2024

Accommodations Tax Funds Request Application

Organization Name: Gullah Museum of Hilton Head Island

Project/Event Name: Gullah Museum of Hilton Head

Executive Summary

The Gullah Museum used 2023 ATAX funding for two principal purposes: improvements to the museum site to improve the visitor experience and to broaden the Gullah Museum's marketing strategy. The implementation of this strategy has resulted in an increase in donations and the museum budget.

2023 ATAX Request - \$150,000

The Gullah Museum has requested funds to continue to improve the visitor experience on the museum site. The request is for \$50,000 in Category 1, \$30,000 for Category 2, and \$70,000 for Category 3. The museum wants to complete the first phase of the renovation projects. The priorities for completion of the renovation plan are to place public and permanent toilets at the museum site and to place an office at the site so that the museum can conduct business in inclement weather and during the increasing number of days with heat advisories. With the increased traffic and the display of museum artifacts, there is a need for increased security. The museum has added some fencing, but more fencing is needed along with security cameras to properly secure the museum site.

The major purposes of the museum are education about and preservation of the Gullah culture on Hilton Head Island. At the museum site, the museum has the only vintage Gullah home left on the island. The museum also has one of only two vintage Great Dane trailers left in the country. That trailer was converted into a home for the Aunt of the Museum's Executive Director.

The improvements at the site along with the implementation of a broader marketing program have led to increased coverage of the museum in broadcast and social media. The combination of the site improvements and broader marketing has led to a significant increase in public interest and support as measured by public inquiries and donations to the museum.

The organization expects to broaden the marketing campaign to increase the number of visits from organizations and school groups, as well as individuals.

In Category 3, there is a request for \$70,000. The organization has requested additional funding to have a restroom constructed on the site for visitors/tourists and the maintenance of facilities on the site.

Over the past year, the organization has focused on the renovation of the physical structures at the site. Those renovations included the migrant houses, the blue house, and the Great Dane trailer.

Through the years, the organization has amassed more than 400 artifacts and art. In order to display the artifacts and art, the organization needs to improve security at the site with more fencing and security cameras.

2024

Accommodations Tax Funds Request Application

Date Received: 09/01/2023 Time Received: 01:55 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 1, 2023

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: Gullah Museum of Hilton Head Island

Project/Event Name: Gullah Museum of Hilton Head

Contact Name: Louise Cohen Title: Executive Director

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

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

Event Date: Event Location: various venues on Hilton Head

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

The Gullah Museum will use the grant to educate all visitors and tourists about the rich Gullah culture of Hilton Head Island. By broadening the marketing strategy focused on data received from a marketing study and increasing the use of social media, the museum looks to attract more visitors this upcoming year than in previous years. The requested funds will be used for programming and marketing expansion. The renovation effort will include the purchase of a modular office on-site security (installation of cameras and fencing) for safety and modernized outhouses for on-site restrooms. A long-term goal of the organization is to have the capacity to display 400 pieces of artifacts and art that it currently has cataloged.

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)

In 2023, the Gullah Museum successfully completed renovations on "The Little Blue House" also known as the "Dewey House", the Great Dane trailer, and the two migrant houses. With the recent opening and display of the migrant houses and the Great Dane trailer, the Gullah Museum's visitor experience has been significantly enhanced. The museum has improved the

quality of presentations at its events. Visitors and tourists searching for some of the island's history are having a richer and deeper experience at presentations on the museum site.

Even though the museum was closed for a significant period for renovations the museum has seen an increase in individual visits, participation in other island events, and increased traffic on the museum's website.

A. Total Number of Physical Tourists Served: 1752

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: 601

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: 382

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): 2735

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

The number of visitors was documented through tourist guestbooks, visitor input, visitor surveys, event registration programs, and the organization's website.

B. DESCRIPTION OF OPERATIONS:

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

The Gullah Museum of Hilton Head Island is a community-based organization. The mission of the Gullah Museum of Hilton Head Island is to *revive, restore, and preserve the Hilton Head Island Gullah history for the benefit of all – lest we forget*. Since 2003, the Gullah Museum of Hilton Head, a 501(c)3 organization, has been committed to maintaining Gullah customs, traditions, language, stories, songs, and structures on Hilton Head Island. With the generous support of individuals and institutions, the Gullah Museum has successfully preserved all four of the structures on the museum site. At the site where Dr. LMC once resided, the museum has preserved the "Little Blue House", two migrant houses, and a fully renovated Great Dane trailer. The museum makes regular presentations about history and culture and hosts special events at the museum site on an

	annual basis.
_	
e:	scribe in detail how the requested grant funding would be used? (250 words or less)
	The requested grant funding would be used to continue museum renovations and an
	expanded marketing effort to market the following events:
	(Please note: Each event provides an opportunity for native islanders, small business owners, and other Gullah vendors to showcase their wares.)
	The 8th Annual Gullah Food Festival – food, crafts, vendors, and presentations
	Gullah Christmas Gala/Celebration - commemorates how Christmas was celebrated on Hilton Head Island prior to development.
	The 8th Annual Oyster Roast - The Oyster Roast showcases the art of roasting oysters the old-time way by use of a "crocka" sack, tin, and an open flame. Tourists participate by learning how to shuck(open) oysters and by eating and enjoying a true delicacy, our local oysters.
	Gullah Heritage Festival - food, crafts, vendors, entertainment, and cultural presentations
	The Gullah Summer Camp - teaches all youth about Gullah culture, traditions, and foodways. This grant is funded by the Breedlove Foundation/Community Foundation of the Lowcountry
	Continued support for other island organizations and events that highlight Gullah history and culture.

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

The impact of partial funding would impact museum priorities. The museum's highest current priority is to enhance the visitor experience at the museum site. The next priority is to improve museum capacity to meet visitor demand. Partial funding would restrict the capacity to continue with renovations at the site. The museum would continue its efforts to expand its marketing program. The events and activities planned will continue to be produced and marketed, but not on the level that the museum would like to see with the increase in patrons of the museum. The decrease in funding would limit the Gullah Museum's efforts to place a modular office at the museum site, would limit efforts to develop toilet facilities, and would compromise museum efforts to develop new display capacity at the site.

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

Based on the number of increased inquiries and website traffic, it is clear that an increasing number of tourists intend to include the museum in their plans to visit Hilton Head. Inquiries from our increased presence on social media suggest that there will be an increase in visitors who live within driving distance of the island. We expect the tourists and visitors to spend at local hotels, restaurants, and other island shopping venues. The tourists who inquire about the museum generally visit other Hilton Head historical and cultural sites. The expected economic impact and benefit to the Island's tourism would be an increased number of visitors/tourists to the island. Increased awareness of the Gullah culture encourages visitors to explore the history of the area and plan trips, family vacations, and family reuni

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

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

33 %

2 - Tourism-Related Events

Promotion of the arts and cultural events.

20 %

3 - Tourism-Related Facilities

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

47 %

4 - Tourism-Related Public Services

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

0 %

5 - Tourist Public Transportation Tourist shuttle transportation.

0 %

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

%

7 - Operation of Visitor Information Centers 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)

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

This year, the Gullah Museum collaborated with The Hilton Head Symphony to sponsor, "Gullah Me, Gullah You Series." The organization will continue to seek partnerships and collaborations to present all-inclusive events and presentations.

yı p T hi	The Gullah and their descendants have inhabited Hilton Head Island for more than 300 years. In the 70 years since the building of the bridge from the mainland, the Gullah population dwindled from 95% of the population to less than 6% of the island population. The purpose of the Gullah Museum of Hilton Head Island is to memorialize the culture and history of a dwindling population. As the Gullah population continues to decline the activities and programs at the museum become important to the preservation of the history and the culture of the Gullah population on Hilton Head Island.				
JNDING:					
1. Pleas	e describe how the organization is currer	itly fund	ded. (100 words or less)		
T B	e describe how the organization is currently funded by Hill reedlove Foundation, donations, event refesentations, and merchandise.	ton Hea	ad ATAX, Beaufort County ATAX, The		
T B p	he organization is currently funded by Hilt reedlove Foundation, donations, event re	ton Heavenue,	ad ATAX, Beaufort County ATAX, The ticket sales, guest admissions,		
T B p	he organization is currently funded by Hill reedlove Foundation, donations, event resentations, and merchandise. e also estimate, as a percentage, the sources.	ton Heavenue,	ad ATAX, Beaufort County ATAX, The ticket sales, guest admissions,		
2. Pleas	he organization is currently funded by Hill reedlove Foundation, donations, event resentations, and merchandise. e also estimate, as a percentage, the sources.	ton Heavenue,	ad ATAX, Beaufort County ATAX, The ticket sales, guest admissions, the organization's total annual funding. Private Contributions, Donations		

