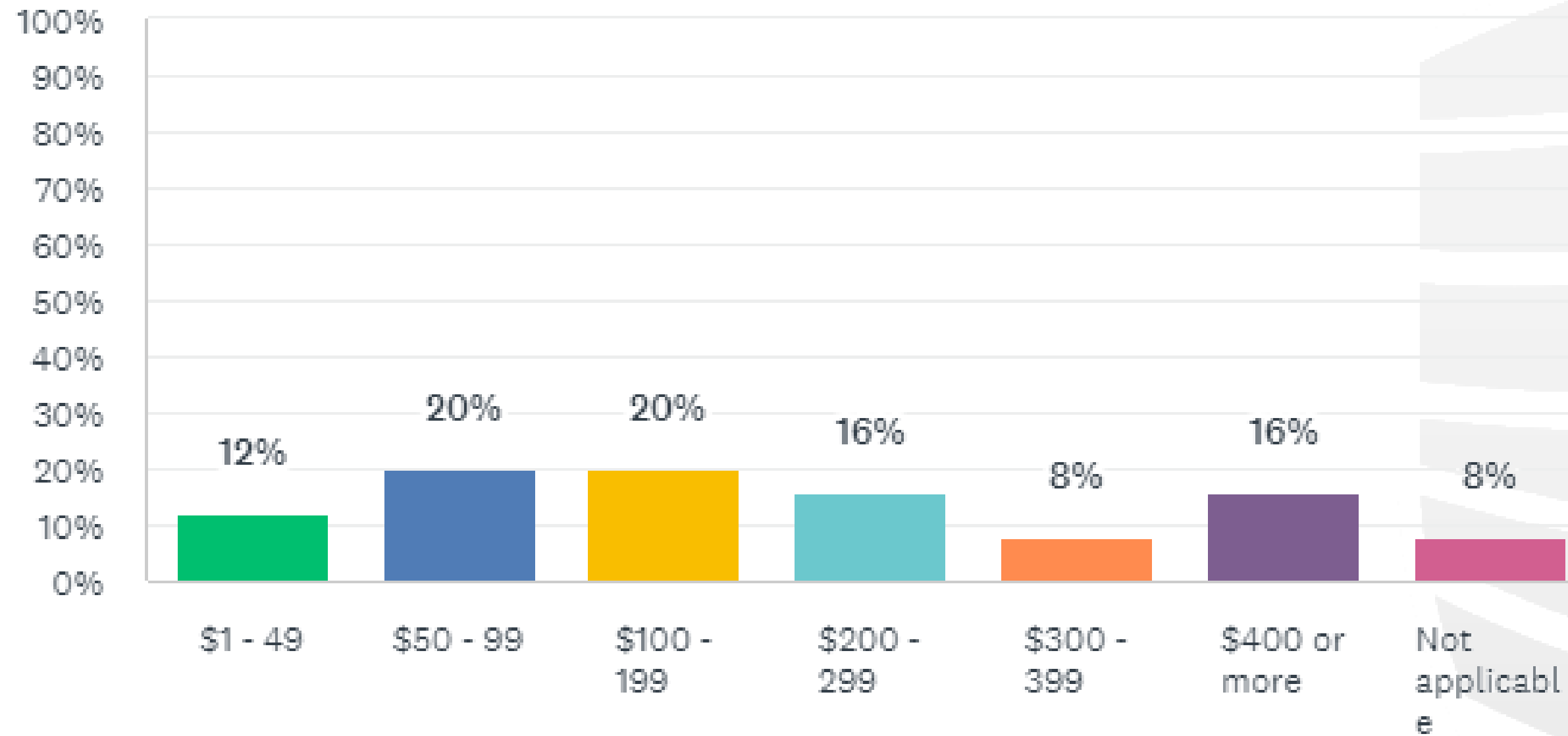
Approximately, how much will you spend on restaurant dining per day?

Answered: 26 Skipped: 22



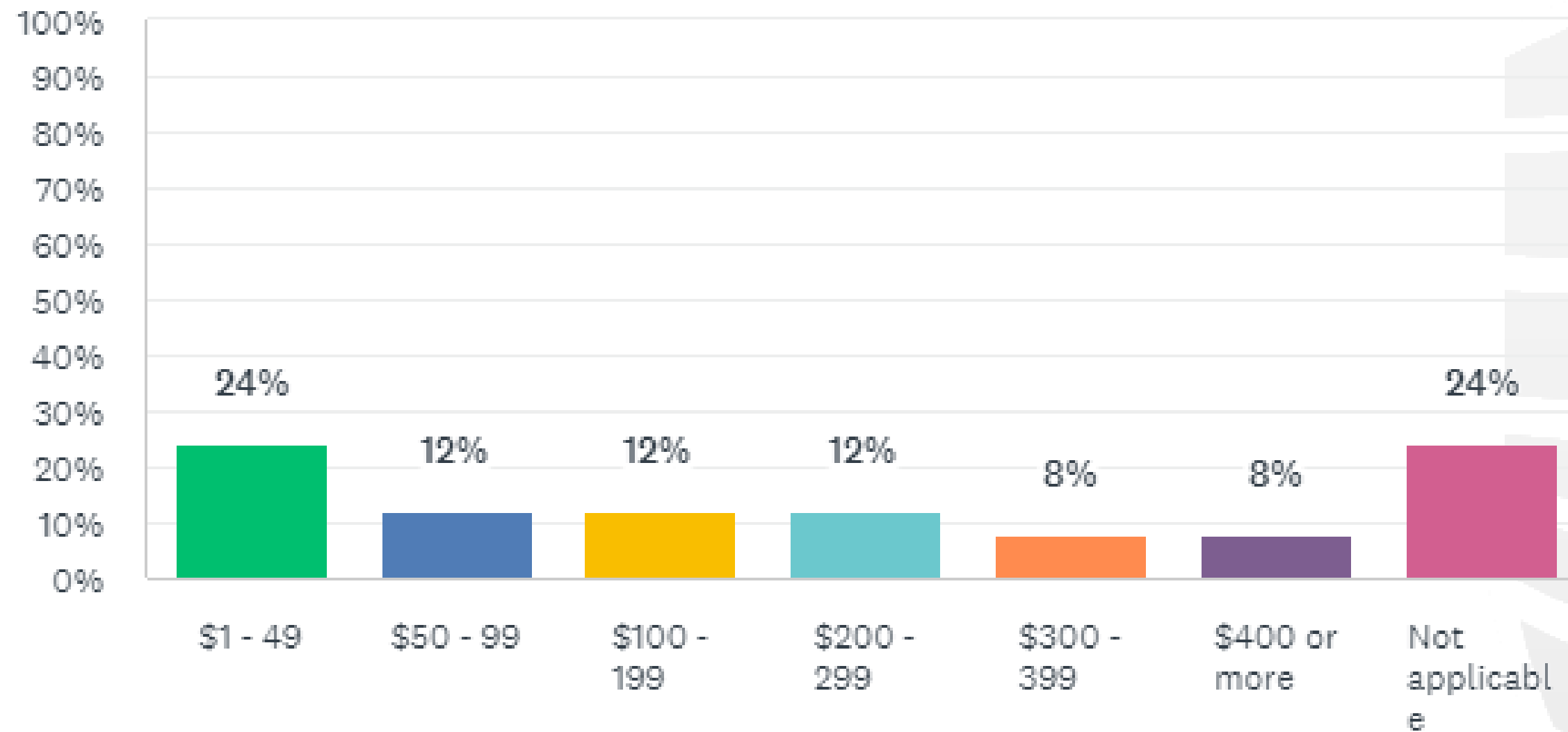
Approximately, how much will you spend on retail purchases per day?

Answered: 25 Skipped: 23



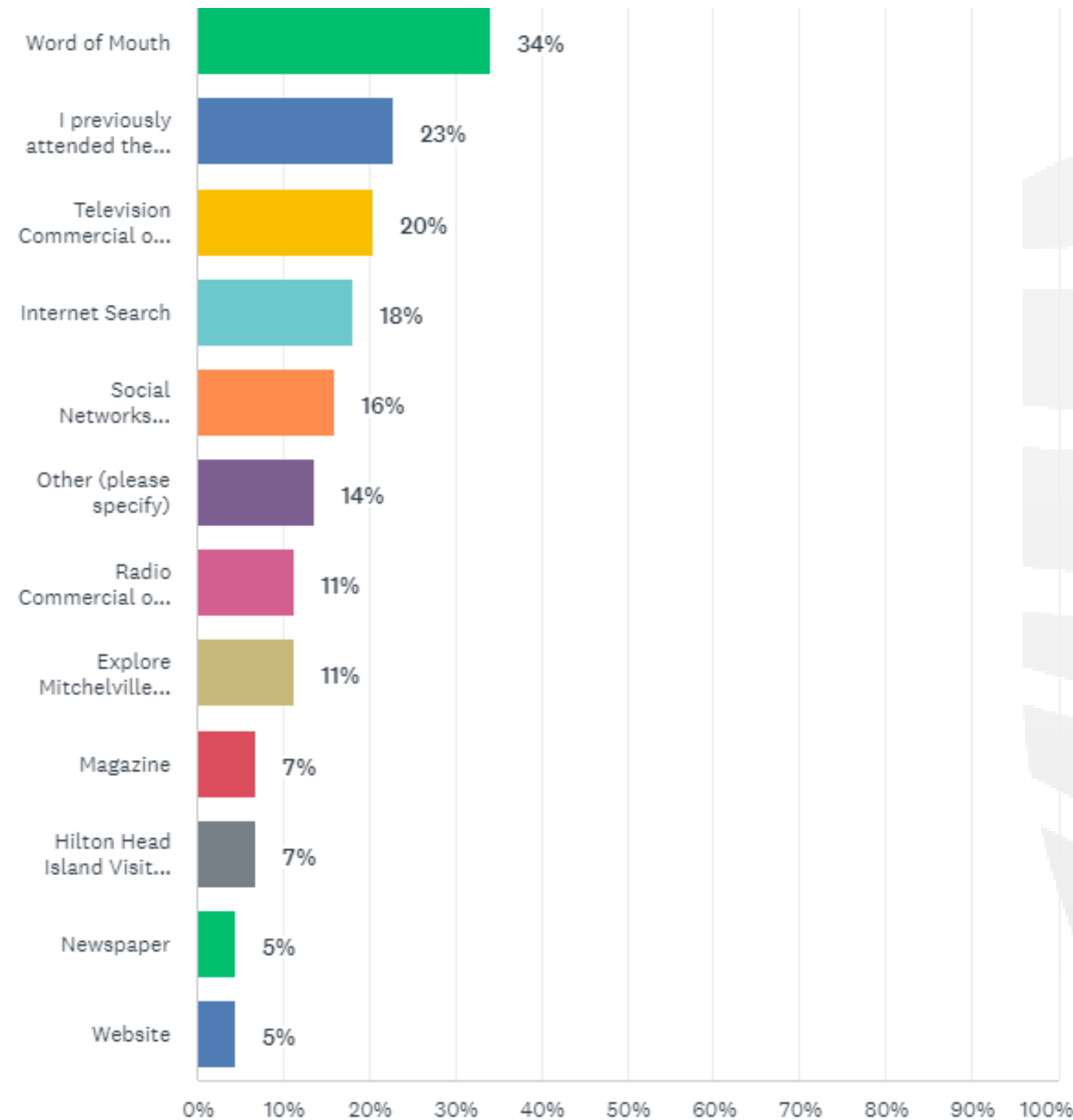
Approximately, how much will you spend on recreation per day?

Answered: 25 Skipped: 23



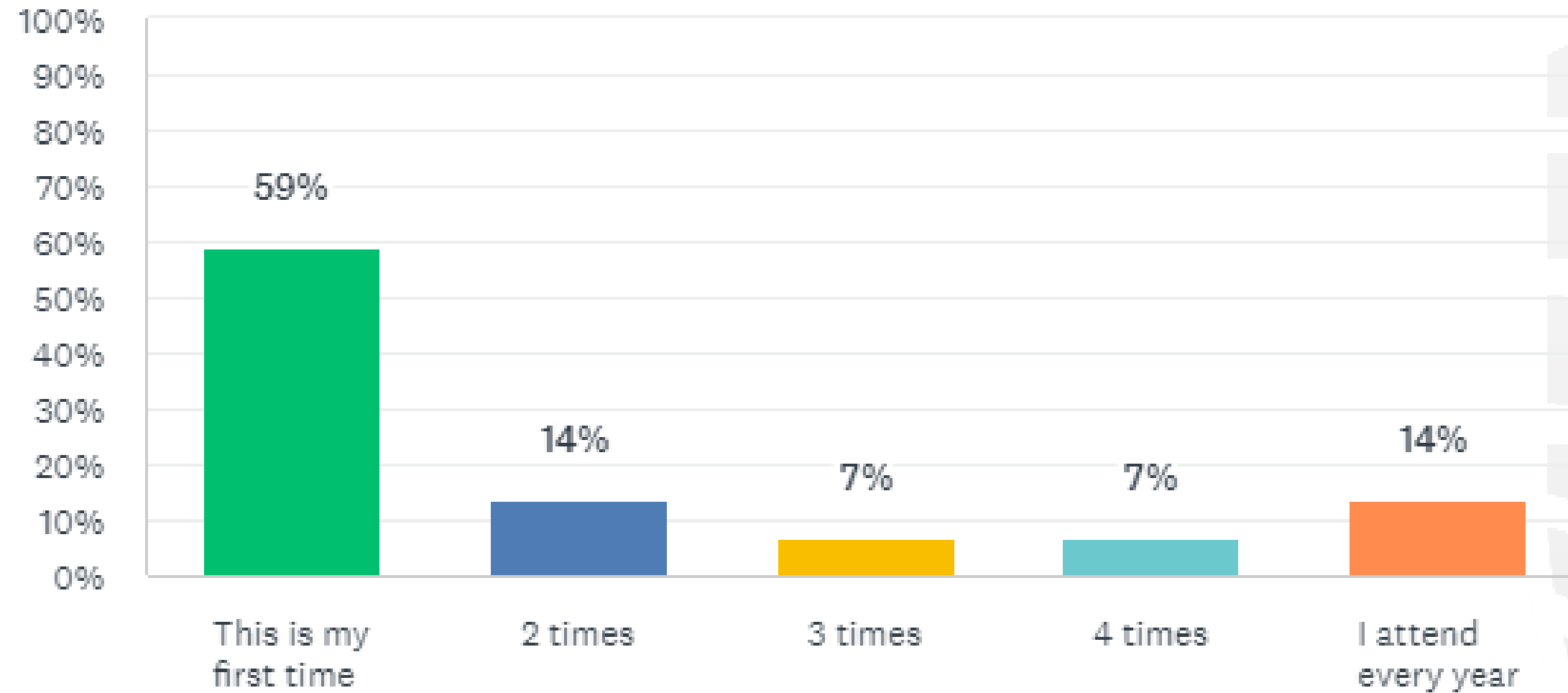
How did you learn of 2022 Juneteenth Celebration? (check all)

Answered: 44 Skipped: 4



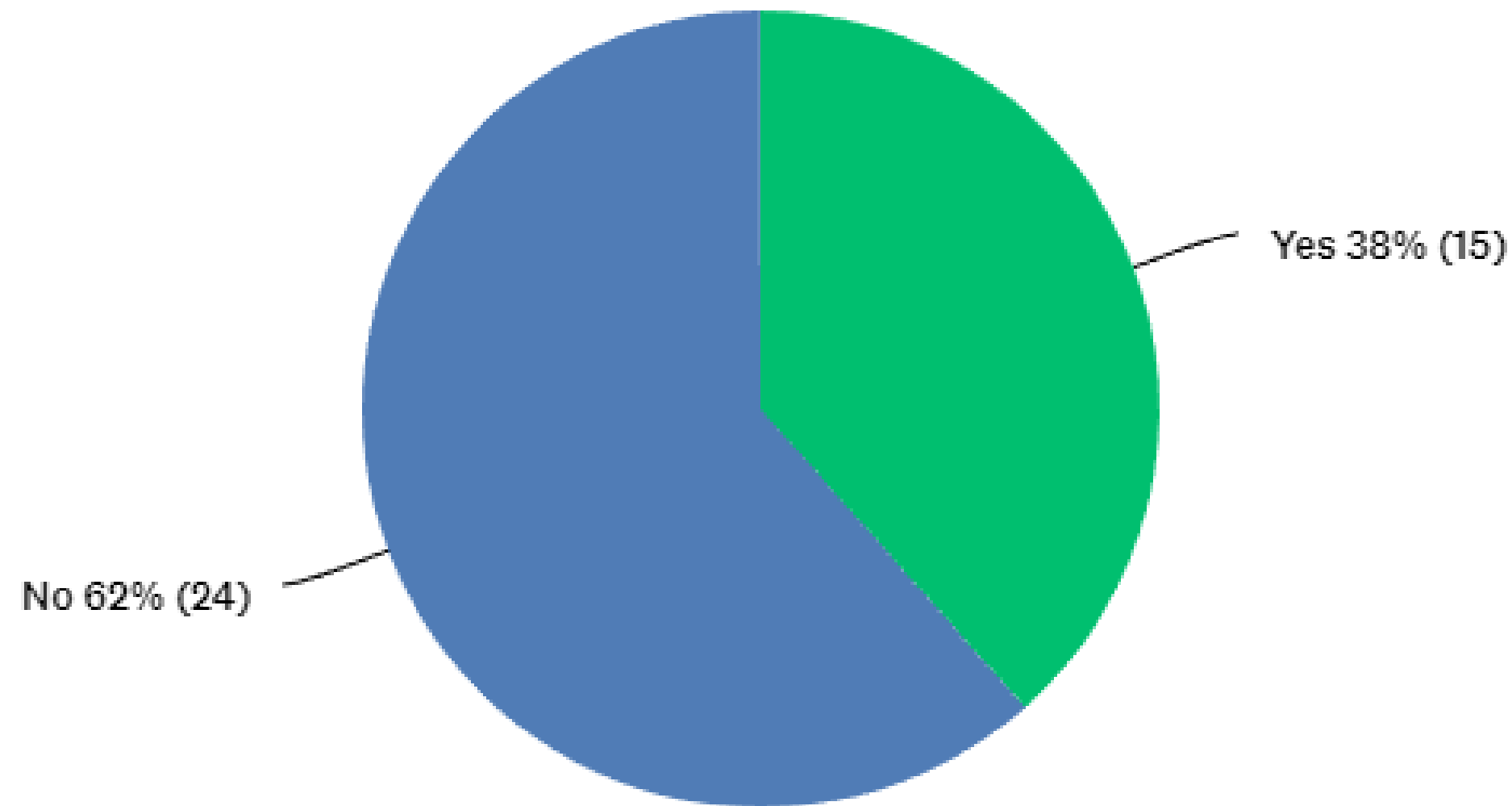
Including this festival, how many times have you attended the Juneteenth Celebration on Hilton Head Island?

Answered: 44 Skipped: 4



Did you attend last year's Juneteenth Celebration?

Answered: 39 Skipped: 9



How would you rate the following festival characteristics?

Answered: 43 Skipped: 5

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	TOTAL	WEIGHTED AVERAGE
▼ Ambiance	74% 31	24% 10	2% 1	0% 0	0% 0	0% 0	42	4.71
▼ Music	81% 35	16% 7	2% 1	0% 0	0% 0	0% 0	43	4.79
▼ Staff Friendliness	84% 36	9% 4	7% 3	0% 0	0% 0	0% 0	43	4.77
▼ Cost	65% 28	16% 7	16% 7	2% 1	0% 0	0% 0	43	4.44
▼ Event Location	81% 35	16% 7	2% 1	0% 0	0% 0	0% 0	43	4.79
▼ Kid's Area	49% 21	14% 6	7% 3	0% 0	0% 0	30% 13	43	4.60
▼ Parking	50% 21	21% 9	21% 9	2% 1	0% 0	5% 2	42	4.25

How would you rate the following festival characteristics?

Answered: 43 Skipped: 5

	VERY GOOD	GOOD	AVERAGE	POOR	VERY POOR	N/A	TOTAL	WEIGHTED AVERAGE
Overall Value of the Event	65% 28	28% 12	5% 2	2% 1	0% 0	0% 0	43	4.56
Crowd Flow	65% 28	28% 12	7% 3	0% 0	0% 0	0% 0	43	4.58
Quality of Food You Purchased	51% 22	21% 9	12% 5	2% 1	0% 0	14% 6	43	4.41
Availability of Public Seating	58% 25	28% 12	12% 5	0% 0	0% 0	2% 1	43	4.48
Retail Vendor Variety	60% 25	26% 11	12% 5	0% 0	0% 0	2% 1	42	4.49

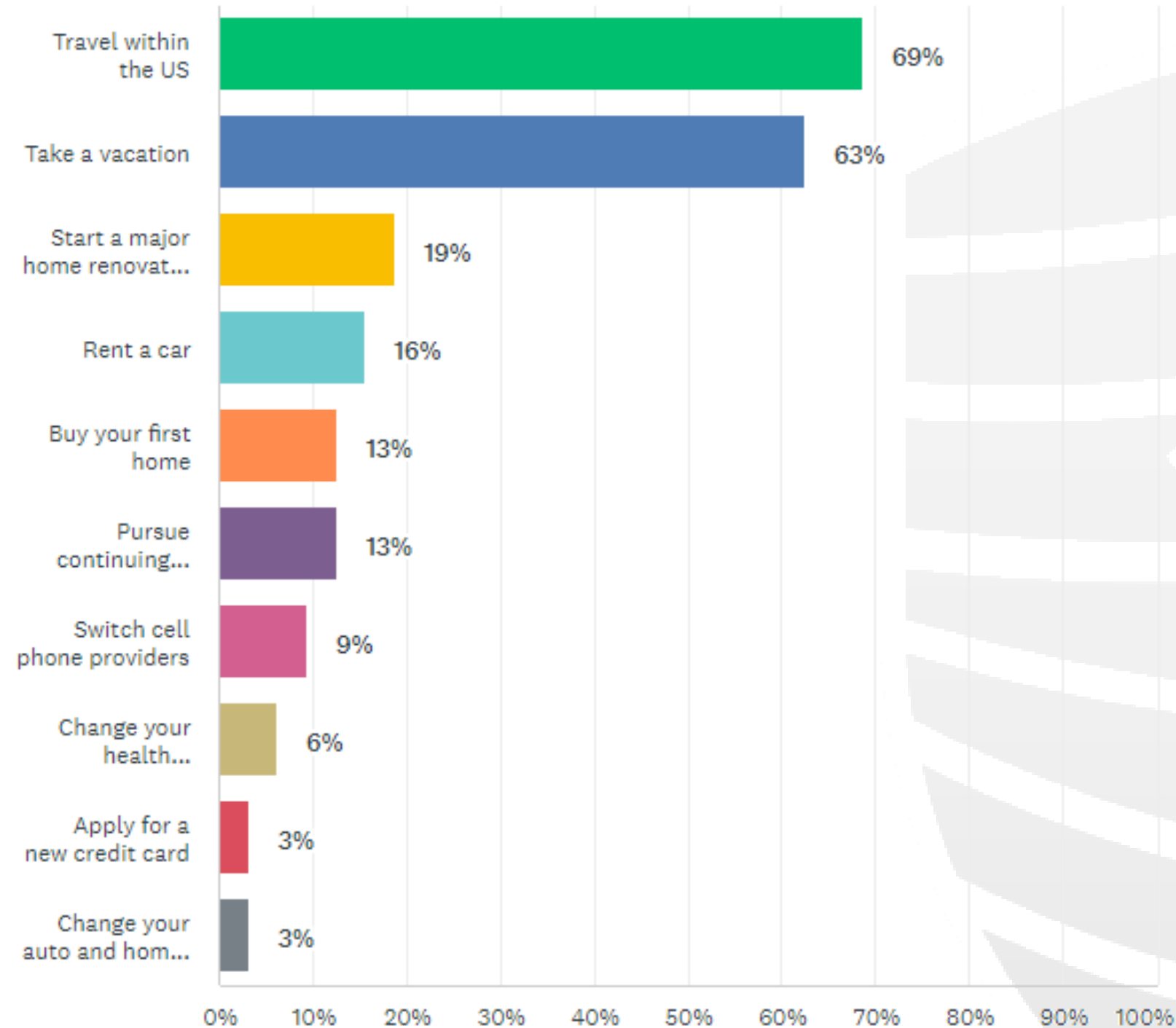
How would you rate the following festival characteristics?

Answered: 43 Skipped: 5

	EXTREMELY LIKELY	VERY LIKELY	NOT SURE	VERY UNLIKELY	EXTREMELY UNLIKELY	TOTAL	WEIGHTED AVERAGE
Return to next year's festival	65% 28	16% 7	19% 8	0% 0	0% 0	43	4.47
Recommend the festival to friends	71% 29	24% 10	5% 2	0% 0	0% 0	41	4.66

Within the next 18 months, do you plan to: (select all that apply)

Answered: 32 Skipped: 16

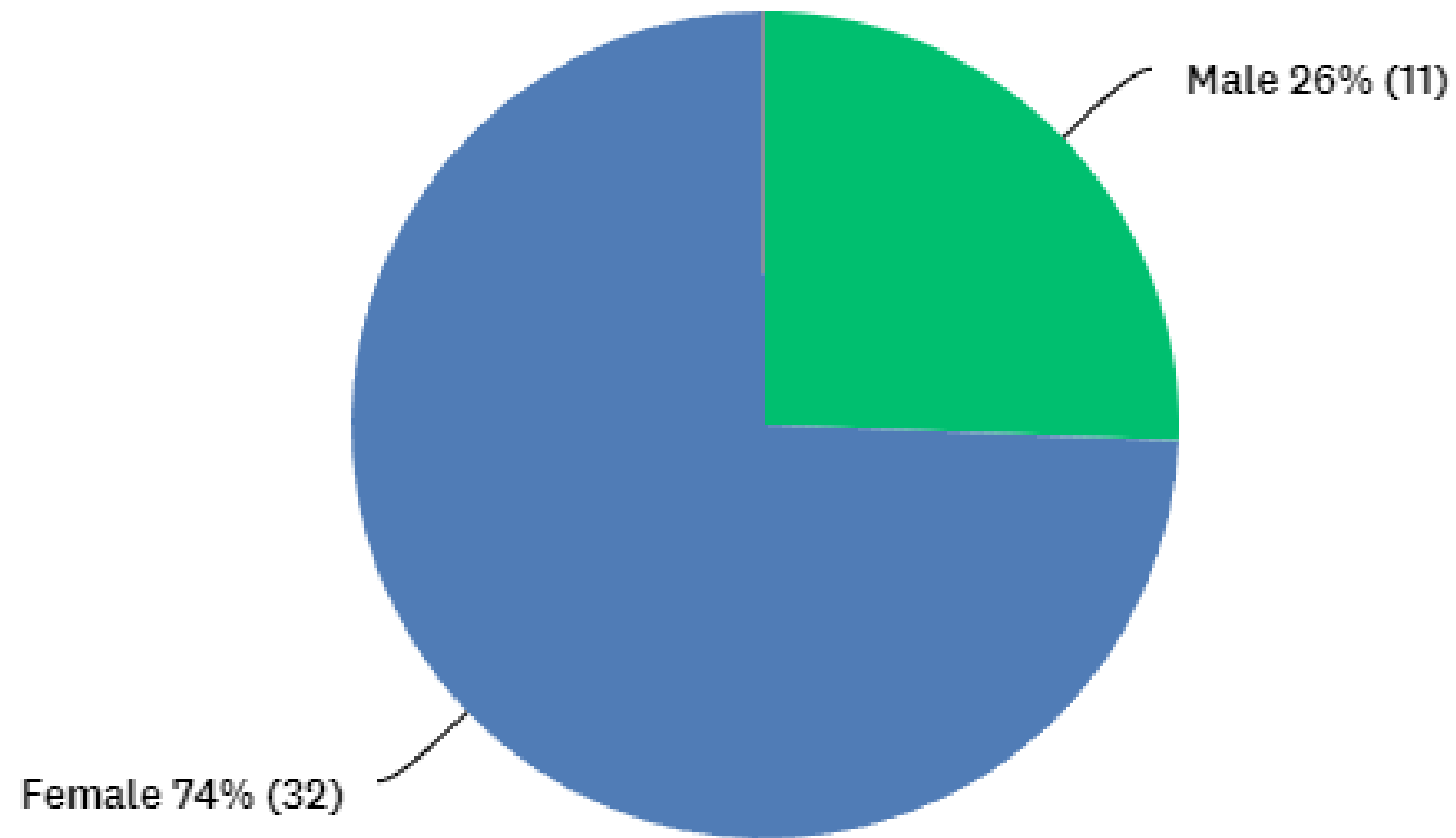




DEMOGRAPHICS

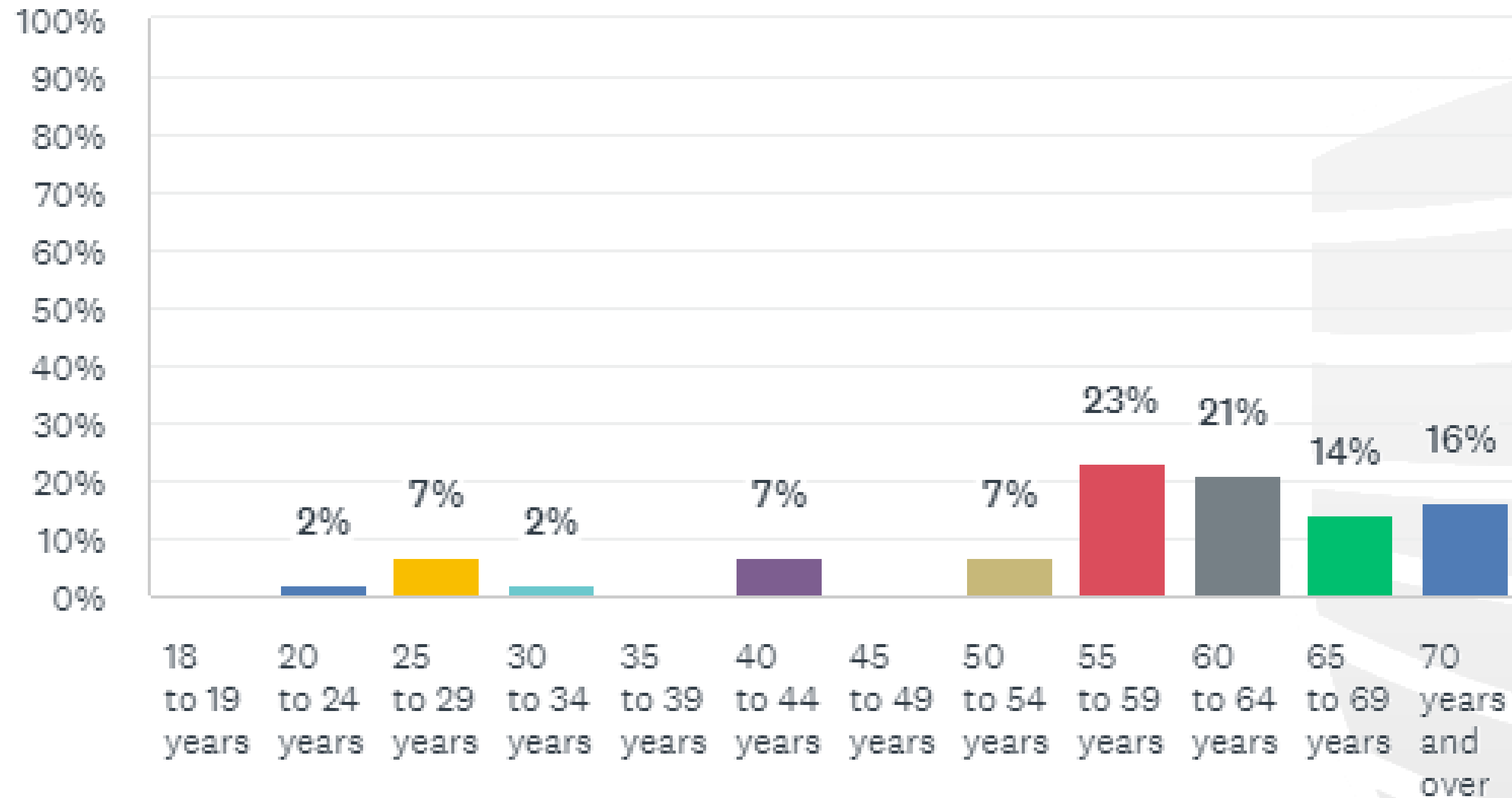
Please indicate your gender.