\$52,000.00

\$25,000.00

\$1,395,000.00

Beaufort County ATAX 3%

Beaufort County ATAX 2%

Hilton Head ATAX

Hilton Head ATAX \$139,500.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Provided: Yes

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

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2021- Previous FY 1 2022- Previous FY 2

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

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2021 - Previous FY 1

2022 - Previous FY 2

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2022 - Previous FY 2

2022 - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

F. MEASURING EFFECTIVENESS:

If you received 2022 or 2023 HHI ATAX funds

1. List any ATAX award amounts received in 2022 and/or 2023.

2021	\$17,000.00	
2021	\$17,000.00	Gullah Gala Awards, Sanford Jones Musical, Gullah Breakfast, Oyster Roast, Gullah Food Cookoff, Gullah Soul Christmas
2022	\$125,000.00	
2022	\$125,000.00	Oyster Roast, Ol' Gullah Breakfast, Family Fun Day, Gullah Camp, Gullah Food Festival, Gullah Christmas Gala, Gullah Gala
2023	\$139,500.00	Oyster Roast, Gullah Heritage Festival, Gullah Food Festival, Gullah Christmas Gala, Gullah Gala

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

The ATAX funds were used for marketing, promotions, advertising, and the renovations of structures on the museum site. The funds were used to expand the marketing strategy for the 2023 and 2024 planned events. That strategy includes an expanded presence on radio, television, media relations, social media, and digital marketing sources.

Based on responses from visitors and social media inquiries, there is a recognition of the enhanced visitor experience. The museum has experienced significant progress and its renovation objectives and enhancing museum visitor experience.

The museum objectives were advanced significantly through the use of atax funds. Event though the museum was closed for a significant period for renovations. Visible site improvements led to an significant increase in donations to the museum.

	What impact did this have on the success of the organization/event and how did it benefit the ommunity? (200 words or less)
	The awarded funding enabled the Gullah Museum of Hilton Head Island to successfully renovate the four structures on the museum site and open them for display to the public. The renovated structures have led to enhanced presentations and events at the museum site. In particular, the museum summer program for island children was recognized and praised on local broadcast media. A nationally recognized university held an event at the museum site.
	low does the organization measure the effectiveness of both the overall activity and of individual
рı	rograms? (200 words or less)
	The effectiveness of both the overall activity and individual programs is measured by the increased foot traffic to the museum site, and scheduled events. The museum has noticed increased inquiries to the museum website and social media presence.
. EXECU	TIVE SUMMARY
on the le	an executive summary using the "ATAX Effectiveness Measurement" form provided via the link eft, or by utilizing the text area provided below to report uses of the organization's prior ATAX applicable. If creating your own format, please refer to the "ATAX Effectiveness Measurement" d use the criteria as a guideline in developing your executive summary below. (1300 words or less)

The Gullah Museum used 2023 ATAX funding for two principal purposes: improvements to the museum site to improve the visitor experience and to broaden the Gullah Museum's marketing

strategy. The implementation of this strategy has resulted in an increase in donations and the museum budget.

2023 ATAX Request - \$150,000

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Through the years, the organization has amassed more than 400 artifacts and art. In order to display the artifacts and art, the organization needs to improve security at the site with more fencing and security cameras.

Signature: Louise Cohen

Title/Position: Executive Director / Founder

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

Email Address: hhistoryteller@aol.com

Office Phone Number:

Home Phone Number: 843-681-3254



Visitor Survey

Name:					
Address:					
City:			State:		Zip Code:
Email:					
How did you hear abo	out the event	?			
Newspaper R	Radio	Church	Social media	Friend	Other



Visitor Survey

Name:					_	
Address:						
City:			State:		Zip Code:	
Email:						
How did you hea	r about the ev	vent?				
Newspaper	Radio	Church	Social media	Friend	Other	

Gullah Museum of Hilton Head Island

2024 Proposed Budget

REVENUE	2023
Operations balance	120,872.00
Town of Hilton Head (ATAX)	125,000.00
Beaufort County	77,000.00
Breedlove Grant	7,500.00
Presentations	5,000.00
Merchandise Sales	5,000.00
Donations	20,000.00
Development Fund	15,000.00
Events	10,000.00
Board Dues	1,000.00
Interest Income	50.00
Total	386,423.00

EXPENDITURES

Operations	87,550.00		
Salaries & benefits Office supplies Property Maintenance Telephones Website (maintenance and development) Utilities	40,000.00 8,000.00 20,000.00 350.00 15,000.00 4,200.00		
Marketing	50,000.00		
Marketing	50,000.00		
Contractual Services	20,800.00		
Grant writing Accounting Legal Services	12,000.00 3,800.00 5,000.00		
Renovations	99,500.00		
Fence and Gate Migrant Houses Temporary office Site Plan Bathrooms Storage Tree branch removal Trailer Renovation	20,000.00 20,000.00 20,000.00 10,000.00 20,000.00 2,000.00 2,500.00 5,000.00		
Events	52,450.00		
Gala Oyster Roast	9,000.00 9,000.00		
Gullah Heritage Festival Summer Camp Gullah Food Festival Thanksgiving Dinner Christmas Dinner Quilting Program	8,000.00 9,600.00 8,000.00 6,000.00 8,000.00		
Total	316,300.00		

Gullah Museum of Hilton Head Island` Statement of Activities JUNE 2023

Revenue

Donations	8,089.61
Beaufort County ATAX Grant	52,000.00
Town of HHI ATAX Grant	23,400.00
Presentations	2,100.00
Vendor Fee	800.00
Interest Income	1.54
Total Revenue	\$86,391.15
Expenditures	
Accounting Fees	200.00
Advertising/Promotions	3,790.28
Food Festival	1,500.00
Museum Renovations	30,000.00
Payroll Expense	2,125.16
Rental - Storage Unit	460.08
Repairs and Maintenance	2,365.38
Storage Shed	178.00
Supplies	1,363.23
Utilities	41.91
Website	14.37
Total Expenditures	\$42,038.41
Net Revenue	\$44,352.74

Gullah Museum of Hilton Head Statement of Activities JANUARY - JUNE 2023

Revenue		
Town of Hilton Head ATAX Grant		\$112,142.95
Beaufort County ATAX Grant		\$86,875.00
Admision Fees		\$4,704.69
Donations		44,814.61
Merchandise Sales		310.00
Presentations		2,100.00
Food Sales		2,224.00
Vendor Fees		2,100.00
Interest Income		18.97
Total Revenue	\$	255,290.22
Expenditures		
Accounting		1,900.00
Advertising and Promotions		25,415.48
Insurance		351.20
Marketing Consultant		15,002.00
Oyster Roast Expenses		11,245.54
Memorabilia Expenses		2,923.25
Postage, Mailing Service		29.25
Donation		600.00
Event Entertainment		500.00
Payroll Expenses		9,239.05
Event Supplies		3,368.22
Property, Renovations		111,389.57
Repairs and Maintenance		7,386.35
Storage Rental		3,269.96
Telephone		158.92
Travel and Meetings		1,449.00
Website/Internet		85.99
Utilities	Miletonomoroum	248.60
Total Expenditures	\$_	194,562.38
Net Revenue (Loss)		\$60,727.84

Gullah Museum of Hilton Head Statement of Activities December 2022

Revenue		
Presentations		225.00
Donations		\$750.00
Merchandise Sales		75.00
Interest Income		1.51
Total Revenue	\$	1,051.51
Expenditures		
Advertising		1,090.00
Marketing Consultant		10,375.00
Donation		100.00
Event Food		4,175.00
Event Entertainment		200.00
Event Transportation		100.00
Food Festival		704.72
Payroll Expenses		1,407.74
Event Supplies		2,418.66
Property, Repairs and Maintenance		2,340.31
Storage Shed		229.00
Insurance		461.60
Website/Internet		14.29
Utilities		39.71
Total Expenditures	\$	23,656.03
Net Revenue (Loss)	(\$22,604.52)