Answered: 43 Skipped: 5



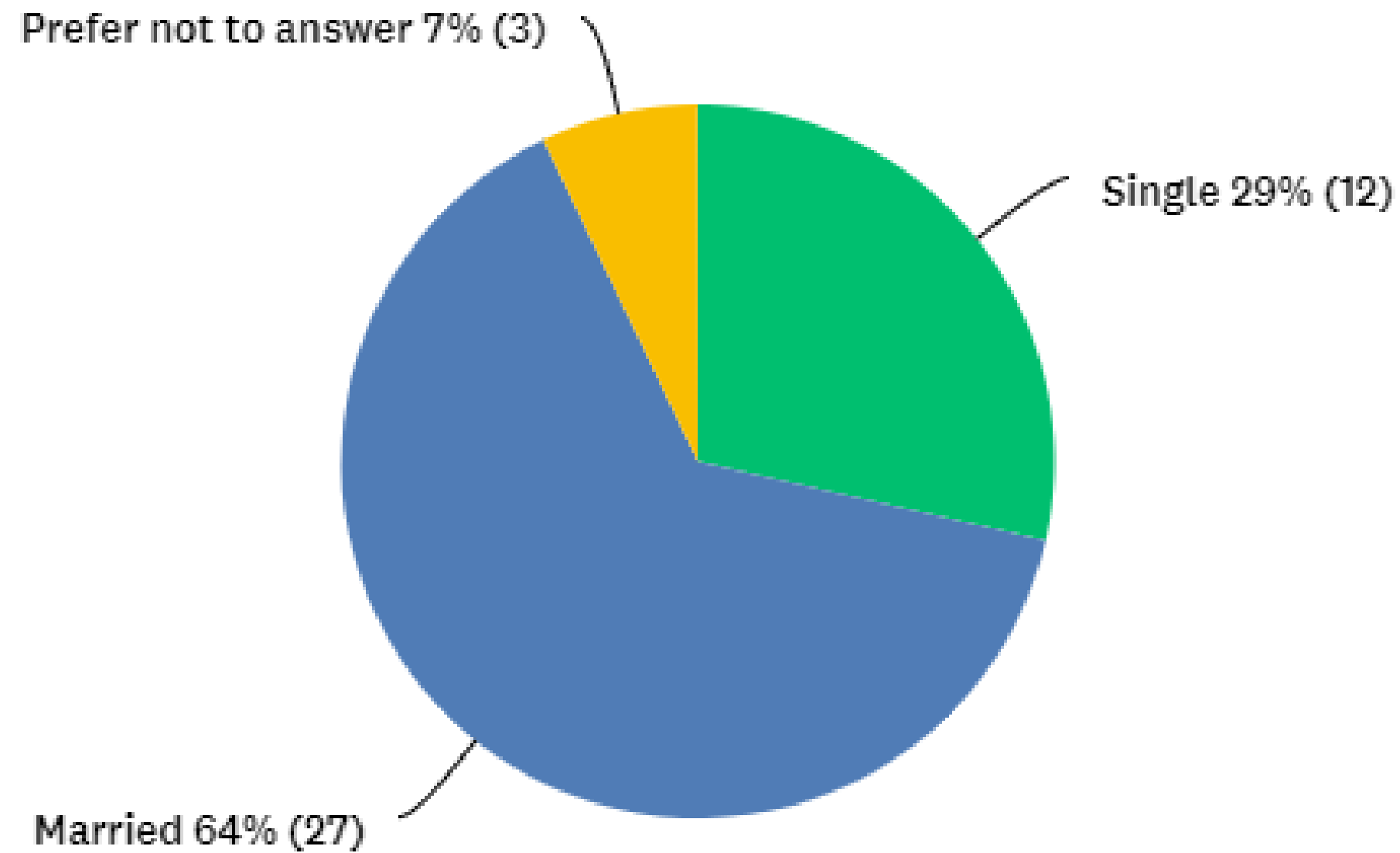
Indicate your age below

Answered: 43 Skipped: 5



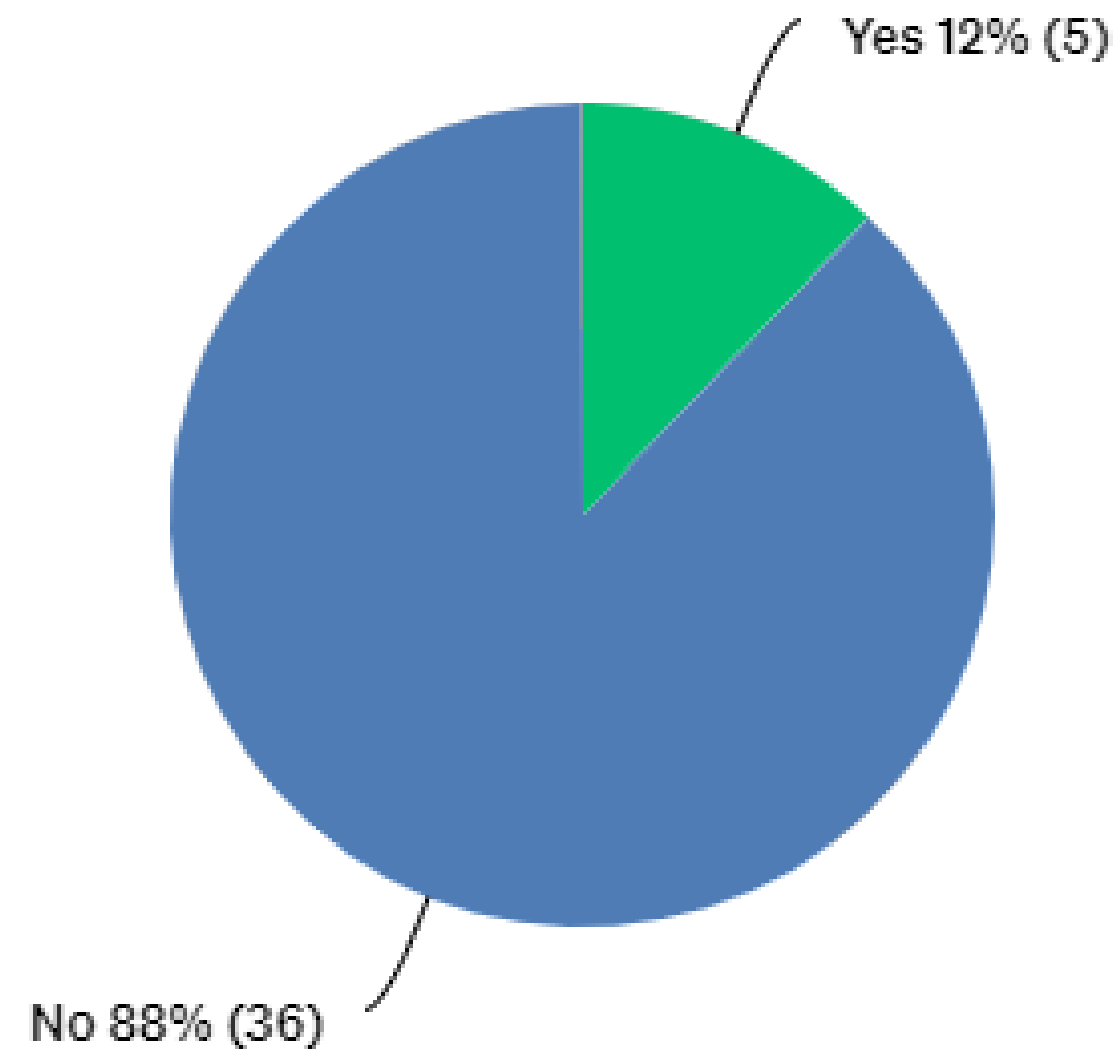
Please indicate your marital status

Answered: 42 Skipped: 6



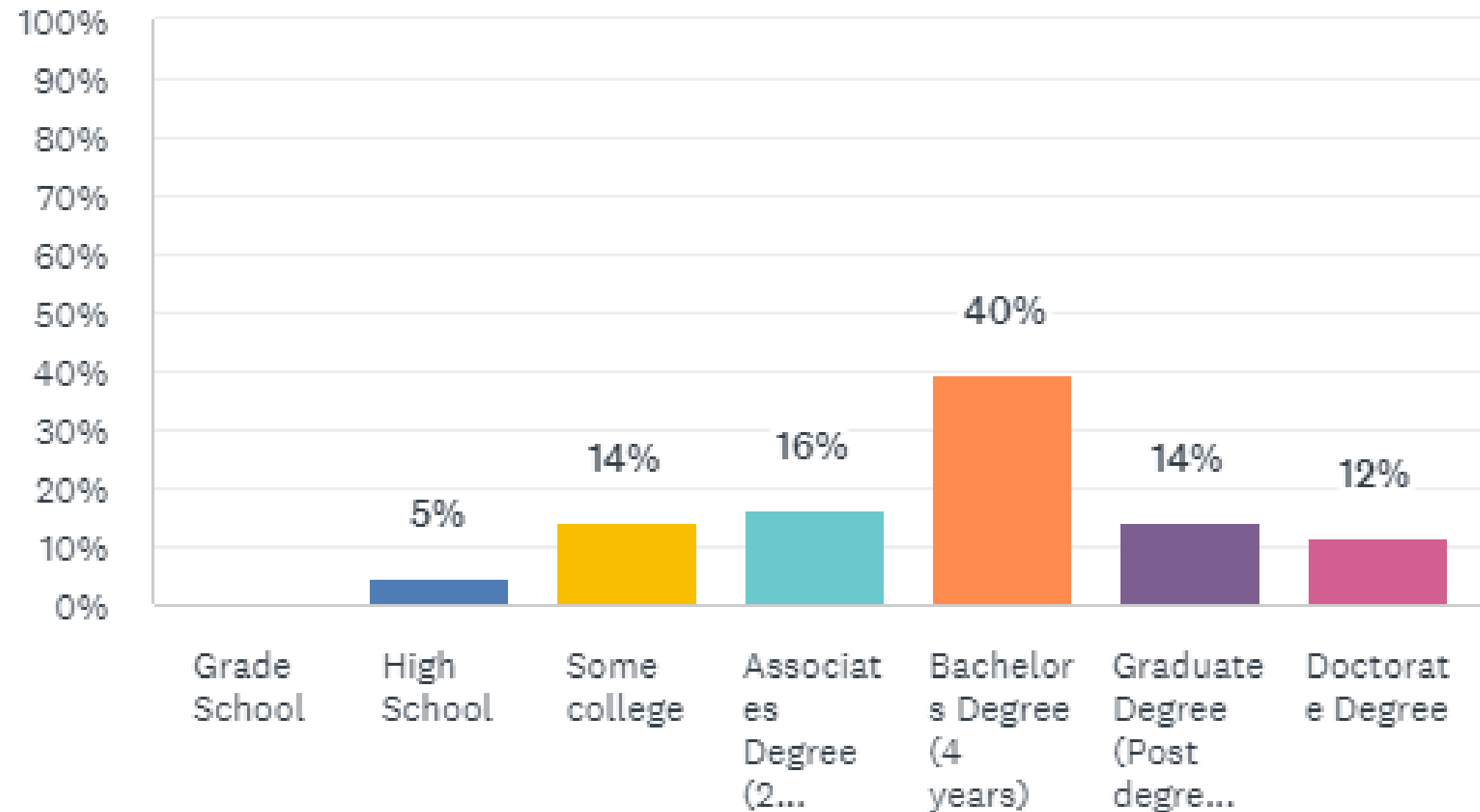
Do you have any children under 18 living at home?

Answered: 41 Skipped: 7



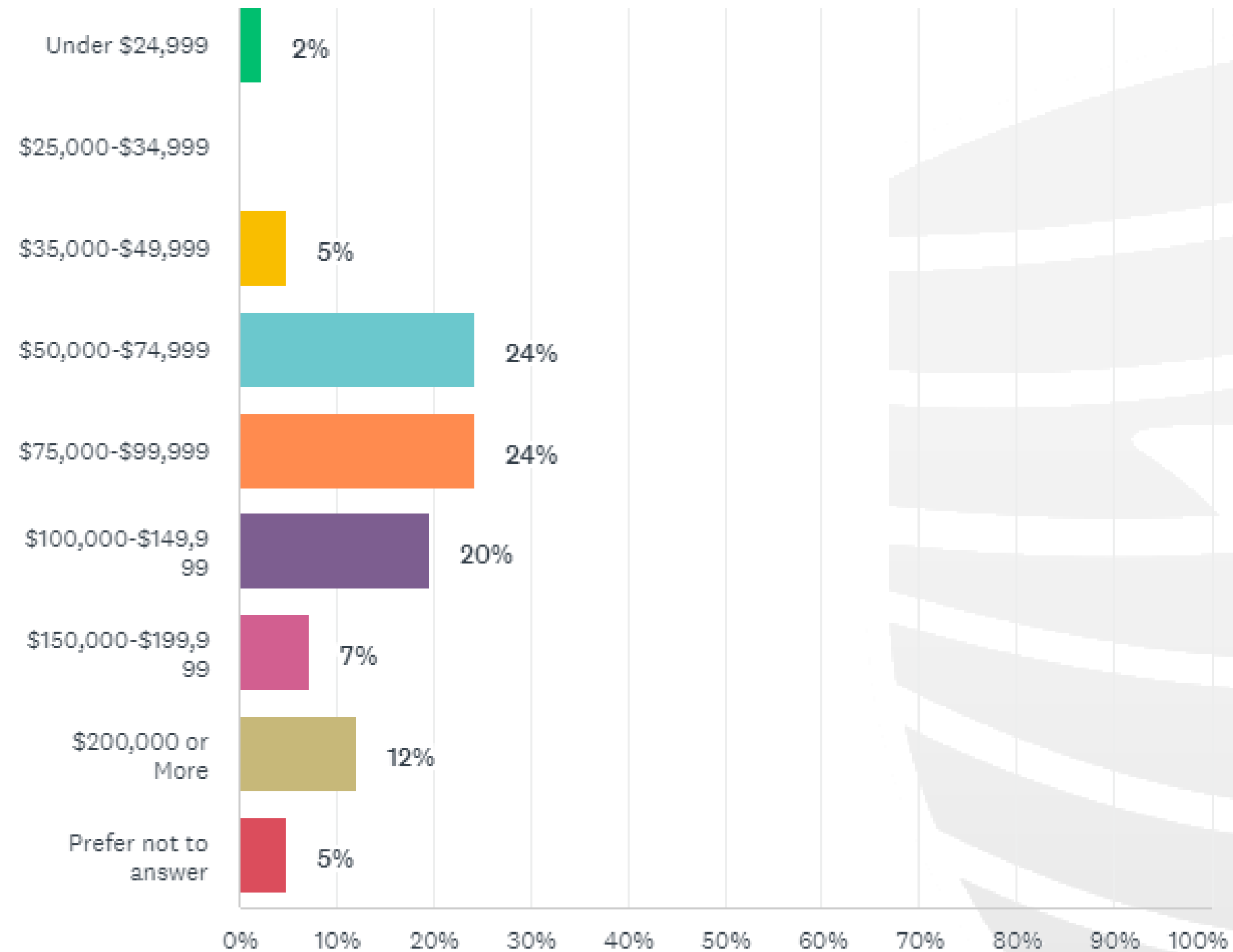
Please indicate your highest level of education

Answered: 43 Skipped: 5



Which of the following includes your annual household income?

Answered: 41 Skipped: 7

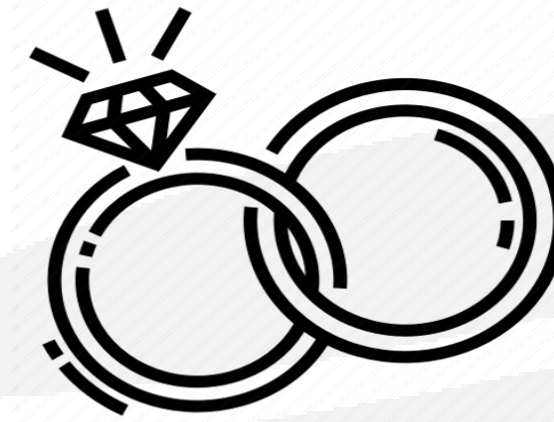


Infographic



Female

age
55-69



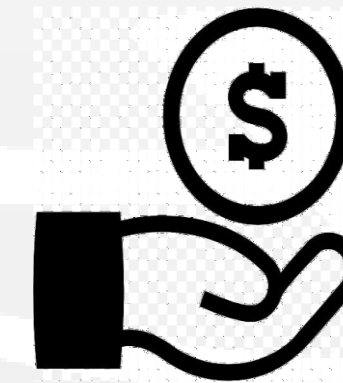
Married



No children
under 18 living
at home



Bachelors'
degree



Income
\$50,000 - \$100,000

Additional Comments

- Love this festival!
- Excellent
- Great event
- Need more food trucks that have faster service (i.e. hot dogs, hamburgers, sausage, peppers, fries, etc.)
- Awesome
- Love the event
- Survey too long
- Festival is great
- A program or agenda in paper or online link format would've been helpful and welcome, especially given the cost of the event. Also a map; laying out parking and restroom info, especially for disabled, would've been helpful.



CENTER FOR EVENT MANAGEMENT
AND HOSPITALITY TRAINING

HISTORIC MITCHELVILLE FREEDOM PARK

Program Title: _____

Program Evaluation Form

Email: _____

Zip Code: _____

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

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

I have attended other programs on this topic:
 Yes No
If yes, where? _____

This program increased my understanding of the topic:
Yes No

This is my first time attending a program presented by the Historic
Mitchelville Freedom Park HMFP):
 Yes No

Are you a citizen (member) of HMFP? _____

How do you rate the knowledge and delivery of the presenter(s)?
 Excellent Good Fair Poor

Would you recommend that others attend future programs presented by
HMFP?
 Yes No

Other comments/suggestions:

HISTORIC MITCHELVILLE FREEDOM PARK

Program Title: _____

Program Evaluation Form

Email: _____

Zip Code: _____

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

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

I have attended other programs on this topic:
 Yes No
If yes, where? _____

This program increased my understanding of the topic:
Yes No

This is my first time attending a program presented by the Historic
Mitchelville Freedom Park (HMFP):
 Yes No

Are you a citizen (member) of HMFP? _____

How do you rate the knowledge and delivery of persons on the panel?
 Excellent Good Fair Poor

Would you recommend that others attend future programs presented by
HMFP?
 Yes No

Other comments/suggestions:

“Individually we are one drop;
but together we are an ocean.”

– Ryunosoke Saturo

COLLABORATE, COMMUNICATE, COOPERATE, COORDINATE - All that and in no particular order is how we work together in support of our organizational missions and commitment to our community. The arts, culture and history community comes together regularly because we believe that we are partners in promoting all that our Island has to offer to visitors, students and residents. We are there for each other and we actively seek out ways to partner when our missions intersect.

WHO: Coastal Discovery Museum, Culture HHI, Gullah Museum, Heritage Library, Hilton Head Island Land Trust, Lowcountry Gullah, Historic Mitchelville Freedom Park, Arts Council of Hilton Head.

WHO ELSE: USCB HH, Arts Center of Coastal Carolina, Art League, Beaufort County Schools, Chamber of Commerce, Heritage Classic Foundation, NIBCAA, MLK Committee for Social Justice, Island Recreation Center, Island Writers’ Network, Morris Center, Beaufort County Public Library, Turtle Trackers, local artists, local authors, OLLI, local community groups and service organizations.

WHAT: Crescendo, Gullah Celebration, Juneteenth, Historic Holidays, Lantern Parade, Family Fun Day, Farmers Market, Our Storied Island, Gullah Food Festival, public art, historic site tours, Fish & Grits, Diversity Weekend, MLK Day, Griot’s Corner, Mitchelville Annual Forum, Freedom Walk, Holiday Nights & Lights, Freedom Day, HHI Land Trust Eagle Nest, RBC Heritage, Art Moves, Return to Nature: Gullah Artists Documentary, Student Mural Exhibit, Hilton Head Island: The Pursuit of Freedom & Opportunity and the list goes on and on.

HOW: Shared radio, print and TV advertising, shared social media, event participation, event partnerships, combined research, shared resources, websites, board updates, training, brochures, rack cards, newsletters, volunteer sharing, mutual respect and strong communication.



Historic Mitchelville Freedom Park

2023

REVENUES

Grants (Regional)	241,000
Donations / Citizenships (membership)	270,000
Management Agreement - TOHH	105,000
Grants (Organizational)	130,000
Program Income	50,000
Individual Business Contributions & Sponsorships	
Corporate Sponsorship	100,000
Board Pledges---2023--16 members at \$1,000	16,000
Gifts-in-kind--Rental Space MPP Offices	7,000
Miscellaneous Revenue (tours, etc.)	6,000
Investment Income	
Interest - CD	1,500

TOTAL RECEIPTS

926,500

EXPENSES

Staff - Paid Event / Program Staff	246,250
Program Costs (speakers/venue/etc.)	160,750
HMFP Campaign Management	130,000
Marketing (programs)	70,000
Fundraising costs	60,000
General Project marketing	30,000
Promotion of Master Plan (print, displays, direct marketing)	20,000
Payroll Taxes	16,000
Donor software and associated costs	15,000
Park maintenance & updates	15,000
Accounting fees	15,000
Grant Preparation /Lobbying/Consultation	15,000
Trash removal (Park)	15,000
Misc. Indirect Program Costs	13,000
Educational Outreach/Curriculum Dev.	10,000
Bookkeeping fees	10,000
Archaeology Costs	10,000
Property / Terrorism / Liability Insurance	8,000
Rent, Parking & Utilities MPP Offices	7,000
Conferences/Natl. Meetings/Workshops	6,000
Project travel costs	6,000
Dues / Memberships and Subscriptions	5,000
Interest Expense / Service Charges	4,500
Hospitality	4,400
Park Utilities	4,000
Depreciation and amortization	4,000
Event Transportation	3,000
Legal Counsel	3,000
Technology upgrades for Project	3,000
Storage	3,000
Rotary fees	2,500
Organizational Supplies	2,500
Web site hosting	2,000

Printing and Copying Expenses	1,800	
Postage, Mailing Service	1,500	
Board Retreat / Training	1,500	
Constant Contact	1,100	
Professional Fees - Chamber of Commerce	500	
Online Payment System Fees	500	
Admin Fees - Community Foundation	400	
PayPal fees	300	
Total	926,500	
Revenue Over (Under)	0	

Historic Mitchelville Freedom Park

Statement of Financial Position

As of September 1, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Coastal States CD	170,586.35
Comm Found of the Lowcountry	128,890.07
Paypal Account	87.50
South State Bank	518,919.52
Total Bank Accounts	\$818,483.44
Accounts Receivable	
MOU TOHH 2021	0.00
Pledge Receivable - Blues and BBQ	0.00
Pledge Receivables	
Unrestricted Board Pledges 2019	2,750.00
Unrestricted Board Pledges 2020	4,138.00
Total Pledge Receivables	6,888.00
Total Accounts Receivable	\$6,888.00
Other Current Assets	
MOU Town of HHI 2021	105,000.00
Prepaid Expenditures	1,240.85
Prepaid Expenditures-Anniversary Forum	0.00
Prepaid Expenditures-Blues and BBQ	
Prepaid Blues and BBQ-Advertising	75.00
Prepaid Blues and BBQ-Band	0.00
Prepaid Blues and BBQ-Staging Park	0.00
Total Prepaid Expenditures-Blues and BBQ	75.00
Prepaid Expenditures-Juneteenth	
Prepaid Juneteenth Expense	0.00
Prepaid Juneteenth Marketing Expense	0.00
Total Prepaid Expenditures-Juneteenth	0.00
Prepaid Holiday Event	0.00
Total Prepaid Expenditures	1,315.85
Prepaid Property Insurance	0.00
TOHH A-Tax Receivable	185,000.00
TOHH A-Tax Receivable 2020	757.32
Total TOHH A-Tax Receivable	185,757.32
Uncategorized Asset	0.00
Total Other Current Assets	\$292,073.17
Total Current Assets	\$1,117,444.61
Fixed Assets	
Furniture and Equipment	22,807.04
Sign	2,655.00
zAccumulated Depreciation	-23,945.03

Historic Mitchelville Freedom Park

Statement of Financial Position

As of September 1, 2022

	TOTAL
Total Fixed Assets	\$1,517.01
Other Assets	
Collections-Exhibits	10,000.00
Total Other Assets	\$10,000.00
TOTAL ASSETS	\$1,128,961.62
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
South State Bank CC	0.00
Total Credit Cards	\$0.00
Other Current Liabilities	
Accounts Payable	10,991.05
Deferred Revenue - Blues and BBQ	0.00
Payroll Tax Payable	0.00
Unearned or Deferred Revenue	0.00
With Donor Restrictions	
Breedlove Grant	0.00
Total With Donor Restrictions	0.00
Total Unearned or Deferred Revenue	0.00
Wages Payable	0.00
Total Other Current Liabilities	\$10,991.05
Total Current Liabilities	\$10,991.05
Total Liabilities	\$10,991.05
Net Assets	
Net Assets With Donor Restrictions	69,795.48
Net Assets Without Donor Restrictions	906,770.02
Net Revenue	141,405.07
Total Net Assets	\$1,117,970.57
TOTAL LIABILITIES AND EQUITY	\$1,128,961.62

Historic Mitchelville Freedom Park

Statement of Financial Position

As of December 31, 2021

	TOTAL		
	AS OF DEC 31, 2021	AS OF DEC 31, 2020 (PY)	CHANGE
ASSETS			
Current Assets			
Bank Accounts			
Coastal States CD	170,586.35	169,573.69	1,012.66
Comm Found of the Lowcountry	128,890.07	128,890.07	0.00
Paypal Account	87.50	87.50	0.00
South State Bank	374,745.42	697,298.60	-322,553.18
Total Bank Accounts	\$674,309.34	\$995,849.86	\$ -321,540.52
Accounts Receivable			
Pledge Receivable - Blues and BBQ	0.00	0.00	0.00
Pledge Receivables			
Pledges Receivable - CFoLC (deleted)	-3,700.00	-3,700.00	0.00
Unrestricted Board Pledge 2017 (deleted)	10,774.00	10,774.00	0.00
Unrestricted Board Pledges 2019	7,250.00	7,250.00	0.00
Unrestricted Board Pledges 2020	10,000.00	10,000.00	0.00
Total Pledge Receivables	24,324.00	24,324.00	0.00
Total Accounts Receivable	\$24,324.00	\$24,324.00	\$0.00
Other Current Assets			
MOU Town of HHI 2021	105,000.00		105,000.00
Prepaid Expenditures			
Prepaid Expenditures-Anniversary Forum	0.00	0.00	0.00
Prepaid Expenditures-Blues and BBQ			
Prepaid Blues and BBQ-Advertising	75.00	75.00	0.00
Prepaid Blues and BBQ-Band	0.00	1,000.00	-1,000.00
Prepaid Blues and BBQ-Staging Park	0.00	0.00	0.00
Total Prepaid Expenditures-Blues and BBQ	75.00	1,075.00	-1,000.00
Prepaid Expenditures-Juneteenth			
Prepaid Juneteenth Expense	0.00	0.00	0.00
Prepaid Juneteenth Marketing Expense	0.00	0.00	0.00
Total Prepaid Expenditures-Juneteenth	0.00	0.00	0.00
Prepaid Holiday Event	0.00	0.00	0.00
Total Prepaid Expenditures	1,315.85	2,315.85	-1,000.00
Prepaid Property Insurance	0.00	0.00	0.00
TOHH A-Tax Receivable	185,000.00	73,708.00	111,292.00
TOHH A-Tax Receivable 2020	757.32	769.93	-12.61
Total TOHH A-Tax Receivable	185,757.32	74,477.93	111,279.39
Uncategorized Asset	0.00	0.00	0.00
Total Other Current Assets	\$292,073.17	\$76,793.78	\$215,279.39
Total Current Assets	\$990,706.51	\$1,096,967.64	\$ -106,261.13
Fixed Assets			
Furniture and Equipment	22,807.04	22,807.04	0.00

Historic Mitchelville Freedom Park

Statement of Financial Position

As of December 31, 2021

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

Historic Mitchelville Freedom Park

Statement of Financial Position

As of December 31, 2020

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Comm Found of the Lowcountry	128,890.07
Paypal Account	87.50
South State Bank	697,298.60
Total Bank Accounts	\$826,276.17
Accounts Receivable	
Pledge Receivable - Blues and BBQ	0.00
Pledge Receivables	
Pledges Receivable - CFoLC	0.00
Unrestricted Board Pledge 2017	0.00
Unrestricted Board Pledge 2018	0.00
Unrestricted Board Pledges 2019	2,750.00
Unrestricted Board Pledges 2020	4,138.00
Total Pledge Receivables	6,888.00
Total Accounts Receivable	\$6,888.00
Other Current Assets	
Heritage Foundation Receivable	0.00
Prepaid Expenditures	1,240.85
Prepaid Expenditures-Anniversary Forum	0.00
Prepaid Expenditures-Blues and BBQ	
Prepaid Blues and BBQ-Advertising	75.00
Prepaid Blues and BBQ-Band	1,000.00
Prepaid Blues and BBQ-Staging Park	0.00
Total Prepaid Expenditures-Blues and BBQ	1,075.00
Prepaid Expenditures-Juneteenth	
Prepaid Juneteenth Expense	0.00
Prepaid Juneteenth Marketing Expense	0.00
Total Prepaid Expenditures-Juneteenth	0.00
Prepaid Holiday Event	0.00
Total Prepaid Expenditures	2,315.85
Prepaid Marketing Expense	0.00
Prepaid Office Manager Expense	0.00
Prepaid Property Insurance	0.00
TOHH A-Tax Receivable	0.00
TOHH A-Tax Receivable 2020	74,474.93
Total TOHH A-Tax Receivable	74,474.93
Uncategorized Asset	0.00
Undeposited Blues and BBQ	0.00
With Donor Restrictions	
TOHH A-Tax Receivable 2015	0.00

Historic Mitchelville Freedom Park

Statement of Financial Position

As of December 31, 2020

	TOTAL
TOHH A-Tax Receivable 2016	0.00
TOHH A-Tax Receivable 2017	0.00
TOHH A-Tax Receivable 2018	0.00
TOHH A-Tax Receivable 2019	0.00
Total With Donor Restrictions	0.00
Total Other Current Assets	\$76,790.78
Total Current Assets	\$909,954.95
Fixed Assets	
Furniture and Equipment	22,807.04
Sign	2,655.00
zAccumulated Depreciation	-20,816.04
Total Fixed Assets	\$4,646.00
Other Assets	
Collections-Exhibits	10,000.00
Total Other Assets	\$10,000.00
TOTAL ASSETS	\$924,600.95
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
*Accounts Payable	0.00
Total Accounts Payable	\$0.00
Credit Cards	
South State Bank CC	2,244.08
Total Credit Cards	\$2,244.08
Other Current Liabilities	
Accounts Payable	10,991.05
Old Uncleared Checks	0.00
Total Accounts Payable	10,991.05
Accrued Wages	0.00
Deferred Rev-2015 TOHH	0.00
Deferred Revenue - Blues and BBQ	10,811.24
Loan for eBooks	0.00
Payroll Tax Payable	0.00
Unearned or Deferred Revenue	0.00
2020 State Grant	0.00
With Donor Restrictions	
2017 Beaufort Cnty	0.00
2018 Beaufort Cnty	0.00
2020 Beaufort County	4,000.00
Breedlove Grant	0.00
Total With Donor Restrictions	4,000.00

Historic Mitchelville Freedom Park

Statement of Financial Position

As of December 31, 2020

	TOTAL
Total Unearned or Deferred Revenue	4,000.00
Unrestricted Board Pledge-2017	0.00
Unrestricted Board Pledge-2018	0.00
Total Other Current Liabilities	\$25,802.29
Total Current Liabilities	\$28,046.37
Total Liabilities	\$28,046.37
Net Assets	
Net Assets With Donor Restrictions	69,795.48
Net Assets Without Donor Restrictions	186,103.68
Net Revenue	640,655.42
Total Net Assets	\$896,554.58
TOTAL LIABILITIES AND EQUITY	\$924,600.95

Historic Mitchelville Freedom Park

Statement of Activity

January 1 - September 1, 2022

	TOTAL
Revenue	
CONTRIBUTIONS, GIFTS & GRANTS	
Archaeology Project Contributions	31,100.00
Contributions - Individual & Business	
Board Pledges	2,875.00
Corporate Contributions	46,900.00
Donations & Memberships - Individuals	127,140.37
Total Contributions - Individual & Business	176,915.37
Direct Public Grants	
Misc Public Grants	57,500.00
Total Direct Public Grants	57,500.00
Direct Public Support	
Gifts in Kind - Rental Space	4,666.72
MOU with TOHH for 2021	105,000.00
MOU with Town Of HHI	105,000.00
Total Direct Public Support	214,666.72
Government Grants	
SC Parks and Recreation Grants	31,000.00
TOHH - ATAX 2022	131,255.08
TOHH A-Tax 2021	4,577.82
Total Government Grants	166,832.90
Total CONTRIBUTIONS, GIFTS & GRANTS	647,014.99
FUNDRAISING INCOME	
Capital Campaign	50,000.00
Total FUNDRAISING INCOME	50,000.00
INVESTMENT INCOME	
Interest - SouthState Checking	141.23
Total INVESTMENT INCOME	141.23
PROGRAM INCOME	
Admission/Ticket Sales Revenue	12,281.49
Tour & Special Events Revenue	318.00
Total PROGRAM INCOME	12,599.49
Total Revenue	\$709,755.71
GROSS PROFIT	\$709,755.71
Expenditures	
FUNDRAISING EXPENSES	
Blues and BBQ Marketing	4,426.00
Blues and BBQ Operating Expense	46,439.13
Compass Group	140,000.00
Grant Writing Expense	100.00
Total FUNDRAISING EXPENSES	190,965.13
MANAGEMENT & ADMINISTRATION	