Gullah Museum of Hilton Head Statement of Activities January - December 2022

Donations Breedlove Foundation Grant Gullah Presentations Admission Fees Merchandise Sales Membership Dues Vendor Fees Town of HHI ATAX Grant	8,429.61 10,000.00 13,239.41 13,394.25 8,091.68 890.00 2,870.00 35,961.78 27,000.00 36.30
Gullah Presentations Admission Fees Merchandise Sales Membership Dues Vendor Fees	13,239.41 13,394.25 8,091.68 890.00 2,870.00 35,961.78 27,000.00
Admission Fees Merchandise Sales Membership Dues Vendor Fees	13,394.25 8,091.68 890.00 2,870.00 35,961.78 27,000.00
Merchandise Sales Membership Dues Vendor Fees	8,091.68 890.00 2,870.00 35,961.78 27,000.00
Membership Dues Vendor Fees	890.00 2,870.00 35,961.78 27,000.00
Vendor Fees	2,870.00 35,961.78 27,000.00
	35,961.78 27,000.00
Town of LILL ATAY Grant	27,000.00
TOWING HIM ATAX GIANT	
Beaufort County ATAX	36.30
Interest Income	
Total Revenue \$	119,913.03
Expenditures	
Advertising/Promotional	9,194.19
Professional Fees	7,212.50
Charitable Donations	500.00
Friends and Family Event	5,694.35
Events Food Expenses	10,149.46
Marketing Consultant	27,502.64
Event Entertainment	4,125.00
Event Food/Supplies	8,315.45
Insurance	1,409.10
Payroll Expenses	17,011.87
Memorabilia Expenses	8,032.17
Office Expenses	2,434.06
Property Repairs and Maintenance	57,819.14
Rental - Storage Unit	679.00
Storage Shed	6,205.23
Summer Camp	9,545.00
Taxes	2,214.40
Telephone, Telecommunications	377.95
Utilities	906.85
Website and Internet	558.72
Total Expenditures \$	179,887.08
Net Revenue (Loss)	(\$59,974.05)

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

Revenue	
Donations	300.00
Gullah Presentations	1,620.00
Merchandise Sales	190.00
Town of HHI ATAX Grant	10,428.92
Interest Income	1.74
Total Revenue	\$ 12,540.66
Expenditures	
Advertising/Promotions	3,500.00
Accounting	150.00
Charitable Donations	500.00
Meeting, Conventions/Entertainment	1,236.30
Grant Wrting	2,298.00
Payroll Expnses	2,134.16
Merchandise Expenses	870.00
Utilities	38.73
Postages	34.80
Repairs and Maintenance	1,004.57
Rental - Storage Unit	75.00
Website and Internet	34.32
Total Expenditures	\$ 11,875.88
Net Revenue (Loss)	\$ 664.78

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

Revenue	
Donations	6,452.62
Gullah Presentations	12,040.79
Hilton Head Island ATAX Grant	18,834.87
Food Festival	5,150.00
Merchandise Sales	8,172.94
Breedlove Foundation	12,000.00
SC CARES Grant	45,576.50
SVOG Program Grant	68,943.83
Interest Income	28.17
Total Revenue	\$ 177,199.72
Expenditures	
Advertising/Promotional	12,752.12
Accounting Fees	2,900.00
Fundraising Fees	2,276.30
Donation/Membership	875.00
Electricity	272.40
Equipment Purchase	2,145.63
Food Festival	1,262.13
Insurance	1,502.43
Property Repairs and Maint.	17,137.99
Real Estate, Prop Tax	735.00
Grant Writing Expenses	6,598.00
Meetings, Conventions/Entertainment	1,236.30
Marketing Consultant.	5,752.00
Merchandise Purchase	5,819.37
Office Equipment	853.86
Office Expense	1,194.30
Payroll Expenses	9,501.32
Printing and Copying	724.11
Supplies	467.42
Telephone, Telecommunications	307.04
Rental - Storage Unit	900.00
Summer Camp	8,588.87
Website and Internet	3,435.50
Misc.	215.80
Total Expenditures	\$ 87,452.89
Net Revenue	\$ 89,746.83

Gullah Museum of Hilton Head, Inc. Statement of Financial Position June 30, 2023

ASSETS	
Current Assets	
Bank Accoungs	
Operating	50,970.07
Developmental Account	12,302.68
Petty Cash	750.00
Restricted Account	20,376.00
Capital Improvement	56,601.46
Total Current Assets	\$ 141,000.21
Non-Current Assets	
Gullah Museum Artifacts	\$ 150,000.00
TOTAL ASSETS	\$ 291,000.21
A CONTRACTOR AND	
LIABILITIES AND NET ASSETS	
Liabilities	0.00
Total Liabilities	0.00
Net Assets	90 272 27
Restricted Assets	80,272.37
Unrestricted Net Assets	150,000.00
Net Revenue (Loss)	60,727.84
Total Net Assets	\$ 291,000.21
TOTAL LIABILITIES AND NET ASSETS	\$ 291,000.21

Gullah Museum of Hilton Head, Inc. Statement of Financial Position December 31, 2022

ASSETS	
Current Assets	
Bank Accoungs	
Operating	34,157.09
Restricted Account	12,876.00
Capital Improvement	32,473.96
Petty Cash	500.00
Total Current Assets	\$ 80,007.05
Non-Current Assets	£ 450,000,00
Gullah Museum Artifacts	\$ 150,000.00
TOTAL ASSETS	\$ 230,007.05
LIABILITIES AND NET ASSETS	
Liabilities	0.00
Total Liabilities	0.00
Net Assets	00 007 05
Restricted Assets	80,007.05
Unrestricted Net Assets	209,974.05
Net Revenue (Loss)	(59,974.05)
Total Net Assets	\$ 230,007.05
TOTAL LIABILITIES AND NET ASSETS	\$ 230,007.05

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

ASSETS	
Current Assets - Cash	
Operating Account	39,594.08
Restricted Account	12,850.00
Capital Account	23,034.29
SVOG Program Grant Account	62,265.01
Total Current Assets -Cash	\$ 137,743.38
Fixed Assets	
Gullah Artifacts	150,000.00
Total Fixed Assets	\$ 150,000.00
TOTAL ASSETS	\$ 287,743.38
LIABILITIES AND NET ASSETS	
Liabilities	
Total Liabilities	0.00
Net Assets	
Restricted Net Assets	98,149.30
Unrestricted Net Assets	99,847.25
Net Revenue	89,746.83
Total Net Assets	\$ 287,743.38
TOTAL LIABILITIES AND NET ASSETS	\$ 287,743.38

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

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

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

Open to Public Inspection

M	roi me	ZUZZ Calenda	ar year, or tax year beginning , 2022, and endin	g			, 20	
В	Check if ap	oplicable:	C Name of organization		D Empl	oyer iden	tification number	
	Address o	change Gullah Museum of Hilton Head Island Inc. 4				-16033	22	
	Name cha	hange Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tel					nber	
H	Initial retu		3 Farmers Club Rd		843	868364	01	
H	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption			
		n pending	Hilton Head Island, SC 29926			nber		
		ting Method:	☐ Cash ☐ Accrual Other (specify):	H (heck	if the c	organization is not	
	Nebsite	•	gullahmuseumofhhi.org				h Schedule B	
JI	ax-exen		ck only one) — 🗵 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		Form 9		n concado b	
			Corporation ☐ Trust ☐ Association ☐ Other:					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	total	assets		***************************************	
			500,000 or more, file Form 990 instead of Form 990-EZ			· \$	119,912.	
-	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see t			· · · · · ·		
10	GUGU		the organization used Schedule O to respond to any question in this Pa					
	1		ons, gifts, grants, and similar amounts received	-		1		
	2			•		2	81,391.	
	3		ervice revenue including government fees and contracts	•	•	3	38,485.	
		Investment	p dues and assessments	•			^	
	4			•		4	36.	
	5a		unt from sale of assets other than inventory 5a					
	b		or other basis and sales expenses					
	C	1 1000000	ss) from sale of assets other than inventory (subtract line 5b from line 5a) .	•	• •	5c		
	6	-	d fundraising events:					
0	а	\$15,000) .	ome from gaming (attach Schedule G if greater than					
Revenue								
eve	b		me from fundraising events (not including \$ of contributions avents are ordered and line at) (attack Selected O if the	utior	าร			
ď			aising events reported on line 1) (attach Schedule G if the					
			h gross income and contributions exceeds \$15,000) 6b		****			
	C		t expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	sub	tract			
	l _	line 6c) .		•		6d		
	7a		s of inventory, less returns and allowances					
	b		of goods sold					
	С		t or (loss) from sales of inventory (subtract line 7b from line 7a)			7c		
	8		nue (describe in Schedule O)	•		8		
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		• •	9	119,912.	
	10		similar amounts paid (list in Schedule O)			10		
	11	•	tid to or for members	•		11		
es Se	12		her compensation, and employee benefits			12	17,012.	
Expenses	13		al fees and other payments to independent contractors			13	31,615.	
Š.	14		r, rent, utilities, and maintenance			14	723.	
Ш	1.0		ublications, postage, and shipping			15	914.	
	16		nses (describe in Schedule O) See. Line 16.			16	129,623.	
	17	Total expe	nses. Add lines 10 through 16			17	179,887.	
छ	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	-59,975.	
Se	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must ag	gree	with			
Ass			r figure reported on prior year's return)			19	275,677.	
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)			20		
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20			21	215,702.	

Part	Balance Sheets (see the instructions for Check if the organization used Schedule O	to respond to any	question in this Pa	tll			<u> L.</u>
	Check if the organization used Schedule O	to respond to any	(A)	Beginning of year		(B) End	
				125,677.	22		65,702.
22	Cash, savings, and investments				23		
23	Land and buildings			150,000.	24		150,000.
24	Other assets (describe in Schedule O)			275,677.	25	2	215,702.
25	Total assets			0.	26		0.
26	- * * * - //: 07 of collimn ()	3) Indiilisi aciiee vvilii ii	ne 21)	275,677.	27		215,702.
27				t III)		Exp	enses
Part	Check if the organization used Schedule C	to respond to any	question in this Pa	ırt III	(He	quired f	or section
Mhot	series of primary exempt nurnose?	ee Part III Du			501	(c)(3) ar	nd 501(c)(4) ns; optional for
Desc as m	ribe the organization's program service accomplish leasured by expenses. In a clear and concise machine benefited, and other relevant information for each program is a specific and even the control of	h program title.	ses the	the number of	oth	iers.)	· · · · · · · · · · · · · · · · · · ·
	Gullah Culture. At the event, food the Gullar Culture. More than 2000	neonle attend	he event.				
	the Gullar Culture. More than 2000 (Grants \$ 21,267.) If this amount i			🗆	28	a	24,200.
	(Grants \$ 21,267.) If this amount 1	the Cullab House	se the				
29	Restoration of the Gullah House. To Centerpiece of the Gullah Museum i	e heing resto	red. Tourist				
	and lifting amount	ncilines infelational	ILO, OITOOL TITLE	<u>.</u> 🛚	29	a	57,604.
	mbic program	teaches voung	beobte				
30					-		
					-		9,545.
	\ If this amount	includes foreign grar	ito, oriocit iioi		30	ya	9,343.
	(Grants \$ 10,000.) If this amount				- 1		
04	Other program services (describe in Schedule O)			parameter .	2.	40	
	Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign graf	nts check here	🗆		1a	91.349.
	(Grants \$) If this amount	includes foreign grai	nts, check here .	<u> </u>	. 3	32	91,349.
32	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gran	nts, check here .	ensated—see the	. 3 e inst	32 ruction	ns for Part IV)
32	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gran	nts, check here one even if not compay question in this	ensated—see the	. 3 e inst	32 ruction	ns for Part IV)
32	(Grants \$) If this amount	includes foreign gral hrough 31a) Femployees (list each O to respond to ar	nts, check here .	ensated—see the	e inst	ruction	ns for Part IV)
32 Pa	(Grants \$) If this amount Total program service expenses (add lines 28a of the control of the	includes foreign grat through 31a)	one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	ensated—see the part IV	e instructs, bloyee ation	ruction	mated amount of compensation
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Ba Lo	(Grants \$) If this amount Total program service expenses (add lines 28a of the content of the	includes foreign granthrough 31a)	one even if not compared question in this compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	ensated—see the Part IV	e instruction in the state of t	ruction	mated amount of compensation
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not provide the reported to the IDCO If "Vee " provide a		Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	_		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911:; section 4912:; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	700		
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed:			
42a	The organization's books are in care of: Ibrahim Abdul-Malik Telephone no. (84)	3) 683	3-64	01
b	Located at: 131 Squire Pope Road, Hilton Head Island SC ZIP+4 2992 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	26 	Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	No
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c	1	×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		• •	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		×
45a	D'All	44d		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a		
-	Form 990-EZ. See instructions	45b		<u>×</u>

					Yes No
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or in opposi	tion T
Part	to candidates for public office? If "Yes," of Section 501(c)(3) Organization	complete Schedule C	, Part I		. 46 ×
rait	All section 501(c)(3) organization	s Only Is must answer due	stions 47–49h and	52 and complete th	e tables for lines
	50 and 51.	io made anower que	Stions 47 435 and	oz, and complete th	ie tables for liftes
***	Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI	🗆
					Yes No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or have a		n in effect during the	
48	Is the organization a school as described in			Pahadula E	47 ×
49a	Did the organization make any transfers t				. 48 ×
b	If "Yes," was the related organization a se				. 49b
50	Complete this table for the organization's	five highest compens	sated employees (oth	er than officers, direct	ors, trustees, and key
	employees) who each received more than	1 \$100,000 of comper	nsation from the organ	ization. If there is non	e, enter "None."
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation
None			1099-NEC)	compensation	
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- 1	Total number of other employees poid ov	~~ @4 OO OOO			
	Total number of other employees paid ov		· · · 		
51	Complete this table for the organization	's five highest compe	ensated independent	contractors who each	h received more than
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compenization. If there is no	ne, enter "None."		
51	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compenization. If there is no	ensated independent ne, enter "None." (b) Type of serv		n received more than Compensation
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None	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compenization. If there is not dent contractor	ne, enter "None." (b) Type of serv	nizations must attack) Compensation
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Additional Information From Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

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

Continuation Statement

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

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

Continuation Statement

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

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

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

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

Open to Public Inspection

M	roi me	ZUZZ Calenda	ar year, or tax year beginning , 2022, and endin	g			, 20	
В	Check if ap	oplicable:	C Name of organization		D Empl	oyer iden	tification number	
	Address o	change Gullah Museum of Hilton Head Island Inc. 4				-16033	22	
	Name cha	hange Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tel					nber	
H	Initial retu		3 Farmers Club Rd		843	868364	01	
H	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption			
		n pending	Hilton Head Island, SC 29926			nber		
		ting Method:	☐ Cash ☐ Accrual Other (specify):	H (heck	if the c	organization is not	
	Nebsite	•	gullahmuseumofhhi.org				h Schedule B	
JI	ax-exen		ck only one) — 🗵 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		Form 9		n concado b	
			Corporation ☐ Trust ☐ Association ☐ Other:					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	total	assets		***************************************	
			500,000 or more, file Form 990 instead of Form 990-EZ			· \$	119,912.	
-	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see t			· · · · · ·		
10	GUGU		the organization used Schedule O to respond to any question in this Pa					
	1		ons, gifts, grants, and similar amounts received	-		1		
	2			•		2	81,391.	
	3		ervice revenue including government fees and contracts	•	•	3	38,485.	
		Investment	p dues and assessments	•			^	
	4			•		4	36.	
	5a		unt from sale of assets other than inventory 5a					
	b		or other basis and sales expenses					
	C	1 1000000	ss) from sale of assets other than inventory (subtract line 5b from line 5a) .	•	• •	5c		
	6	-	d fundraising events:					
0	а	\$15,000) .	ome from gaming (attach Schedule G if greater than					
Revenue								
eve	b		me from fundraising events (not including \$ of contributions avents are ordered and line at) (attack Selected O if the	utior	าร			
ď			aising events reported on line 1) (attach Schedule G if the					
			h gross income and contributions exceeds \$15,000) 6b		****			
	C		t expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and	sub	tract			
	l _	line 6c) .		•		6d		
	7a		s of inventory, less returns and allowances					
	b		of goods sold					
	С		t or (loss) from sales of inventory (subtract line 7b from line 7a)			7c		
	8		nue (describe in Schedule O)	•		8		
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		• •	9	119,912.	
	10		similar amounts paid (list in Schedule O)			10		
	11	•	tid to or for members			11		
es Se	12		her compensation, and employee benefits			12	17,012.	
Expenses	13		al fees and other payments to independent contractors			13	31,615.	
Š.	14		r, rent, utilities, and maintenance			14	723.	
Ш	1.0		ublications, postage, and shipping			15	914.	
	16		nses (describe in Schedule O) See. Line 16.			16	129,623.	
	17	Total expe	nses. Add lines 10 through 16			17	179,887.	
छ	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	-59,975.	
Se	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must ag	gree	with			
Ass			r figure reported on prior year's return)			19	275,677.	
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)			20		
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20			21	215,702.	