Historic Mitchelville Freedom Park

Statement of Activity

January 1 - September 1, 2022

	TOTAL
Bank Fee	
Interest Expense	2,371.06
Late Fee/Penalty	78.00
Total Bank Fee	2,449.06
Bateau Panels	10,645.00
Conference, Convention, Meeting	3,395.63
Constant Contact	646.60
Donor Software Costs	3,217.29
Dues and Subscriptions	9.99
Chamber of Commerce	175.00
Museum Associations/Orgs	1,075.00
Rotary Fees	620.00
Total Dues and Subscriptions	1,879.99
Facilities and Equipment	
Depr and Amort - Allowable	2,769.03
Donated Facilities	4,666.72
Park Maintenance & Updates	2,684.03
Park Utilities	1,848.00
Public Storage - Archaeology	936.00
Storage	1,129.00
Trash Removal	6,800.00
Total Facilities and Equipment	20,832.78
Insurance Expense	
Liability/Event/Terrorism Insurance	540.00
Total Insurance Expense	540.00
Misc/Indirect Program Expense	902.83
Office/Organizational Supplies	976.31
Outside Services	
Accountant	11,890.00
Bookkeeper	2,619.00
Consultant	16,000.00
Legal Fees	314.07
Total Outside Services	30,823.07
Paid Event/ Program Staff	
Administrative Asst	5,835.20
Development Consultant (PT)	35,006.84
Event/Tour Staff	1,600.00
Executive Director	58,922.10
Griot's Corner Facilitator	4,800.00
Payroll Processing Fee	877.90
Payroll Taxes	7,134.14
Program/Project Manager	28,500.00
Total Paid Event/ Program Staff	142,676.18

Historic Mitchelville Freedom Park

Statement of Activity

January 1 - September 1, 2022

	TOTAL
Postage, Mailing Service	702.83
Printing and Copying	381.60
Project Travel Costs	89.40
Technology Upgrades	6,161.18
Total MANAGEMENT & ADMINISTRATION	226,319.75
PROGRAM SERVICES EXPENSE	
Event Transportation	0.00
Freedom Day	9,515.00
Griot's Corner Expense	619.15
Holiday Event	1,335.00
Juneteenth Celebration	61,527.30
Juneteenth Celebration - Performance	4,000.00
Total Juneteenth Celebration	65,527.30
Misc Indirect Program Costs	3,883.72
Hospitality	2,112.26
Total Misc Indirect Program Costs	5,995.98
Program Marketing	
Freedom Day Marketing	4,619.31
General Project Marketing	15,748.52
Griot's Corner Marketing	1,800.00
Holiday/Tree Lighting Marketing	16,099.50
Juneteenth Marketing	13,656.00
Master Plan Marketing	16,150.00
Total Program Marketing	68,073.33
Total PROGRAM SERVICES EXPENSE	151,065.76
Total Expenditures	\$568,350.64
NET OPERATING REVENUE	\$141,405.07
NET REVENUE	\$141,405.07

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2021

	TOTAL		
	JAN - DEC 2021	JAN - DEC 2020 (PY)	CHANGE
Revenue			
CONTRIBUTIONS, GIFTS & GRANTS		200.00	-200.00
Contributions - Individual & Business	1,825.00		1,825.00
Board Pledges	6,000.00	10,000.00	-4,000.00
Corporate Contributions	100,000.00	545.00	99,455.00
Donations & Memberships - Individuals	72,998.08	84,972.67	-11,974.59
Total Contributions - Individual & Business	180,823.08	95,517.67	85,305.41
Direct Public Grants	25,000.00	4,500.00	20,500.00
Misc Public Grants	6,500.00		6,500.00
Total Direct Public Grants	31,500.00	4,500.00	27,000.00
Direct Public Support			
1862 Campaign		711.52	-711.52
Breedlove Foundation	30,000.00		30,000.00
Gifts in Kind - Rental Space	7,000.08	7,000.00	0.08
Gifts In Kind-Exec Director Costs	0.00	50,000.00	-50,000.00
Heritage Classic Foundation Match	2,000.00	600.00	1,400.00
Memorials	970.70		970.70
MOU with TOHH for 2021	105,000.00		105,000.00
Total Direct Public Support	144,970.78	58,311.52	86,659.26
Government Grants			
Beaufort County ATax	20,000.00		20,000.00
County A-Tax 2020		16,000.00	-16,000.00
SC Parks and Recreation Grants	10,999.05	725,000.00	-714,000.95
TOHH A-Tax 2019 (deleted)		15,178.92	-15,178.92
TOHH A-Tax 2020	33,732.13	185,003.00	-151,270.87
TOHH A-Tax 2021	185,000.60		185,000.60
Total Government Grants	249,731.78	941,181.92	-691,450.14
Total CONTRIBUTIONS, GIFTS & GRANTS	607,025.64	1,099,711.11	-492,685.47
FUNDRAISING INCOME			
Blues and BBQ			
Blues and BBQ Admissions	40.00	1,500.00	-1,460.00
Blues and BBQ Donations	21,601.24		21,601.24
Total Blues and BBQ	21,641.24	1,500.00	20,141.24
Total FUNDRAISING INCOME	21,641.24	1,500.00	20,141.24
Grant Income (deleted)	0.00		0.00
INVESTMENT INCOME			
Interest - CD	1,012.66	4,573.69	-3,561.03
Interest - CFoLC		397.69	-397.69
Interest - SouthState Checking	444.75	302.67	142.08
Total INVESTMENT INCOME	1,457.41	5,274.05	-3,816.64
PROGRAM INCOME			

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2021

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

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2021

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

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2021

	TOTAL		
	JAN - DEC 2021	JAN - DEC 2020 (PY)	CHANGE
Paid Event/ Program Staff			
Executive Director	94,275.51	97,137.68	-2,862.17
Griot's Corner Facilitator	6,000.00	7,200.00	-1,200.00
Health Insurance (deleted)		2,473.64	-2,473.64
Payroll Processing Fee	1,186.44	71.11	1,115.33
Payroll Taxes	10,700.25	6,496.93	4,203.32
Program/Project Manager	45,600.00	46,000.00	-400.00
Total Paid Event/ Program Staff	157,762.20	159,379.36	-1,617.16
Postage, Mailing Service	735.82	212.54	523.28
Printing and Copying		83.88	-83.88
Technology Upgrades	17,150.65	14,592.56	2,558.09
Website		228.00	-228.00
Website (deleted)		228.00	-228.00
Total Website		456.00	-456.00
Total MANAGEMENT & ADMINISTRATION	530,641.92	288,338.20	242,303.72
PROGRAM SERVICES EXPENSE			
Archaeology Project	61,842.46	59,180.29	2,662.17
Educational Outreach/Curriculum Dev	7,146.14	5,420.00	1,726.14
Freedom Day	300.00	3,381.76	-3,081.76
Entertainment	4,900.00	182.41	4,717.59
Staging (deleted)		7,808.00	-7,808.00
Total Freedom Day	5,200.00	11,372.17	-6,172.17
Griot's Corner Expense	246.43	2,523.77	-2,277.34
Holiday Event	-1,683.00	21,149.48	-22,832.48
Juneteenth Celebration	4,751.63	1,500.00	3,251.63
Juneteenth Celebration - Merchandise (deleted)	1,764.14		1,764.14
Juneteenth Celebration - Performance	19,685.06	5,300.00	14,385.06
Juneteenth Celebration-Staging Park	15,532.33	1,875.00	13,657.33
Total Juneteenth Celebration	41,733.16	8,675.00	33,058.16
Miscellaneous Indirect Program Costs		464.00	-464.00
Hospitality	397.88	347.46	50.42
Reenactments and Tours	400.00	200.00	200.00
Supplies	183.17	1,389.04	-1,205.87
Total Miscellaneous Indirect Program Costs	981.05	2,400.50	-1,419.45
MPP Anniversary Forum Expenses	3,200.00	3,300.00	-100.00
Program Marketing	167.76	10,925.00	-10,757.24
Anniversary Forum Marketing		3,000.00	-3,000.00
Freedom Day Marketing	4,700.00		4,700.00
General Project Marketing	8,150.00	6,977.28	1,172.72
Griot's Corner Marketing	2,250.00	6,450.00	-4,200.00
Holiday/Tree Lighting Marketing	24,138.00		24,138.00
Juneteenth Marketing	26,834.13	24,575.00	2,259.13

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2021

	TOTAL		
	JAN - DEC 2021	JAN - DEC 2020 (PY)	CHANGE
Master Plan Marketing	15,790.00	6,820.91	8,969.09
Total Program Marketing	82,029.89	58,748.19	23,281.70
Travel (deleted)	-350.00	11,796.66	-12,146.66
Total PROGRAM SERVICES EXPENSE	200,346.13	184,566.06	15,780.07
Total Expenditures	\$747,086.96	\$481,394.26	\$265,692.70
NET OPERATING REVENUE	\$ -92,897.85	\$653,028.15	\$ -745,926.00
NET REVENUE	\$ -92,897.85	\$653,028.15	\$ -745,926.00

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2020

	TOTAL
Revenue	
CONTRIBUTIONS, GIFTS & GRANTS	200.00
Direct Public Grants	4,500.00
Direct Public Support	
1862 Campaign	711.52
Gifts in Kind - Rental Space	7,000.00
Gifts In Kind-Exec Director Costs	50,000.00
Heritage Classic Foundation Match	600.00
Total Direct Public Support	58,311.52
Government Grants	
County A-Tax 2020	16,000.00
SC Grant	725,000.00
TOHH A-Tax 2019	15,178.92
TOHH A-Tax 2020	185,000.00
Total Government Grants	941,178.92
Sponsorships Donations & Pledges	
Board Pledges	10,000.00
Corporate Contributions	545.00
Individ, Business Contributions	84,972.67
Total Sponsorships Donations & Pledges	95,517.67
Total CONTRIBUTIONS, GIFTS & GRANTS	1,099,708.11
FUNDRAISING INCOME	
Blues and BBQ	
Blues and BBQ Admissions	1,500.00
Total Blues and BBQ	1,500.00
Total FUNDRAISING INCOME	1,500.00
INVESTMENT INCOME	
Interest - CFoLC	397.69
Interest - SouthState Checking	302.67
Total INVESTMENT INCOME	700.36
PROGRAM INCOME	
Freedom Day	500.00
Griot's Corner	20,000.00
Reenactments and Tours	1,575.25
Total PROGRAM INCOME	22,075.25
Rev Released from Restrictions	
Restrictions Satisfied by Pymts	0.00
Total Rev Released from Restrictions	0.00
Total Revenue	\$1,123,983.72
GROSS PROFIT	\$1,123,983.72
Expenditures	
FUNDRAISING EXPENSES	

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2020

	TOTAL
Blues and BBQ Expense	
Blues and BBQ Expense Entertainment	0.00
Blues and BBQ Expense-Staging Park	4,740.00
Total Blues and BBQ Expense	4,740.00
Grant Writing Expense	3,750.00
Total FUNDRAISING EXPENSES	8,490.00
MANAGEMENT & ADMINISTRATION	
Business Expenses	73.91
Administrative Fees - CFLC	2,056.19
Interest Expense	131.85
Square Fees	88.24
Total Business Expenses	2,350.19
Contract Services	
Accounting Fees	12,491.35
Fundraising Fees	17,500.00
Legal Fees	345.83
Payroll Processing Fee	71.11
Total Contract Services	30,408.29
Dues and Subscriptions	3,162.00
Facilities and Equipment	
Depr and Amort - Allowable	3,692.04
Donated Facilities	7,000.00
Park Maintenance	14,867.58
Property Insurance	5,592.22
Storage	413.62
Total Facilities and Equipment	31,565.46
Insurance - Liability, D and O	540.00
Other Types of Expenses	
Bank Fee	
Bank charges	39.00
Total Bank Fee	39.00
Marketing	24,360.50
Constant Contact	1,059.30
Marketing Supplies	76.86
Media Buy Radio/TV	1,000.00
Social Media	10,740.00
Strategic Planning	4,500.00
Total Marketing	41,736.66
Membership	170.00
Other Costs	
All Other Expenses	
Miscellaneous Expense	302.34

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2020

	TOTAL
Supplies	1,375.40
Total All Other Expenses	1,677.74
Travel and Meetings	307.73
Board Retreat and Training	1,461.99
Conference, Convention, Meeting	1,507.70
Total Travel and Meetings	3,277.42
Total Other Costs	4,955.16
Technology Upgrades	14,592.56
Telephone, Telecommunications	692.25
Total Other Types of Expenses	62,185.63
Paid Event/ Program Staff	
Executive Director Costs	97,137.68
Griot's Corner Coordinator	7,200.00
Health Insurance	2,473.64
Payroll Taxes	6,496.93
Program Manager Costs	46,000.00
Total Paid Event/ Program Staff	159,308.25
Printing and Postage	
Postage, Mailing Service	212.54
Printing and Copying	83.88
Total Printing and Postage	296.42
Website	228.00
Website Hosting	228.00
Total Website	456.00
Total MANAGEMENT & ADMINISTRATION	290,272.24
PROGRAM SERVICES EXPENSE	
Archaeology Project	59,180.29
Educational Outreach/Curriculum Dev	5,420.00
Freedom Day	3,381.76
Entertainment	182.41
Staging	7,808.00
Total Freedom Day	11,372.17
Griot's Corner Expense	
Griot's Corner Genl Expense	2,523.77
Total Griot's Corner Expense	2,523.77
Holiday Event	21,149.48
Juneteenth Celebration	1,500.00
Juneteenth Celebration - Performance	5,300.00
Juneteenth Celebration-Staging Park	1,875.00
Total Juneteenth Celebration	8,675.00
Miscellaneous Indirect Program Costs	464.00
Hospitality	347.46

Historic Mitchelville Freedom Park

Statement of Activity

January - December 2020

	TOTAL
Reenactments and Tours	200.00
Supplies	1,389.04
Total Miscellaneous Indirect Program Costs	2,400.50
MPP Anniversary Forum Expenses	
MPP Anniversary Forum Genl Expenses	3,300.00
Total MPP Anniversary Forum Expenses	3,300.00
Program Marketing	10,925.00
General Project Marketing	6,977.28
Griot's Corner Marketing	6,450.00
Juneteenth Celebration Mktg	24,575.00
Master Plan Marketing	6,820.91
MPP Anniversary Forum Marketing	3,000.00
Total Program Marketing	58,748.19
Travel	11,796.66
Total PROGRAM SERVICES EXPENSE	184,566.06
Total Expenditures	\$483,328.30
NET OPERATING REVENUE	\$640,655.42
NET REVENUE	\$640,655.42

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

J Website: ▶ **WWW.EXPLOREMITCHELVILLE.ORG** **H(c)** Group exemption number ▶

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	16
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	3
	6	Total number of volunteers (estimate if necessary)	40
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,099,708 Current Year: 628,626
	9	Program service revenue (Part VIII, line 2g)	22,075 24,065
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,274 1,457
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,240 -5,459
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,123,817 648,689
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	144,109 150,576
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	17,500 210,000
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 225,572	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	315,046 378,987
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	476,655 739,563	
19	Revenue less expenses. Subtract line 18 from line 12	647,162 -90,874	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,095,484 End of Year: 987,556
	21	Total liabilities (Part X, line 26)	28,048 10,994
	22	Net assets or fund balances. Subtract line 21 from line 20	1,067,436 976,562

Part II Signature Block

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

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

Yes No

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

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

Yes No

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

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

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

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

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

See Schedule O

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

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

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

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

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

Melody Irvin
Hilton Head Island

PO Box 21758

SC 29925

843-255-7300

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

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

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

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

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Mitchelville Preservation Project, Inc.

Employer identification number

27-2308109

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Part II, Line 10 - Other Income Detail

\$ 760

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Mitchelville Preservation Project, Inc.

Employer identification number

27-2308109

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

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

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

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, acreage restricted, number of easements on historic structures, and questions about monitoring and reporting.

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

**Mitchelville Preservation Project,
Inc.**

Employer identification number

27-2308109

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

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

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

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

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

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

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

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.....

.....

.....

.....

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

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

Form 990 - Organization's Mission

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

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

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

Form 990, Part III - Additional Information

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

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

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

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

Name of the organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

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

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

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

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

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

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

Griot's Corner is a literacy program at Historic Mitchelville Freedom Park designed for early readers from pre-K through third grade and welcomes classes of up to thirty children for the program under the big oak tree in the park. Stories center on diversity with this year's special focus on relationships, story tellers, and will include guest readers from the community. The children will also share in activities like art, games, and music related to the theme. Historic Mitchelville, the site of the first mandatory education program in South Carolina in 1862, keeps the spirit of public education alive through the tradition of storytelling to help encourage the importance of literature in the understanding of all people.

Freedom Day Celebration - Mitchelville Freedom Park is a network to freedom site recognizing the community as the 1st self-governing town of formerly enslaved people. In 1862, shortly before the Emancipation Proclamation was signed -- while most of the African-American population in the south was still enslaved -- the people of Mitchelville were busy creating a completely new, self-governed culture that would be the guidepost for generations to follow. These industrious new citizens build homes on neatly arranged streets, elected their own officials, developed laws, built

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

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

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

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

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

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

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

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

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

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

The organization makes its Form 990 available for public inspection upon

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

The organization makes its documents required to be available for public

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

inspection.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

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

Identifying number
27-2308109

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

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

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

Section A

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

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

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

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

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

Part IV Summary (See instructions.)

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

DAA

There are no amounts for Page 2

27-2308109

Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

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

27-2308109

Bonus Depreciation Report

FYE: 12/31/2021

Form 990, Page 1

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

Depreciation Adjustment Report

All Business Activities

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

Federal Statements

Taxable Interest on Investments

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

Federal Statements

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

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

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

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

Federal Statements

Schedule A, Part II, Line 1(e)

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

Schedule A, Part II, Line 12 - Current year

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

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

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

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

Mitchelville Preservation Project, 27-2308109 Inc.

Net Asset / Fund Balance at Beginning of Year 420,274

Revenue

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

Expenses

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

Changes _____

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

Reconciliation of Revenue

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

Reconciliation of Expenses

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

Balance Sheet

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

Miscellaneous Information

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

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form 8879-EO

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

2020

Department of the Treasury Internal Revenue Service

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

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

Taxpayer identification number 27-2308109

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

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

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

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

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [] I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

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

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

Part III Certification and Authentication

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

57839707134 Do not enter all zeros

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

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

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

For Paperwork Reduction Act Notice, see back of form.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

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

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

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

H(c) Group exemption number ▶

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		579,318	1,099,708
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		78,195	22,075
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,429	5,274
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,652	-3,240
			685,594	1,123,817
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		100,000	144,109
	16a Professional fundraising fees (Part IX, column (A), line 11e)			17,500
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,247			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		346,103	315,046
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		446,103	476,655
19 Revenue less expenses. Subtract line 18 from line 12		239,491	647,162	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		599,332	1,095,484
	22 Net assets or fund balances. Subtract line 21 from line 20		179,058	28,048
		420,274	1,067,436	

Part II Signature Block

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

Sign Here

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

Paid Preparer Use Only

Print/Type preparer's name: **David E Williams, CPA** Preparer's signature: **David E Williams, CPA** Date: **11/29/21** Check if self-employed PTIN: **P01510199**

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

Yes No

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

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

Yes No

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

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

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

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

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

See Schedule O

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

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

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

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

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	941,179			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	158,529			
	g Noncash contributions included in lines 1a-1f	1g	\$ 50,000			
	h Total. Add lines 1a-1f		1,099,708			
Program Service Revenue	2a Griot's Corner	Business Code	20,000	20,000		
	b Reenactments & Tours		1,575	1,575		
	c Freedom Day		500	500		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		22,075			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,274	5,274		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
c Gain or (loss)	7c					
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	1,500				
	b Less: direct expenses	8b	4,740			
	c Net income or (loss) from fundraising events		-3,240			
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		1,123,817	27,349	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	135,138	54,514	71,882	8,742
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,474	2,474		
10 Payroll taxes	6,497	6,497		
11 Fees for services (nonemployees):				
a Management				
b Legal	346		346	
c Accounting	12,491		12,491	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	17,500			17,500
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	19,021	19,021		
12 Advertising and promotion	100,485	58,749	41,736	
13 Office expenses	7,694	416	7,278	
14 Information technology	15,741	15,741		
15 Royalties				
16 Occupancy	22,282	3,789	16,488	2,005
17 Travel	308		308	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,970	1,525	1,445	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,758	1,706	52	
23 Insurance	6,132		6,132	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Archaeology Project	59,180	59,180		
b Holiday Event	21,149	21,149		
c Travel	11,797	11,797		
d Freedom Day	11,372	11,372		
e All other expenses	22,320	22,320		
25 Total functional expenses. Add lines 1 through 24e	476,655	290,250	158,158	28,247
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,123,817
2	Total expenses (must equal Part IX, column (A), line 25)	2	476,655
3	Revenue less expenses. Subtract line 2 from line 1	3	647,162
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	420,274
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,067,436

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Mitchelville Preservation Project, Inc.

Employer identification number

27-2308109

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	151,643	205,334	365,145	579,318	1,099,708	2,401,148
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	6,900	6,900	6,900	6,900		27,600
4 Total. Add lines 1 through 3	158,543	212,234	372,045	586,218	1,099,708	2,428,748
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,428,748

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	158,543	212,234	372,045	586,218	1,099,708	2,428,748
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29	105	624	1,429		2,187
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			730	30		760
11 Total support. Add lines 7 through 10						2,431,695

12 Gross receipts from related activities, etc. (see instructions) 12 152,528

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

Part II, Line 10 - Other Income Detail

\$ 760

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

Schedule of Contributors

OMB No. 1545-0047

2020

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

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

Organization type (check one):

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

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

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

Name of organization

Mitchelville Preservation Project,

Employer identification number

27-2308109

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	Paid wages of Executive Director	\$ 50,000	06/30/20
		\$
		\$
		\$
		\$
		\$
		\$
		\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Mitchelville Preservation Project, Inc.

Employer identification number

27-2308109

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

Employer identification number
27-2308109

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

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

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

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

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

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

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

All states

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

**Mitchelville Preservation Project,
Inc.**

Employer identification number

27-2308109

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	1	50,000	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

**Mitchelville Preservation Project,
Inc.**

Employer identification number

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

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

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

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

Form 990, Part III - Additional Information

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

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

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

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

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

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

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

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

Modeling our ancestors to grow and influence our community (MAGIC) leadership program was designed to engage area high school students in discovering their own leadership abilities by exploring historical concepts

Name of the organization

Mitchelville Preservation Project,

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

Griot's Corner is a literacy program at Historic Mitchelville Freedom Park designed for early readers from pre-K through third grade and welcomes classes of up to thirty children for the program under the big oak tree in the park. Stories center on diversity with this year's special focus on relationships, story tellers, and will include guest readers from the community. The children will also share in activities like art, games, and music related to the theme. Historic Mitchelville, the site of the first mandatory education program in South Carolina in 1862, keeps the spirit of public education alive through the tradition of storytelling to help encourage the importance of literature in the understanding of all people.

Freedom Day Celebration - Mitchelville Freedom Park is a network to freedom site recognizing the community as the 1st self-governing town of formerly enslaved people. In 1862, shortly before the Emancipation Proclamation was signed -- while most of the African-American population in the south was still enslaved -- the people of Mitchelville were busy creating a

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

completely new, self-governed culture that would be the guidepost for generations to follow. These industrious new citizens build homes on neatly arranged streets, elected their own officials, developed laws, built an economy, and implemented mandatory education for their children. In fact, the reports of the success of Mitchelville were so glowing, that the previous underground railroad freedom fighter, Harriet Tubman, was sent to Hilton Head to see this bustling town, so she could share the story of Mitchelville's self-governed success with future freedom towns.

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

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

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

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

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

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

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

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

The organization makes its Form 990 available for public inspection upon

Name of the organization

Employer identification number

Mitchelville Preservation Project,

27-2308109

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

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

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

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

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

Identifying number
27-2308109

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

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

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

Section A

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

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

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

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

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

Part IV Summary (See instructions.)

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

DAA

27-2308109

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

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

27-2308109

SC Asset Report

FYE: 12/31/2020

Form 990, Page 1

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

27-2308109

Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	Sign - Speedy Sign	1/23/18	980		0	0	200	780
2	Sign - Speedy signs	12/21/17	980		0	0	320	660
3	Sign - Meeting Dynamics	7/14/18	695		0	0	184	511
4	Theater Seating The Repertoire	12/31/14	20,000		0	0	10,000	10,000
5	Computers - Gullah Great Computers	4/30/15	525		0	0	263	262
6	Computer - Reidel	5/28/19	2,282		2,282	0	0	0
Grand Total			<u>25,462</u>		<u>0</u>	<u>0</u>	<u>10,967</u>	<u>12,213</u>

Depreciation Adjustment Report

All Business Activities

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

Future Depreciation Report**FYE: 12/31/21****Form 990, Page 1**

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

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

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Griot's Corner Coordinator	\$ 7,200	\$ 7,200	\$	\$
Program Manager costs	8,000	8,000		
Payroll processing fees	71	71		
Grant writing	3,750	3,750		
Total	\$ 19,021	\$ 19,021	\$ 0	\$ 0

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

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

Federal Statements

Schedule A, Part II, Line 1(e)

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

Schedule A, Part II, Line 12 - Current year

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

Federal Statements

Blues and BBQ

Other Direct Fundraising or Gaming Expenses

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

Return of Organization Exempt From Income Tax

(Rev. January 2020)

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

2019

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 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: MITCHELVILLE PRESERVATION PROJECT INC. Doing business as: HISTORIC MITCHELVILLE PRESERVATION. D Employer identification number: 27-2308109. E Telephone number: (843) 255-7300. G Gross receipts: \$ 531,097. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.EXPLOREMITCHELVILLE.ORG. K Form of organization: Corporation. L Year of formation: 2010. M State of legal domicile: SC.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Mission statement (Preserving the history of Mitchelville and revealing an American story of former slaves); 2-7 Governance metrics; 8-12 Revenue (Total revenue: 513,694); 13-19 Expenses (Total expenses: 438,578); 20-22 Net Assets or Fund Balances (Total net assets: 255,899).

Part II Signature Block

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

Sign Here: AHMAD WARD, Signature of officer, Date: 11-13-2020. AHMAD WARD, EXECUTIVE DIRECTOR, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: MICHAEL P THOMPSON, Preparer's signature, Date, Check self-employed if PTIN: P00522384, Firm's name: MICHAEL P THOMPSON CPA PC, Firm's address: 10 PINCKNEY COLONY RD STE 202 BLUFFTON SC 29909, Firm's EIN: 843-815-9399, Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PRESERVING THE HISTORY OF MITCHELVILLE AND PRESERVING A HISTORICALLY SIGNIFICANT SITE, TO REVEAL AN AMERICAN STORY OF FORMER SLAVES WHO CREATED A CULTURE OF SACRIFICE, RESISTANCE AND RESILIENCE IN A QUEST TO DEFINE AN INCLUSIVE FREEDOM

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

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

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

4a (Code:) (Expenses \$ 73,967 including grants of \$) (Revenue \$ 16,783) JUNETEENTH IS THE OLDEST KNOWN CELEBRATION TO RECOGNIZE THE END OF SLAVERY. IT WAS ON JUNE 19, 1865, WHEN UNION OFFICER MAJOR GENERAL GORDON GRANGER ARRIVED AT GALVESTON, TEXAS WITH NEWS THAT THE WAR HAD ENDED AND ALL SLAVES WERE NOW FREE. MPP HOSTS ITS ANNUAL JUNETEENTH CELEBRATION IN HISTORIC MITCHELVILLE FREEDOM PARK. THIS PROGRAM HIGHLIGHTS THE PARK AND FEATURES STAGE PERFORMANCES AND CULTURAL PROGRAMMING THAT GIVES VISITORS A UNIQUE LOOK AT HISTORIC MITCHELVILLE. IT PROMOTES AFRICAN AMERICAN CULTURE, HISTORY, AND EDUCATION FEATURING TRADITIONAL MUSIC, ART, CRAFTS, FOOD AND LIVE PERFORMANCES.

4b (Code:) (Expenses \$ 33,828 including grants of \$) (Revenue \$ 13,000) ARCHEOLOGY AT MITCHELVILLE EXHIBITION: IN THE FALL OF 1862, MAJOR GENERAL ORNSBY MITCHEL, COMMANDER OF THE DEPARTMENT OF THE SOUTH AT HILTON HEAD ISLAND, ORDERED THE CONSTRUCTION OF A FREEDMEN'S TOWN TO SERVE AS A NEW HOME FOR THOUSANDS OF FORMER SLAVES WHO FLOCKED TO THE ISLAND AFTER IT FELL TO UNION FORCES IN NOVEMBER 1861. MITCHELVILLE WAS MORE THAN A REFUGEE CAMP. THE TOWN'S NEW RESIDENTS BUILT THEIR OWN HOMES WITH MATERIALS PROVIDED BY THE UNION ARMY. THEY WERE RESPONSIBLE FOR CREATING THEIR OWN GOVERNMENT, ENFORCING TOWN ORDINANCES, ESTABLISHING SCHOOLS, AND ENSURING THAT EVERY CHILD BETWEEN THE AGES OF 6 AND 15 ATTENDED REGULARLY. MITCHELVILLE PROVED THAT FREED MEN AND WOMEN COULD GOVERN, SUSTAIN, AND EDUCATE THEMSELVES. ARCHAEOLOGY AT MITCHELVILLE WILL DISPLAY EXCAVATED FINDINGS FROM THE FIRST LARGE-SCALE DIG LEAD BY BROCKINGTON AND ASSOCIATES. THE DIG UNCOVERED REMNANTS OF OLD HOMES, WELLS AND GARBAGE PITS, AND RECOVERED MORE THAN 20,000 ARTIFACTS.

4c (Code:) (Expenses \$ 25,449 including grants of \$) (Revenue \$ 600) HOLIDAY EVENT: COMMUNITY EVENT FOR THE ENTIRE FAMILY TO KICK OFF THE HOLIDAY SEASON WITH ENTERTAINMENT AND REFRESHMENTS NEAR THE BIG OAK TREE IN HISTORIC MITCHELVILLE FREEDOM PARK

4d Other program services (Describe on Schedule O.) (Expenses \$ 76,203 including grants of \$) (Revenue \$ 65,063)

4e Total program service expenses 209,447

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, foreign accounts, and charitable contributions.

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

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> South Carolina
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records -> MELODY IRVIN (843)255-7300, PO BOX 21758, HILTON HEAD ISLAND, SC 29925

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES BOGGUESS DIRECTOR	5.00	X					0	0	0	
(2) OCHIENG UBRI CAMPBELL DIRECTOR	1.00	X					0	0	0	
(3) HELEN BAKER DIRECTOR	2.00	X					0	0	0	
(4) JAMES L BERNDT DIRECTOR	5.00	X					0	0	0	
(5) MARGOT BROWN DIRECTOR	2.00	X					0	0	0	
(6) KIRSTEN HOTCHKISS DIRECTOR	4.00	X					0	0	0	
(7) BRENT MORRIS, PHD DIRECTOR	5.00	X					0	0	0	
(8) DIDI SUMMERS, PHD DIRECTOR	2.00	X					0	0	0	
(9) LOLA CAMPBELL DIRECTOR	4.00	X					0	0	0	
(10) HERBERT FORD DIRECTOR	4.00	X					0	0	0	
(11) PATRICIA MONTGOMERY, ED. D DIRECTOR	4.00	X					0	0	0	
(12) CHARLES CURL VICE CHAIRPERSON	5.00			X			0	0	0	
(13) SHIRLEY PETERSON CHAIRPERSON	13.00			X			0	0	0	
(14) MELODY IRVIN TREASURER	4.00			X			0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GLORIA HOLMES, PHD SECRETARY	4.00			X				0	0	0
(16) THOMAS C BARNWELL JR. CHAIRMAN EMERITUS	2.00			X				0	0	0
(17) AHMAD WARD EXECUTIVE DIRECTOR	40.00				X			0	0	0
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	0	0