Part	Balance Sheets (see the instructions for Check if the organization used Schedule C	to respond to any	guestion in this Pa	tll			<u> L .</u>
	Check if the organization used Schedule C	to respond to any	(A)	Beginning of year			
				125,677.	22		65,702.
22	Cash, savings, and investments				23		
23	Land and buildings			150,000.	24		50,000.
24	Other assets (describe in Schedule O)			275,677.	25	2	15,702.
25	Total assets			0.	26		0.
26		a) innuisi aciee villi ii	ne 21)	275,677.	27		15,702.
27				t III)		Expe	enses
Part	Check if the organization used Schedule C	to respond to any	question in this Pa	ırt III	(He	quired fo	or section
Mhot	series of primary exempt purpose?	ee Part III D	-IIIL		501	(c)(3) and	d 501(c)(4) ns; optional for
Desc as m	ribe the organization's program service accomplish leasured by expenses. In a clear and concise machines benefited, and other relevant information for each program is a specific and even	th program title.	ses the	the number of	oth	iers.)	
	Gullah Culture. At the event, food the Gullar Culture. More than 2000	neonle attend	he event.				
	the Gullar Culture. More than 2000 (Grants \$ 21,267.) If this amount i			🗆	28	a	24,200.
	(Grants \$ 21,267.) If this amount i	the Cullab House	se the				
29	Restoration of the Gullah House. To Centerpiece of the Gullah Museum	e heing resto	red. Tourist				
		ncilines infolding aidi	10, 011001111	<u>.</u> 🛚	29)a	57,604.
	This program	teaches voung	beobte				
30					-		
					-		9,545.
	\ If this amount	includes foreign grar	ito, oriocit iter		30	ua	9,040.
	(Grants \$ 10,000.) It this amount				- 1	1	
04	Other program services (describe in Schedule O)			parameter .	2.	40	
	Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign grat	nts check here	🗆		1a	91.349.
	(Grants \$) If this amount	includes foreign grai	nts, check here	<u> </u>	. 3	32	91,349.
32	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gran	nts, check here .	ensated—see the	. 3 e inst	ruction:	s for Part IV)
32	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gran	one even if not comp y question in this l	ensated—see the	. 3 e inst	ruction:	s for Part IV)
32	(Grants \$) If this amount	includes foreign gral through 31a) / Employees (list each O to respond to ar	nts, check here .	ensated—see the	e inst	ructions	s for Part IV)
32 Pa	(Grants \$) If this amount Total program service expenses (add lines 28a and Italian in	includes foreign grat through 31a) / Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not compay question in this leads to the compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	ensated—see the part IV	e instructs, bloyee ation	ructions	s for Part IV)
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Part Loc Expansion of the control of	(Grants \$) If this amount Total program service expenses (add lines 28a or IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Quise Cohen Recutive Director Call B. Hay Diairman of the Board Caldon S. Hollis Cice Chairman Tenda Williams Cecretary Orahim Abdul-Malik Treasurer Curray Christopher Cirector Chawnta Cohen	includes foreign grant through 31a)	one even if not company question in this large compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 15,692.	ensated—see the Part IV (d) Health beneficontributions to emphenefit plans, andeferred compension.	e instruction on the control of the	(e) Estinother	s for Part IV)
Part Loc Expansion of the control of	(Grants \$) If this amount Total program service expenses (add lines 28a or IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Quise Cohen Recutive Director all B. Hay hairman of the Board aldon S. Hollis ice Chairman renda Williams ecretary orahim Abdul-Malik reasurer urray Christopher irector hawnta Cohen irector olawnda Cohen-McKinney pirector inda Ferquson pirector	includes foreign grant through 31a)	one even if not company question in this large compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 15,692.	ensated—see the Part IV (d) Health beneficontributions to emphenefit plans, andeferred compension.	e instruction of the control of the	(e) Estinother	s for Part IV)
Part Loc Expansion of the control of	(Grants \$) If this amount Total program service expenses (add lines 28a or IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Quise Cohen Recutive Director Call B. Hay Diairman of the Board Caldon S. Hollis Cice Chairman Tenda Williams Cecretary Orahim Abdul-Malik Treasurer Curray Christopher Cirector Chawnta Cohen	includes foreign grant through 31a)	one even if not company question in this large compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 15,692.	ensated—see the Part IV (d) Health beneficontributions to emphenefit plans, andeferred compension.	e instruction of the control of the	(e) Estinother	s for Part IV)

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not provide the reported to the IDCO If "Vee " provide a		Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	_		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911:; section 4915:; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		^
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed:			
42a	The organization's books are in care of: Ibrahim Abdul-Malik Telephone no. (84)	3) 683	3-64	01
b	Located at: 131 Squire Pope Road, Hilton Head Island SC ZIP+4 2992 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	26 T	Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		<u>×</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
110	Did the experientian maintain and dense added for the desired to t		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		×
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	AEL		V
		45b		<u>×</u>

					Yes No
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or in opposi	tion T
Part	to candidates for public office? If "Yes," of Section 501(c)(3) Organization	complete Schedule C	, Part I		. 46 ×
rait	All section 501(c)(3) organization	s Only Is must answer due	stions 47–49h and	52 and complete th	e tables for lines
	50 and 51.	io made anower que	Stions 47 435 and	oz, and complete th	ie tables for liftes
****	Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI	🗆
					Yes No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or have a		n in effect during the	
48	Is the organization a school as described in			Pahadula E	47 ×
49a	Did the organization make any transfers t				. 48 ×
b	If "Yes," was the related organization a se				. 49b
50	Complete this table for the organization's	five highest compens	sated employees (oth	er than officers, direct	ors, trustees, and key
	employees) who each received more than	1 \$100,000 of comper	nsation from the organ	ization. If there is non	e, enter "None."
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation
None			1099-NEC)	compensation	
			,		
untura ta ultura					
~					1
f	Total number of other employees poid ov	~~ @4 OO OOO			
	Total number of other employees paid ov		· · · 		
51	Complete this table for the organization	's five highest compe	ensated independent	contractors who each	h received more than
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compenization. If there is no	ne, enter "None."		
51	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compenization. If there is no	ensated independent ne, enter "None." (b) Type of serv		n received more than Compensation
	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compenization. If there is no	ne, enter "None."		
51	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compenization. If there is no	ne, enter "None."		
51	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compenization. If there is no	ne, enter "None."		
51	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compenization. If there is no	ne, enter "None."		
51	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compenization. If there is no	ne, enter "None."		
51	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compenization. If there is no	ne, enter "None."		
51	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compenization. If there is no	ne, enter "None."		
51	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compenization. If there is no	ne, enter "None."		
None	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compenization. If there is not dent contractor	ne, enter "None." (b) Type of serv		
None	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compenization. If there is not dent contractor	ne, enter "None." (b) Type of serv	nizations must attack) Compensation
None d 52 Under p	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent contraction of the organization complete Scheduling (b) 100,000 of compensation complete Scheduling (c) 100,000 of compensation from the organization complete Scheduling (c) 100,000 of compensation from the organization complete Scheduling (c) 100,000 of compensation from the organization from the organization (c) 100,000 of compensation from the organizat	's five highest compenization. If there is not dent contractor actors each receiving alle A? Note: All se	over \$100,000	nizations must attack	n a . X Yes No
None d 52 Under petrue, cor	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent contraction complete Schedule A	's five highest compenization. If there is not dent contractor actors each receiving alle A? Note: All se	over \$100,000	nizations must attack	n a . Yes No nowledge and belief, it is
None d 52 Under pitrue, cor	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization (a) Name and business address of each independent contraction of the organization complete Schedulation complete Schedulation of preparer (other than signature of officer	s five highest compenization. If there is not dent contractor dent contractor actors each receiving alle A? Note: All sections, including accompany officer) is based on all info	over \$100,000	nizations must attach	n a . Yes No nowledge and belief, it is
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None None d 52 Under pitrue, cor Sign Here	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization complete schedule and completed schedule and complete schedule and complete. Declaration of preparer (other than signature of officer Nell B Hay, Chairman Type or print name and title Print/Type preparer's name James Mitchell, Jr. Firm's name JM Financial	actors each receiving ale A? Note: All se return, including accompany nofficer) is based on all info	over \$100,000	nizations must attack nts, and to the best of my kras any knowledge. 07/17/2023 07/17/2023 07/17/2023 07/17/2023 07/17/2023 07/17/2023 07/17/2023 07/17/2023 07/17/2023 07/17/2023	n a Yes No nowledge and belief, it is PTIN Hyed P01874885 -4908239
None d 52 Under pertrue, corr Sign Here Paid Prepaid Use (Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization complete schedule and completed schedule and complete schedule and complete. Declaration of preparer (other than signature of officer Nell B Hay, Chairman Type or print name and title Print/Type preparer's name James Mitchell, Jr. Firm's name JM Financial	actors each receiving alle A? Note: All se return, including accompany norficer) is based on all info	over \$100,000 ction 501(c)(3) organ	nizations must attack nts, and to the best of my kras any knowledge. 07/17/2023 07/17/2023 07/17/2023 07/17/2023 07/17/2023 07/17/2023 07/17/2023 07/17/2023 07/17/2023 07/17/2023	n a . Yes No nowledge and belief, it is representation