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	41,536				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	165,103				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	183,519				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f ▶			390,158			
Program Service Revenue			Business Code				
	2a <u>GRIOT'S CORNER</u>	900099	30,333	30,333			
	b <u>JUNETEENTH CELEBRATION</u>	900099	16,783	16,783			
	c <u>MAGIC LEADERSHIP PROG</u>	900099	30,000	30,000			
	d <u>ANNIVERSARY FORUM</u>	900099	2,752	2,752			
	e <u>ARCHAEOLOGY PROJECT</u>	900099	13,000	13,000			
	f All other program service revenue	900099	2,587	2,587			
g Total. Add lines 2a-2f ▶			95,455				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		1,429	1,429			
	4 Income from investment of tax-exempt bond proceeds . . . ▶						
	5 Royalties ▶						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss) ▶							
8a Gross income from fundraising events (not including \$ <u>41,536</u> of contributions reported on line 1c). See Part IV, line 18	8a		44,025				
		b Less: direct expenses	8b	17,403			
		c Net income or (loss) from fundraising events ▶		26,622			26,622
9a Gross income from gaming activities, See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue			Business Code				
	11a <u>OTHER</u>	900099	30	30			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d ▶			30				
12 Total revenue. See instructions ▶			513,694	96,914	0	26,622	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	1,454	1,454		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	100,000	17,000	74,000	9,000
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	936		936	
c	Accounting	11,139		11,139	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 . .				
f	Investment management fees	1,877		1,877	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	50,580	16,052	30,784	3,744
12	Advertising and promotion	107,690	49,530	58,160	
13	Office expenses	9,397	528	8,869	
14	Information technology	20,767	15,787	4,440	540
15	Royalties				
16	Occupancy	10,304	1,752	7,625	927
17	Travel	2,818	2,818		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,344	10,959	10,385	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,464	3,236	228	
23	Insurance	4,707		4,707	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PERFORMANCES AND STAGING	45,352	45,352		
b	ARCHAEOLOGY PROJECT	24,637	24,637		
c	SUPPLIES AND BOOKS	13,492	13,492		
d	PARK MAINTENANCE	4,000	4,000		
e	All other expenses _____	4,620	2,850	1,770	
25	Total functional expenses. Add lines 1 through 24e. .	438,578	209,447	214,920	14,211
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	175,596	1	352,170
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	38,679	3	64,449
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,462		
	b Less: accumulated depreciation	10b 17,124	9,520	10c 8,338
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		10,000	15 10,000
16 Total assets. Add lines 1 through 15 (must equal line 33)		233,795	16 434,957	
Liabilities	17 Accounts payable and accrued expenses	4,800	17	9,058
	18 Grants payable		18	
	19 Deferred revenue	40,000	19	170,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		44,800	26 179,058
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	188,995	27	255,899
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	188,995	32	255,899
33 Total liabilities and net assets/fund balances	233,795	33	434,957	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	513,694
2	Total expenses (must equal Part IX, column (A), line 25)	2	438,578
3	Revenue less expenses. Subtract line 2 from line 1	3	75,116
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	188,995
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	(8,212)
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	255,899

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

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

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

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

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

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

Section A. Public Support

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 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (85.41%); 15 Public support percentage from 2018 Schedule A, Part II, line 14 (99.82%); 16a 33 1/3% support test - 2019 (checked); 17a 10%-facts-and-circumstances test - 2019; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ▶

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

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

Name of the organization

MITCHELVILLE PRESERVATION PROJECT INC

Employer identification number

27-2308109

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 MITCHELVILLE PRESERVATION PROJECT INC	Employer identification number 27-2308109
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BEAUFORT COUNTY 100 RIBAUTL ROAD BEAUFORT, SC 29901	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TOWN OF HILTON HEAD ONE TOWN CENTER COURT HILTON HEAD ISLAND, SC 29928	\$ 145,103	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WOMEN IN PHILANTHROPY 4 NORTHRIDGE DR STE A HILTON HEAD ISLAND, SC 29926	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COASTAL DISCOVERY MUSEUM 70 HONEY HORN DRIVE HILTON HEAD ISLAND, SC 29926	\$ 100,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MITCHELVILLE PRESERVATION PROJECT INC	Employer identification number 27-2308109
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
4	PAID WAGES OF EXECUTIVE DIRECTOR _____ _____	\$ 100,000	12-31-2019
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

MITCHELVILLE PRESERVATION PROJECT INC

Employer identification number

27-2308109

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment			525	(525)
e Other STMD1E		25,462	16,599	8,863
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				8,338

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) COLLECTIONS	10,000
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶	10,000

Part X Other Liabilities.

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

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

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

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

		(a) Event #1 BLUES N BBQ (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	85,561		85,561
	2	Less: Contributions	41,536		41,536
	3	Gross income (line 1 minus line 2)	44,025		44,025
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	17,403		17,403
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				26,622

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

01. Governing body meeting documentation (Part VI, line 8a)

THE GOVERNING BODY DOES NOT AUTHORIZE COMMITTEES TO ACT ON THEIR BEHALF.

02. Form 990 governing body review (Part VI, line 11)

PRIOR TO FILING, THE BOARD OF DIRECTORS REVIEWS THE FORM 990.

03. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY AND PROCEDURES TO MONITOR COMPLIANCE
WITH THE CONFLICT OF INTEREST POLICY ARE REVIEWED REGULARLY BY THE BOARD OF DIRECTORS.

04. CEO, executive director, top management comp (Part VI, line 15a)

THE EXECUTIVE DIRECTOR IS PAID BY AN UNRELATED ORGANIZATION WHO DETERMINED THE
COMPENSATION.

05. Other officer or key employee compensation (Part VI, line 15b)

THE BOARD OF DIRECTORS WILL DETERMINE COMPENSATION BASED ON AN EVALUATION OF PERFORMANCE
AND LOCAL SALARY STRUCTURE WHEN COMPENSATION IS GIVEN.

06. Form 990 availability to public (Part VI, line 18)

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

07. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES ITS DOCUMENTS REQUIRED TO BE AVAILABLE FOR PUBLIC INSPECTION.

08. Significant program services not listed on prior year return (Part III, line 2)

MITCHELVILLE PRESERVATION PROJECT STARTED GRIOT'S CORNER IN 2018 WHICH IS A LITERACY

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Employer identification number

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

PROGRAM FOR CHILDREN PRE K THROUGH THIRD GRADE.

ALSO NEW IN 2018 IS THE ARCHAEOLOGY DIG AT MITCHELVILLE WHICH WILL DISPLAY EXCAVATED

FINDINGS FROM THE FIRST LARGE-SCALE DIG LEAD BY BROCKINGTON AND ASSOCIATES. THE DIG

UNCOVERED REMNANTS OF OLD HOMES, WELLS AND GARBAGE PITS, AND RECOVERED MORE THAN 20,000

ARTIFACTS REPRESENTING THE PERSONAL BELONGINGS, TOOLS AND HOUSEHOLD GOODS FROM THE FIRST

SELF-GOVERNED, FREED SLAVES' TOWN IN AMERICA, ESTABLISHED ON HILTON HEAD IN 1862.

THE MITCHELVILLE ANNIVERSARY FORUM STARTED IN 2018 IS A ONE-DAY SYMPOSIUM THAT EXAMINES

DIFFERENT ASPECTS OF THE MITCHELVILLE STORY AND HOW IS RESONATES IN PRESENT TIME. EACH

YEAR HAS A UNIQUE THEME.

09. List of other fees for services expenses (Part IX, line 11g)

THE OTHER FEES FOR SERVICES EXPENSE IS CONTRACT LABOR PAID FOR OFFICE HELP, PROGRAM

SERVICES, GRANT WRITING AND FUNDRAISING ASSISTANCE.

10. Part XI, response or note to any line in Part XI

UNCOLLECTIBLE PRIOR YEAR PLEDGE OF \$8212 PREVIOUSLY REPORTED ON PRIOR YEAR'S SCHEDULE A

BECAME UNCOLLECTIBLE IN THE CURRENT YEAR. IT WAS ADJUSTED FROM THE AMOUNT REPORTED IN PART

II, LINE 1, COLUMN (D) FOR THE PRIOR TAX YEAR (2018).

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment
Sequence No. **179**

Name(s) shown on return MITCHELVILLE PRESERVATION PROJEC	Business or activity to which this form relates FORM 990 - 1	Identifying number 27-2308109
--	--	---

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions		14
15	Property subject to section 168(f)(1) election		15
16	Other depreciation (including ACRS)		16 3,236

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

Section A

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

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,282	5	HY	SL	228
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions		22 3,464
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Statement of Program Service Accomplishments

2019 PG01

Name(s) as shown on return

Your Social Security Number

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

FORM 990-PART III(A)
Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$23121
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$2752

EXPLANATION

MITCHELVILLE ANNIVERSARY FORUM IS A ONE DAY SYMPOSIUM THAT EXAMINES ASPECTS OF THE MITCHELVILLE STORY AND HOW IT RESONATES IN PRESENT TIME. THE 2019 ANNIVERSARY FORUM SEEKS TO EXAMINE ACCESS AND WHO HAS IT. IT LOOKED AT THE ISSUES REVOLVING AROUND HISTORIC AND CONTEMPORARY ACCESS IN 21ST CENTURY AMERICA. THIS SESSION EXAMINED ACCESS TO QUALITY EDUCATION, ISSUES ASSOCIATED WITH HEALTH CARE AND THE GROWING POLITICAL POWER OF WOMEN, 100 YEARS AFTER GAINING THE RIGHT TO VOTE IN 1920.

Statement of Program Service Accomplishments

2019 PG01

Name(s) as shown on return

Your Social Security Number

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

FORM 990-PART III(B)
Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$22319
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$30000

EXPLANATION

MODELING OUR ANCESTORS TO GROW AND INFLUENCE OUR COMMUNITY (MAGIC) LEADERSHIP PROGRAM WAS DESIGNED TO ENGAGE AREA HIGH SCHOOL STUDENTS IN DISCOVERING THEIR OWN LEADERSHIP ABILITIES BY EXPLORING HISTORICAL CONCEPTS AND PARTICIPATING IN A VARIETY OF LEARNING EXPERIENCES. LIFELONG LEARNING IS A CORE VALUE THAT IS PROMOTED TO PARTICIPANTS. MAGIC YOUTH IS DESIGNED TO ENGAGE HIGH SCHOOL STUDENTS IN DISCOVERING THEIR OWN LEADERSHP ABILITIES BY EXPLORING LESSONS OF MITCHELVILLE AND RECONSTRUCTION AND PARTICIPATING IN A VARIETY OF LEARNING EXPERIENCES. MAGIC SEEKS TO BUILD THE SELF-WORTH OF PARTICIPANTS BY INSTILLING PRIDE IN THEIR AREA, BASED ON THE EVENTS OF RECONSTRUCTION AND THE HISTORY OF MITCHELVILLE; PROVIDING AN OPPORTUNITY FOR INTERNAL GROWTH THROUGH INTERACTIVE ACTIVITIES THAT ENCOURAGE CRITICAL THINKING AND COLLABORATION; AND INTRODUCING THE TOOLS NECESSARY FOR CAREER ADVANCEMENT.

Statement of Program Service Accomplishments**2019** PG01

Name(s) as shown on return

Your Social Security Number

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

FORM 990-PART III(C)
Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$16664
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$30333

EXPLANATION

THE GRIOT'S CORNER IS A LITERACY PROGRAM AT HISTORIC MITCHELVILLE FREEDOM PARK DESIGNED FOR EARLY READERS FROM PRE K THROUGH THIRD GRADE AND WELCOMES CLASSES OF UP TO THIRTY CHILDREN FOR THE PROGRAM UNDER THE BIG OAK TREE IN THE PARK. STORIES CENTER ON DIVERSITY WITH THIS YEAR'S SPECIAL FOCUS ON RELATIONSHIPS, STORY TELLERS, AND WILL INCLUDE GUEST READERS FROM THE COMMUNITY. THE CHILDREN WILL ALSO SHARE IN ACTIVITIES LIKE ART, GAMES, AND MUSIC RELATED TO THE THEME. HISTORIC MITCHELVILLE, THE SITE OF THE FIRST MANDATORY EDUCATION PROGRAM IN SOUTH CAROLINA IN 1862, KEEPS THE SPIRIT OF PUBLIC EDUCATION ALIVE THROUGH THE TRADITION OF STORYTELLING TO HELP ENCOURAGE THE IMPORTANCE OF LITERATURE IN THE UNDERSTANDING OF ALL PEOPLE.

Statement of Program Service Accomplishments

2019 PG01

Name(s) as shown on return

Your Social Security Number

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

FORM 990-PART III(D)
Statement of Service Accomplishment

Statement #4

Table with 2 columns: Description and Amount. Rows include PROGRAM SERVICE CODE, PROGRAM SERVICE EXPENSES (\$14099), GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE (\$0), and PROGRAM SERVICES REVENUE (\$1978).

EXPLANATION

FREEDOM DAY CELEBRATION - MITCHELVILLE FREEDOM PARK IS A NETWORK TO FREEDOM SITE RECOGNIZING THE COMMUNITY AS THE 1ST SELF-GOVERNING TOWN OF FORMERLY ENSLAVED PEOPLE. IN 1862, SHORTLY BEFORE THE EMANCIPATION PROCLAMATION WAS SIGNED -- WHILE MOST OF THE AFRICAN-AMERICAN POPULATION IN THE SOUTH WAS STILL ENSLAVED -- THE PEOPLE OF MITCHELVILLE WERE BUSY CREATING A COMPLETELY NEW, SELF-GOVERNED CULTURE THAT WOULD BE THE GUIDEPOST FOR GENERATIONS TO FOLLOW. THESE INDUSTRIOUS NEW CITIZENS BUILT HOMES ON NEATLY ARRANGED STREETS, ELECTED THEIR OWN OFFICIALS, DEVELOPED LAWS, BUILT AN ECONOMY, AND IMPLEMENTED MANDATORY EDUCATION FOR THEIR CHILDREN. IN FACT, THE REPORTS OF THE SUCCESS OF MITCHELVILLE WERE SO GLOWING, THAT THE FAMOUS UNDERGROUND RAILROAD FREEDOM FIGHTER, HARRIET TUBMAN, WAS SENT TO HILTON HEAD TO SEE THIS BUSTLING TOWN, SO SHE COULD SHARE THE STORY OF MITCHELVILLE'S SELF-GOVERNED SUCCESS WITH FUTURE FREEDMEN TOWNS.

FOR YOUR RECORDS ONLY
Federal Supporting Statements

2019 PG01

Name(s) as shown on return

Tax ID Number

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E
 INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE
THEATER SEATING	0	20,000	12,857	7,143
SIGNAGE	0	980	298	682
SIGNAGE	0	1,675	359	1,316
COMPUTERS	0	2,807	228	2,579
TOTAL	<u>0</u>	<u>25,462</u>	<u>13,742</u>	<u>11,720</u>

Return of Organization Exempt From Income Tax

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **2018**, and ending **20**

B Check if applicable:	C Name of organization MITCHELVILLE PRESERVATION PROJECT INC	D Employer identification no.
<input type="checkbox"/> Address change	Doing business as MITCHELVILLE PRESERVATION PROJECT	27-2308109
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return	PO BOX 21758	(843) 255-7300
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts
<input type="checkbox"/> Amended return	HILTON HEAD ISLAND, SC 29925	\$ 406,493
<input type="checkbox"/> Application pending	F Name and address of principal officer: SHIRLEY PETERSON	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)
J Website: WWW.EXPLOREMITCHELVILLE.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2010	M State of legal domicile: SC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>PRESERVING THE HISTORY OF MITCHELVILLE AND PRESERVING A HISTORICALLY SIGNIFICANT SITE, TO REVEAL AN AMERICAN STORY OF FORMER SLAVES WHO CREATED A CULTURE OF SACRIFICE, RESISTANCE AND RESILIENCE IN A QUEST TO DEFINE AN INCLUSIVE FREEDOM</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	231,929	365,145
	9	Program service revenue (Part VIII, line 2g)	19,201	26,415
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105	804
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,054	(2,093)
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	266,289	390,271
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	200	300
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	48,150	100,000
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,691		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	158,352	222,389
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	206,702	322,689	
	19 Revenue less expenses. Subtract line 18 from line 12	59,587	67,582	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	161,896	233,795
	21	Total liabilities (Part X, line 26)	34,459	44,800
	22	Net assets or fund balances. Subtract line 21 from line 20	127,437	188,995

Part II Signature Block

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

Sign Here	Signature of officer	11-15-2019			
	MELODY IRVIN, TREASURER	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TAMARA L THOMPSON CPA		11-15-2019	<input type="checkbox"/>	P00841562
	Firm's name ▶ MICHAEL P THOMPSON CPA PC	Firm's EIN ▶ 25-1630515	Firm's address ▶ 10 PINCKNEY COLONY RD STE 202	Phone no.	843-815-9399
	BLUFFTON SC 29909				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PRESERVING THE HISTORY OF MITCHELVILLE AND PRESERVING A HISTORICALLY SIGNIFICANT SITE, TO REVEAL AN AMERICAN STORY OF FORMER SLAVES WHO CREATED A CULTURE OF SACRIFICE, RESISTANCE AND RESILIENCE IN A QUEST TO DEFINE AN INCLUSIVE FREEDOM

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

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

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

4a (Code:) (Expenses \$ 45,370 including grants of \$) (Revenue \$ 18,603) JUNETEENTH IS THE OLDEST KNOWN CELEBRATION TO RECOGNIZE THE END OF SLAVERY. IT WAS ON JUNE 19, 1865, WHEN UNION OFFICER MAJOR GENERAL GORDON GRANGER ARRIVED AT GALVESTON, TEXAS WITH NEWS THAT THE WAR HAD ENDED AND ALL SLAVES WERE NOW FREE. MPP HOSTS ITS ANNUAL JUNETEENTH CELEBRATION IN HISTORIC MITCHELVILLE FREEDOM PARK. THIS PROGRAM HIGHLIGHTS THE PARK AND FEATURES STAGE PERFORMANCES AND CULTURAL PROGRAMMING THAT GIVES VISITORS A UNIQUE LOOK AT HISTORIC MITCHELVILLE. IT PROMOTES AFRICAN AMERICAN CULTURE, HISTORY, AND EDUCATION FEATURING TRADITIONAL MUSIC, ART, CRAFTS, FOOD AND LIVE PERFORMANCES.