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

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

Continuation Statement

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

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

Continuation Statement

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

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

, 20

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information. , 2021, and ending A For the 2021 calendar year, or tax year beginning

В	Check if ap	pplicable: C Name of organization D En	Employer identification number					
	Address ch	hange Gullah Museum of Hilton Head Island, Inc. 4	42-1603322					
$\overline{}$	Name char	Room/suite E To		Telephone number				
	Initial return							
	Final return	J Faimers Crub Rd.			Group Exemption			
-	Amended i	return	Numbe					
-	Application		k ▶ ſ	if the ora	anization is not			
		ing Method. [23 data.]		attach Sche				
	Nebsite	www.guirammuseumorimi.org	n 990).					
		interstates (check only one) — K 301(c)(s) (2) 301(c) () 4 (inserting) (2) 40-11 (c)(7) (3)						
K	Form of	organization: X Corporation Trust Association Other s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	ets					
L	Add lines	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. •	¢	177,199.			
-		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	nuctic	one for Pa				
E	art I	Revenue, Expenses, and Changes in Net Assets of Fund Balances (see the line)	luciic) 13 101 1 C				
		Check if the organization used Schedule O to respond to any question in this Part I .	· · ·	· · · ·	145 255			
	1	Contributions, gifts, grants, and similar amounts received	. 2		145,355.			
	2	Program service revenue including government fees and contracts	. 3		31,816.			
	3	Membership dues and assessments			28.			
	4	Investment income	00000		۷٥.			
	5a	Gloss amount nom sale or assets other trial involvery	0.					
	b	Less: cost of other basis and sales expenses	0		0			
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5	C	0.			
	6	Gaming and fundraising events:						
	а	Gross income from gaming (attach Schedule G if greater than						
ee		410,000/	0.					
Revenue	b	Gross income from fundraising events (not including \$ 0. of contributions						
ě		from fundraising events reported on line 1) (attach Schedule G if the						
(majora)		cum of cuch grown me one and	0.					
	С	tass threfti extremses in the damine and fundational events	0.					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrain	ct					
		line 6c)	. 6	id	0.			
	7a	Gross sales of inventory, less returns and allowances	0.					
	b	Less: cost of goods sold	0.					
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7	'c	0.			
	8	Other revenue (describe in Schedule O)		8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	177,199.			
	10	Grants and similar amounts paid (list in Schedule O)	. 1	10				
	11	Benefits paid to or for members	-	11				
U.		Salaries, other compensation, and employee benefits	. 1	12	9,501.			
Expenses	13	Professional fees and other payments to independent contractors	. 1	13	11,774.			
	14	Occupancy, rent, utilities, and maintenance	. 1	14	579.			
	15	Printing, publications, postage, and shipping	. 1	15	940.			
	16	Other expenses (describe in Schedule O)	. 1	16	64,659.			
	17	Total expenses, Add lines 10 through 16		17	87,453.			
-	40	Excess or (deficit) for the year (subtract line 17 from line 9)		18	89,746.			
40	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	ith					
300	2 13	end-of-year figure reported on prior year's return)		19	185,931.			
Not Accote	2 00	Other changes in net assets or fund balances (explain in Schedule O)	. 2	20				
O	20 21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 3	21	275,677.			
	21	146t assets of fully balances at one of your combine into 15 miles in						

REV 04/04/22 PRO

n	Belonge Shoots (see the instructions to	or Part III				
Part I	Balance Sheets (see the instructions for Check if the organization used Schedule	O to respond to an	vauestion in this P	art II		🔀
	Check if the organization used Schedule	O to respond to div	(/	N) Beginning of year		(B) End of year
				35,931.	22	125,677.
	Cash, savings, and investments				23	
	Land and buildings				24	150,000.
	Other assets (describe in Schedule O)			100,000.	25	275,677.
25	Total assets			103,931.	26	2/3/0//.
26	Total liabilities (describe in Schedule O)			105 021	27	275,677.
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	185,931.	21	213,011.
Part I	Statement of Program Service Accomp	olishments (see the	instructions for Pa	art III)		Expenses
	Check if the organization used Schedule	O to respond to an	y question in this P	art III L	(Rec	quired for section
What is	the organization's primary exempt purpose?	The purpose of the organization	is to preserve, Promote and prot	ect the Gullah Culture		(c)(3) and 501(c)(4)
Describ as mea person	be the organization's program service accomplis asured by expenses. In a clear and concise man as benefited, and other relevant information for eac	hments for each of anner, describe the ch program title.	its three largest pro services provided,	ogram services,		anizations; optional for ers.)
28 T	he Gullah Oyster Roast is an ever	nt that showca	ses the			
G	ullah Culture. At the event food	and events de	picting the			
G	ullah Culture years are help. Mon	ce than 1500 p	eople attend	the event.		
	Grants \$ 12,450.) If this amount	includes foreign gra	nts, check here .	> 🔲	288	12,950.
29 R	destoration of the Gullah House Th	is house show	s how the Gull	ah People		
29 1	ived years ago. During the year,	ous tours, and	l bicycle tour	s results		
	n more than 2,000 people attending	na this event				
		includes foreign gra	nts, check here .	▶ 🗆	298	17,138.
10	Grants \$ 20,000.) If this amount	a amam +ha+ +a	ahos vouna ne	onle about		
30 _	Gullah Summer Camp - This is a pro	iginato in Gullah	Story telling for	nd preparation		
_t	he Gullah Culture. About 25-50 youths parti	Cibace in antique	Deary correcting, roo	od proparación		
-	and other aspects of the Gullah Cu	ulture.	eta abaak bara	N	30a	8,589.
(0	Grants \$ 10,000.) If this amount				306	3/333
	, and program services (318	
(0	Grants \$) If this amount	includes foreign gra			1010	CI I
		1 04 \	rito, cricon rioro .		20	
	otal program service expenses (add lines 28a t	hrough 31a)			32	38,677.
32 T Part	otal program service expenses (add lines 28a t	hrough 31a)	one even if not comp	ensated—see the i	nstru	38,677. actions for Part IV)
	otal program service expenses (add lines 28a t	hrough 31a)	one even if not comp ny question in this F	ensated—see the i	nstru	38,677. actions for Part IV)
	otal program service expenses (add lines 28a t	hrough 31a)	n one even if not comp ny question in this F (c) Reportable	ensated—see the incompart IV	nstru	38,677. actions for Part IV)
Part I	 Total program service expenses (add lines 28a to a lines) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title 	hrough 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	ensated—see the incompared IV	nstru	2 38,677. uctions for Part IV)
Part	otal program service expenses (add lines 28a to the lines	chrough 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	ensated—see the incompare IV	nstru	2 38,677. actions for Part IV)
Loui Exec	otal program service expenses (add lines 28a to various List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director	hrough 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	ensated—see the incompare IV	nstru /ee (e	2 38,677. actions for Part IV)
Loui Exec Nell	otal program service expenses (add lines 28a to various List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	ensated—see the increase the in	nstru 	2 38,677. actions for Part IV)
Loui Exec Nell Chai	Cotal program service expenses (add lines 28a to various List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board	chrough 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	ensated—see the increase the in	nstru /ee (e	2 38,677. actions for Part IV)
Loui Exec Nell Chai	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501.	ensated—see the incompart IV	nstru	2 38,677. uctions for Part IV)
Loui Exec Nell Chai Meld Vice	Cotal program service expenses (add lines 28a to 1971) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis —Chairman	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	ensated—see the incompart IV	nstru 	2 38,677. uctions for Part IV)
Loui Exec Nell Chai Meld Vice	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501.	ensated—see the incomparation of the contributions to employ benefit plans, and deferred compensation of the comparation of the	nstru	2 38,677. actions for Part IV)
Loui Exec Nell Chai Meld Vice Bren Secr	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis -Chairman da Williams etary	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501.	ensated—see the incomparation of the contributions to employ benefit plans, and deferred compensation of the comparation of the	nstru	2 38,677. actions for Part IV)
Loui Exec Nell Chai Meld Vice Bren Secr	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis -Chairman da Williams	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501.	ensated—see the incomparation of the contributions to employ benefit plans, and deferred compensation of the comparation of the	nstru	2 38,677. actions for Part IV)
Loui Exec Nell Chai Meld Vice Bren Secr Ibra	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis -Chairman da Williams etary him Absul-Malik surer	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501.	ensated—see the incomparation of the contributions to employ benefit plans, and deferred compensation of the comparation of the	nstru	2 38,677. actions for Part IV)
Loui Exec Nell Chai Meld Vice Bren Secr Ibra	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis -Chairman da Williams etary him Absul-Malik surer	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501.	ensated—see the incomparation of the contributions to employ benefit plans, and deferred compensation of the comparation of the	nstru	2 38,677. actions for Part IV) b) Estimated amount of other compensation 0. 0. 0.
Loui Exec Nell Chai Meld Vice Bren Secr Ibra Trea Murr	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis -Chairman da Williams etary him Absul-Malik	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501.	ensated—see the incomparation of the contributions to employ benefit plans, and deferred compensation of the comparation of the	nstru	2 38,677. actions for Part IV)
Loui Exec Nell Chai Meld Vice Bren Secr Ibra Trea Murr Dire	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis -Chairman da Williams etary him Absul-Malik surer ay Christopher ector	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501.	ensated—see the incomparation of the part IV	yee (e	2 38,677. actions for Part IV)
Loui Exect Nell Chai Meld Vice Bren Secr Ibra Trea Murr Dire Shaw	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis -Chairman da Williams etary him Absul-Malik ssurer ay Christopher ector mta Cohen	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501.	ensated—see the incomparation of the part IV	nstru	2 38,677. actions for Part IV)
Loui Exec Nell Chai Meld Vice Bren Secr Ibra Trea Murr Dire Shaw	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis —Chairman da Williams etary him Absul-Malik ssurer ray Christopher ector mta Cohen ector	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501.	ensated—see the incomparation of the part IV	yee (e	2 38,677. actions for Part IV)
Loui Exec Nell Chai Meld Vice Bren Secr Ibra Trea Murr Dire Shaw	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis -Chairman da Williams etary him Absul-Malik surer ay Christopher ector mta Cohen ector awnda Cohen-Mckinney	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501.	ensated—see the increase the in	yee (e	2 38,677. actions for Part IV)
Loui Exec Nell Chai Meld Vice Bren Secr Ibra Trea Murr Dire Shaw Dire	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis -Chairman da Williams etary him Absul-Malik ssurer eay Christopher ector mta Cohen ector awnda Cohen-Mckinney ector	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501.	ensated—see the increase the in		2 38,677. actions for Part IV)
Loui Exec Nell Chai Meld Vice Bren Secr Ibra Trea Murr Dire Shaw Dire Ling	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis -Chairman da Williams etary him Absul-Malik surer ay Christopher ector mta Cohen ector awnda Cohen-Mckinney ector da Ferguson	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501. 0. 0.	ensated—see the interpretation of the contributions to employ benefit plans, and deferred compensation of the compensation of	nstru	2 38,677. actions for Part IV)
Loui Exect Nell Chai Meld Vice Bren Secr Ibra Trea Murr Dire Shaw Dire Ling Dire Ling Dire	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis —Chairman da Williams etary him Absul-Malik ssurer ray Christopher ector mta Cohen ector awnda Cohen-Mckinney ector da Ferguson ector	through 31a)	n one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501. 0. 0.	ensated—see the interpretation of the contributions to employ benefit plans, and deferred compensation of the compensation of		2 38,677. actions for Part IV)
Loui Exect Nell Chai Meld Vice Bren Secr Ibra Trea Murr Dire Shaw Dire Ling Dire Ling Dire	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis -Chairman da Williams etary him Absul-Malik surer ay Christopher ector mta Cohen ector awnda Cohen-Mckinney ector da Ferguson	through 31a)	one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501. 0. 0.	ensated—see the incomparation of the incomparation	nstru	2 38,677. actions for Part IV)
Loui Exect Nell Chai Meld Vice Bren Secr Ibra Trea Murr Dire Shaw Dire Line Dire Bric	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis —Chairman da Williams etary him Absul-Malik ssurer ray Christopher ector mta Cohen ector awnda Cohen-Mckinney ector da Ferguson ector	through 31a)	one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501. 0. 0.	ensated—see the incomparation of the incomparation	nstru	2 38,677. actions for Part IV)
Loui Exect Nell Chai Meld Vice Bren Secr Ibra Trea Murr Dire Shaw Dire Line Dire Bric	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title se Cohen utive Director B. Hay rman of the Board on S. Hollis —Chairman da Williams etary him Absul-Malik ssurer ay Christopher ector muta Cohen ector awnda Cohen-Mckinney ector da Ferguson ector diget Cohen	through 31a)	one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 9, 501. 0. 0.	ensated—see the incomparation of the incomparation	nstru	2 38,677. uctions for Part IV)

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	in the	e V.	
	instructions for Part V.) Check if the organization used ochecule of to respend to any queens		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		×
05-	change on Schedule O. See instructions	-04		
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	330		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
30	during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a	Illitiation lees and dapital continuations molaced strains			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
D	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ► SC			
42a	The organization's books are in care of ▶ Ibrahim Abdul-Malik Telephone no. ▶ (84)		3-6	401
	located at 131 Squire Pope Road, Hilton Head Island SC 219+4 299.	26	Tag	1
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	401-	Yes	-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	the selectory was did the experience an office outside the United States?	42c	;	×
·	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		120	T B.E.
	the standard the second of "Voc." Form 900 must be		Yes	s N
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44a		>
	completed instead of Form 990-EZ	770	•	
b	completed instead of Form 990-EZ	44b	,	>
Spine.	District variation receive any payments for indeer tanning services during the year?	440	-	>
d	is "oc-" to the day the ergenization filed a Form 720 to report these payments? It "No." provide an			
a	explanation in Schedule O	440	i	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	458	3	>
45a b	. Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 000-F7 See instructions	45k	0	1 3