4b (Code:) (Expenses \$ 24,346 including grants of \$ 300) (Revenue \$ 6,786) MITCHELVILLE ANNIVERSARY FORUM IS A ONE DAY SYMPOSIUM THAT EXAMINES ASPECTS OF THE MITCHELVILLE STORY AND HOW IT RESONATES IN PRESENT TIME. THE 2018 ANNIVERSARY FORUM SEEKS TO EXAMINE THE PUSH FOR FREEDOM IN THIS COUNTRY AND THE NOTION THAT THE STRUGGLE CONTINUES TODAY. THIS ONE-DAY SESSION HIGHLIGHTED RECONSTRUCTION, THE AMERICAN CIVIL RIGHTS MOVEMENT, VOTING RIGHTS, CITIZENSHIP AND MORE.

4c (Code:) (Expenses \$ 14,939 including grants of \$) (Revenue \$ 500) FREEDOM DAY CELEBRATION - MITCHELVILLE FREEDOM PARK IS A NETWORK TO FREEDOM SITE RECOGNIZING THE COMMUNITY AS THE 1ST SELF-GOVERNING TOWN OF FORMERLY ENSLAVED PEOPLE. IN 1862, SHORTLY BEFORE THE EMANCIPATION PROCLAMATION WAS SIGNED -- WHILE MOST OF THE AFRICAN-AMERICAN POPULATION IN THE SOUTH WAS STILL ENSLAVED -- THE PEOPLE OF MITCHELVILLE WERE BUSY CREATING A COMPLETELY NEW, SELF-GOVERNED CULTURE THAT WOULD BE THE GUIDEPOST FOR GENERATIONS TO FOLLOW. THESE INDUSTRIOUS NEW CITIZENS BUILT HOMES ON NEATLY ARRANGED STREETS, ELECTED THEIR OWN OFFICIALS, DEVELOPED LAWS, BUILT AN ECONOMY, AND IMPLEMENTED MANDATORY EDUCATION FOR THEIR CHILDREN. IN FACT, THE REPORTS OF THE SUCCESS OF MITCHELVILLE WERE SO GLOWING, THAT THE FAMOUS UNDERGROUND RAILROAD FREEDOM FIGHTER, HARRIET TUBMAN, WAS SENT TO HILTON HEAD TO SEE THIS BUSTLING TOWN, SO SHE COULD SHARE THE STORY OF MITCHELVILLE'S SELF-GOVERNED SUCCESS WITH FUTURE FREEDMEN TOWNS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 25,172 including grants of \$) (Revenue \$ 526)

4e Total program service expenses 109,827

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. Marked 'Yes' (X) in the Yes column for questions 1, 8, 11a, 12b, 18, 19, 20a, 20b, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for employees reported, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

Part VI

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed South Carolina
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MELODY IRVIN (843)255-7300, PO BOX 21758, HILTON HEAD ISLAND, SC 29925

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES BOGGUESS DIRECTOR	5.00	X					0	0	0	
(2) OCHIENG UBRI CAMPBELL DIRECTOR	1.00	X					0	0	0	
(3) HELEN BAKER DIRECTOR	2.00	X					0	0	0	
(4) JAMES L BERNDT DIRECTOR	5.00	X					0	0	0	
(5) MARGOT BROWN DIRECTOR	2.00	X					0	0	0	
(6) KIRSTEN HOTCHKISS DIRECTOR	4.00	X					0	0	0	
(7) BRENT MORRIS, PHD DIRECTOR	5.00	X					0	0	0	
(8) DIDI SUMMERS, PHD DIRECTOR	2.00	X					0	0	0	
(9) LOLA CAMPBELL DIRECTOR	4.00	X					0	0	0	
(10) HERBERT FORD DIRECTOR	4.00	X					0	0	0	
(11) CHARLES CURL VICE CHAIRPERSON	5.00			X			0	0	0	
(12) SHIRLEY PETERSON CHAIRPERSON	13.00			X			0	0	0	
(13) MELODY IRVIN TREASURER	4.00			X			0	0	0	
(14) GLORIA HOLMES, PHD SECRETARY	4.00			X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) THOMAS C BARNWELL JR. CHAIRMAN EMERITUS	2.00			X				0	0	0
(16) AHMAD WARD EXECUTIVE DIRECTOR	40.00				X			100,000	0	0
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								100,000	0	0

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	22,473				
	d Related organizations	1d					
	e Government grants (contributions)	1e	187,525				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	155,147				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶		365,145				
	Program Service Revenue	2a <u>GRIOT'S CORNER</u>		Business Code			
		900099	526	526			
b <u>JUNETEENTH CELEBRATION</u>		900099	18,603	18,603			
c <u>ANNIVERSARY FORUM</u>		900099	6,786	6,786			
d <u>FREEDOM DAY</u>		900099	500	500			
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f ▶			26,415				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		624	624			
	4 Income from investment of tax-exempt bond proceeds . . . ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
			650				
		b Less: rental expenses					
	c Rental income or (loss)		650				
	d Net rental income or (loss) ▶		650	650			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			180				
		b Less: cost or other basis and sales expenses					
	c Gain or (loss)		180				
	d Net gain or (loss) ▶		180	180			
	8a Gross income from fundraising events (not including \$ <u>22,473</u> of contributions reported on line 1c). See Part IV, line 18 a		13,479				
	b Less: direct expenses b		16,222				
	c Net income or (loss) from fundraising events ▶		(2,743)			(2,743)	
	9a Gross income from gaming activities. See Part IV, line 19 a						
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions ▶		390,271	27,869	0	(2,743)		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	300	300		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	100,000	17,000	74,000	9,000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	5,869		5,869	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees	1,611		1,611	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	42,000	9,600	26,000	6,400
12	Advertising and promotion	80,070	14,322	65,748	
13	Office expenses	2,348		2,348	
14	Information technology	1,280	218	947	115
15	Royalties				
16	Occupancy	13,066	2,221	9,669	1,176
17	Travel	1,284		1,284	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,781	12,540	5,241	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,117	3,117		
23	Insurance	520		520	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PERFORMANCES AND STAGING	35,536	35,536		
b	ARCHAEOLOGY PROJECT	9,452	9,452		
c	PARK MAINTENANCE	4,500	4,500		
d	DUES AND SUBSCRIPTIONS	1,203		1,203	
e	All other expenses	2,752	1,021	1,731	
25	Total functional expenses. Add lines 1 through 24e .	322,689	109,827	196,171	16,691
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	91,296	1	175,596
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	46,808	3	38,679
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,830	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,180		
	b Less: accumulated depreciation	10b 13,660	10,962	10c 9,520
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,000	15	10,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	161,896	16	233,795	
Liabilities	17 Accounts payable and accrued expenses	3,559	17	4,800
	18 Grants payable		18	
	19 Deferred revenue	30,900	19	40,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	34,459	26	44,800
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	127,437	27	188,995
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	127,437	33	188,995	
34 Total liabilities and net assets/fund balances	161,896	34	233,795	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	390,271
2	Total expenses (must equal Part IX, column (A), line 25)	2	322,689
3	Revenue less expenses. Subtract line 2 from line 1	3	67,582
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	127,437
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	(6,024)
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	188,995

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

MITCHELVILLE PRESERVATION PROJECT INC

Employer identification number

27-2308109

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

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

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

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018 (99.82%); 15 Public support percentage from 2017 Schedule A (89.50%); 16a 33 1/3% support test - 2018 (checked); 17a 10%-facts-and-circumstances test - 2018; 18 Private foundation.

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: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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; 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; b Amounts included on lines 2 and 3 received from other than disqualified persons; c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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; b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 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 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
2	Activities Test. Answer (a) and (b) below.		
a		Yes	No
Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
2a			
b		Yes	No
Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a		Yes	No
Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
3a			
b		Yes	No
Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

MITCHELVILLE PRESERVATION PROJECT INC

Employer identification number

27-2308109

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

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

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

Part II Conservation Easements.

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

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

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a [X] Public exhibition
b [] Scholarly research
c [] Preservation for future generations
d [] Loan or exchange programs
e [] Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [] Yes [] No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [] Yes [] No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [] Yes [] No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII []

Part V Endowment Funds.

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

- Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and a Total row.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) COLLECTIONS	10,000
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	10,000

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>BLUES N BBQ</u>	<u>155 CAMPAIGN</u>	<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	32,477	3,475	35,952
	2	Less: Contributions	18,998	3,475	22,473
	3	Gross income (line 1 minus line 2)	13,479		13,479
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	7,122		7,122
	8	Entertainment	6,950		6,950
	9	Other direct expenses	2,150		2,150
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				(2,743)

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

01. Governing body meeting documentation (Part VI, line 8a)

THE GOVERNING BODY DOES NOT AUTHORIZE COMMITTEES TO ACT ON THEIR BEHALF.

02. Form 990 governing body review (Part VI, line 11)

PRIOR TO FILING, THE BOARD OF DIRECTORS REVIEWS THE FORM 990.

03. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY AND PROCEDURES TO MONITOR COMPLIANCE
WITH THE CONFLICT OF INTEREST POLICY ARE REVIEWED REGULARLY BY THE BOARD OF DIRECTORS.

04. CEO, executive director, top management comp (Part VI, line 15a)

THE EXECUTIVE DIRECTOR IS PAID BY AN UNRELATED ORGANIZATION WHO DETERMINED THE
COMPENSATION.

05. Other officer or key employee compensation (Part VI, line 15b)

THE BOARD OF DIRECTORS WILL DETERMINE COMPENSATION BASED ON AN EVALUATION OF PERFORMANCE
AND LOCAL SALARY STRUCTURE WHEN COMPENSATION IS GIVEN.

06. Form 990 availability to public (Part VI, line 18)

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

07. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES ITS DOCUMENTS REQUIRED TO BE AVAILABLE FOR PUBLIC INSPECTION.

08. Significant program services not listed on prior year return (Part III, line 2)

MITCHELVILLE PRESERVATION PROJECT STARTED GRIOT'S CORNER IN 2018 WHICH IS A LITERACY

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

Employer identification number

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

PROGRAM FOR CHILDREN PRE K THROUGH THIRD GRADE.

ALSO NEW IN 2018 IS THE ARCHAEOLOGY DIG AT MITCHELVILLE WHICH WILL DISPLAY EXCAVATED FINDINGS FROM THE FIRST LARGE-SCALE DIG LEAD BY BROCKINGTON AND ASSOCIATES. THE DIG UNCOVERED REMNANTS OF OLD HOMES, WELLS AND GARBAGE PITS, AND RECOVERED MORE THAN 20,000 ARTIFACTS REPRESENTING THE PERSONAL BELONGINGS, TOOLS AND HOUSEHOLD GOODS FROM THE FIRST SELF-GOVERNED, FREED SLAVES' TOWN IN AMERICA, ESTABLISHED ON HILTON HEAD IN 1862.

THE MITCHELVILLE ANNIVERSARY FORUM STARTED IN 2018 IS A ONE-DAY SYMPOSIUM THAT EXAMINES DIFFERENT ASPECTS OF THE MITCHELVILLE STORY AND HOW IS RESONATES IN PRESENT TIME. EACH YEAR HAS A UNIQUE THEME.

09. List of other fees for services expenses (Part IX, line 11g)

THE OTHER FEES FOR SERVICES EXPENSE IS CONTRACT LABOR PAID FOR OFFICE HELP, PROGRAM SERVICES, GRANT WRITING AND FUNDRAISING ASSISTANCE.

10. Part XI, response or note to any line in Part XI

UNCOLLECTIBLE PRIOR YEAR PLEDGE OF \$6024 PREVIOUSLY REPORTED ON PRIOR YEAR'S SCHEDULE A BECAME UNCOLLECTIBLE IN THE CURRENT YEAR. IT WAS ADJUSTED FROM THE AMOUNT REPORTED IN PART II, LINE 1, COLUMN (D) FOR THE PRIOR TAX YEAR (2017).

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return MITCHELVILLE PRESERVATION PROJEC	Business or activity to which this form relates FORM 990 - 1	Identifying number 27-2308109
--	--	---

Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	2,997

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		1,675	7	HY	SL	120
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	3,117
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Statement of Program Service Accomplishments

2018 PG01

Name(s) as shown on return

Your Social Security Number

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

FORM 990-PART III (A)
Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$12059
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

HOLIDAY EVENT: COMMUNITY EVENT FOR THE ENTIRE FAMILY TO KICK OFF THE HOLIDAY SEASON WITH ENTERTAINMENT AND REFRESHMENTS NEAR THE BIG OAK TREE IN HISTORIC MITCHELVILLE FREEDOM PARK

Statement of Program Service Accomplishments**2018 PG01**

Name(s) as shown on return

MITCHELVILLE PRESERVATION PROJECT INC

Your Social Security Number

27-2308109

**FORM 990-PART III(B)
Statement of Service Accomplishment**

Statement #4

PROGRAM SERVICE CODE**PROGRAM SERVICE EXPENSES**

\$9860

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE

\$0

PROGRAM SERVICES REVENUE

\$0

EXPLANATION

ARCHEOLOGY AT MITCHELVILLE EXHIBITION: IN THE FALL OF 1862, MAJOR GENERAL ORNSBY MITCHEL, COMMANDER OF THE DEPARTMENT OF THE SOUTH AT HILTON HEAD ISLAND, ORDERED THE CONSTRUCTION OF A FREEDMEN'S TOWN TO SERVE AS A NEW HOME FOR THOUSANDS OF FORMER SLAVES WHO FLOCKED TO THE ISLAND AFTER IT FELL TO UNION FORCES IN NOVEMBER 1861. MITCHELVILLE WAS MORE THAN A REFUGEE CAMP. THE TOWN'S NEW RESIDENTS BUILT THEIR OWN HOMES WITH MATERIALS PROVIDED BY THE UNION ARMY. THEY WERE RESPONSIBLE FOR CREATING THEIR OWN GOVERNMENT, ENFORCING TOWN ORDINANCES, ESTABLISHING SCHOOLS, AND ENSURING THAT EVERY CHILD BETWEEN THE AGES OF 6 AND 15 ATTENDED REGULARLY. MITCHELVILLE PROVED THAT FREED MEN AND WOMEN COULD GOVERN, SUSTAIN, AND EDUCATE THEMSELVES. ARCHAEOLOGY AT MITCHELVILLE WILL DISPLAY EXCAVATED FINDINGS FROM THE FIRST LARGE-SCALE DIG LEAD BY BROCKINGTON AND ASSOCIATES. THE DIG UNCOVERED REMNANTS OF OLD HOMES, WELLS AND GARBAGE PITS, AND RECOVERED MORE THAN 20,000 ARTIFACTS.

Statement of Program Service Accomplishments**2018 PG01**

Name(s) as shown on return

Your Social Security Number

MITCHELVILLE PRESERVATION PROJECT INC

27-2308109

**FORM 990-PART III(C)
Statement of Service Accomplishment**

Statement #4

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$3253
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$526

EXPLANATION

THE GRIOT'S CORNER IS A LITERACY PROGRAM AT HISTORIC MITCHELVILLE FREEDOM PARK DESIGNED FOR EARLY READERS FROM PRE K THROUGH THIRD GRADE AND WELCOMES CLASSES OF UP TO THIRTY CHILDREN FOR THE PROGRAM UNDER THE BIG OAK TREE IN THE PARK. STORIES CENTER ON DIVERSITY WITH THIS YEAR'S SPECIAL FOCUS ON RELATIONSHIPS, STORY TELLERS, AND WILL INCLUDE GUEST READERS FROM THE COMMUNITY. THE CHILDREN WILL ALSO SHARE IN ACTIVITIES LIKE ART, GAMES, AND MUSIC RELATED TO THE THEME. HISTORIC MITCHELVILLE, THE SITE OF THE FIRST MANDATORY EDUCATION PROGRAM IN SOUTH CAROLINA IN 1862, KEEPS THE SPIRIT OF PUBLIC EDUCATION ALIVE THROUGH THE TRADITION OF STORYTELLING TO HELP ENCOURAGE THE IMPORTANCE OF LITERATURE IN THE UNDERSTANDING OF ALL PEOPLE.

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

DEPARTMENT OF THE TREASURY

Date: **DEC 28 2010**

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

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

Dear Applicant:

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

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

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

Letter 947 (DO/CG)