orm 99	0-EZ (2021)					Yes	No
46	Did the organization engage, directly or in	directly, in political c	ampaign activities on	behalf of or in oppositi	on		
.0	to candidates for public office? If "Yes," c	omplete Schedule C,	, Part I		46		×
Part '	All section 501(c)(3) organization: 50 and 51.	s must answer que			tables fo	or line	es
	Check if the organization used Scl	nedule O to respond	I to any question in the	nis Part VI		Yes	No
	1.1.1.2		acation E01/h) alection	n in effect during the	tax	162	NO
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	t II			. 47		×
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	ii)? If "Yes," complete s	Schedule E	. 48		×
49a	Did the organization make any transfers t	o an exempt non-cha	aritable related organiz	ation?	. 49a . 49b		<u> </u>
b	If "Yes," was the related organization a se Complete this table for the organization's	ection 527 organization	on!	er than officers director		es, ar	ld ke
50	complete this table for the organization's employees) who each received more than	tive nignest compen \$100,000 of compe	nsation from the organ	nization. If there is none	e, enter "N	lone."	,
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com	ed amo	unt of
None	3						
		20.000					
Social Paris							
							-
51	Total number of other employees paid on Complete this table for the organization \$100,000 of compensation from the organization from	's five highest comp nization. If there is no	ensated independent		n received Compensat		e tha
	(a) Name and business address of each indepen	uent contractor	(b) Type of ser				
None	e 		-				
			+				
							- Lawre
			4:00.000				
d	Total number of other independent conti	ractors each receiving	g over \$100,000		h a		
52	Did the organization complete Sched	ule A? Note: All s	section 501(c)(3) orga	· · · · · · ·	➤ X Ye	s 🗌	No
		return, including accompa	anving schedules and statem	ents, and to the best of my k	nowledge ar	nd belie	f, it is
true, c	penalties of perjury, I declare that I have examined this orrect, and complete. Declaration of preparer (other the	an officer) is based on all in	formation of which preparer	has any knowledge.			
				05/13/202	2		
Sign	Signature of officer			Date			
Here							
	Type or print name and title	Proparovie cignature	11 0 15	rate a la la	PTIN		
Paid	Print/Type preparer's name	Preparer's signature	11.1	(check in	g if oyed P018	8748	85
Pre	parer James Mitchell, Jr. Firm's name JM Financial	Satticos (Firm's EIN ▶ 45			
Use	Firm's address > 268 Applewood	Drive. Roches	ster, NY 14612	Phone no.	843)683	S-004	10
	the IRS discuss this return with the prepar	er shown above? Se	e instructions		► X Ye	es [No

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

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

Continuation Statement

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

SCHEDULE A (Form 990)

Department of the Treasury

Internal Revenue Service

(E) Total **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

Open to Public Inspection

Employer identification number Name of the organization 42-1603322 Gullah Museum of Hilton Head Island, Inc. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 X An organization that normally receives (1) more than 331/3% 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 33½% 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.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (v) Amount of monetary (iv) Is the organization (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization other support (see (described on lines 1-10 listed in your governing support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D)

18

Schedul	e A (Form 990) 2021						Page Z
Part	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	i) alify under
	Part III. If the organization fails to	quality unde	er the tests lis	ted below, pi	ease comple	te Part III.)	
	on A. Public Support			4 3 0040	4 M 0000	4-1.0004	(O Total
Calend 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he				<u> </u>		P L
Secti	on C. Computation of Public Suppor					Tabl	%
14	Public support percentage for 2021 (line					15	%
15	Public support percentage from 2020 Sch 33 ¹ /3% support test—2021. If the organi	nedule A, Part	II, line 14 .	v on line 12 a	 nd line 1/lie 3		
16a	box and stop here. The organization qua	lifies as a pub	licly supported	l organization			▶ 🗆
b	331/3% support test—2020. If the organithis box and stop here. The organization	zation did not qualifies as a	check a box of publicly support	on line 13 or 16 orted organizat	Sa, and line 15	is 33 ¹ /3% or n	nore, check
17a	10%-facts-and-circumstances test—2010% or more, and if the organization metal Part VI how the organization meets the organization	neets the facts facts-and-circ	s-and-circumst cumstances te	tances test, chest. The organia	eck this box a zation qualified	and stop here s as a publicly 	supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the	on meets the f	acts-and-circu	ımstances test	, check this be	ox and stop h e	e re. Explain

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

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	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					158,261.	158,261.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					13,323.	13,323.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
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					171 504	171 504
6	Total. Add lines 1 through 5					171,584.	171,584.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	>					
•	Add lines 7a and 7b						
С 8	Public support. (Subtract line 7c from						
0	line 6.)						171,584.
Secti	on B. Total Support					I .	1 -1-1-0-1
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6					171,584.	171,584.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .					28.	28.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b					28.	28.
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	Control of the Contro					
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					171.612	171,612.
14	First 5 years. If the Form 990 is for the	organization	's first, second	d. third. fourth	or fifth tax y		
17	organization, check this box and stop he	ere		·			▶ 🗆
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2021 (line	8. column (f),	divided by line	13, column (f))		. 15	99.98 %
16	Public support percentage from 2020 Sc	hedule A, Part	III, line 15 .			. 16	%
Sect	ion D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2021	(line 10c, colu	mn (f), divided	by line 13, colu	umn (f))	. 17	0.02 %
18	Investment income percentage from 202	O Schedule A,	Part III, line 17			. 18	%
19a	331/3% support tests-2021. If the organ	nization did no	t check the bo	x on line 14, a	ind line 15 is i	more than 331/	3%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualities as	a publicly sup	ported organiza	ation . \triangleright \boxtimes
b	331/3% support tests -2020. If the organi	zation did not	check a box or	line 14 or line	19a, and line 1	o is more than	33 ¹ / ₃ %, and anization ▶ □
	line 18 is not more than 331/3%, check this	box and stop	nere. The organ	nization qualifie	s as a publicly	supported orga	anization
20	Private foundation. If the organization of	lid not check a	a box on line 14	4, 19a, or 19b,	cneck this bo	x and see instr	uctions 🕨 🗌

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

42-1603322 Gullah Museum of Hilton Head Island, Inc. Organization type (check one): Section: Filers of: × 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization ☐ 501(c)(3) exempt private foundation Form 990-PF 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Employer identification number

Name of organization 42-1603322 Gullah Museum of Hilton Head Island, Inc. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X Person Town of Hilton Head Island **Payroll** Noncash 25,000. One Town Center Square (Complete Part II for noncash contributions.) Hilton Head Island SC 29928 (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. X Person Breedlove Foundation 2 Payroll П Noncash 12,000. 528 Patterson RD. (Complete Part II for noncash contributions.) Hendersonville NC 28739 (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person X SC Cares Grant 3 Payroll Noncash 45,576. P. O. Box 12903 (Complete Part II for noncash contributions.) Columbia SC 29211 (d) (c) (a) (b) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X Person SVOG 4 Payroll Noncash 68,944. 409 Third Steet (Complete Part II for noncash contributions.) Washington DC 20416 (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person П Payroll Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a)

Name, address, and ZIP + 4

Total contributions

Type of contribution

Person Payroll

Noncash (Complete Part II for noncash contributions.)

No.

SCHEDULE 0 (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

Open to Public Inspection

Employer identification number

Name of the organization	Employer identification number
Gullah Museum of Hilton Head Island, Inc.	42-1603322
Pt I, Line 16:	
Description: Advertising/Promotional \$24,324	
Description: Advertising/fromoefond 421/01	
Description: Property Repairs and Maintenance \$17,13	8
Description: Summer Camp \$8,589	
Description: Equipment Purchase \$2,146	
Description: Food Festival \$1,262	
Description: Insurance \$1,502	
Description: insurance 71,302	
Description: Office Expenses \$3,752	
Description: Donations \$875	
Description: Property Taxes \$735	
Description: Tropolog Tonner	
Description: Rental- Storage Unit \$900	
Description: Website and Internet \$3,436	
Description: website and intellect \$3,430	
Pt II, Line 24:	
	arrianing of Voore \$150 000 End of Voore \$150 000
Description: Gullah Museum Historical Artifacts used by Gullah People F	segiming of real. 7130,000 and of real. 7130,000

Short Form Return of Organization Exempt From Income Tax

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A F	or the 2	2020 calendar year, or tax year beginning , 2020, and ending			, 20
	heck if ap	D	Employ	er iden	tification number
	Address ch	nange Gullah Museum of Hilton Head Island, Inc.			1603322
	Name char		Telepho	one num	ber
=	nitial retur				298-2395
=		City or town, state or province, country, and ZIP or foreign postal code		Exem	otion
_	Amended i Application	Hilton Head Island SC 29926	Numb		
		H Ch	eck >	☐ift	he organization is not
	/ebsite	rec			h Schedule B
		ppt status (check only one) —	orm 990	0, 990-	EZ, or 990-PF).
		Trust Association Other			
IΔ	dd lines	organization. Experimental organization in the state of t	ssets		
(Par	t II. coli	mp (B)) are \$500,000 or more, file Form 990 instead of Form 990-E4.		\$	
75	art I	Payanue Expenses and Changes in Net Assets or Fund Balances (see the in	struct	tions f	for Part I)
	arti	Check if the organization used Schedule O to respond to any question in this Part I.		<u> </u>	🗸
	1	Contributions, gifts, grants, and similar amounts received	. L	1	48,609
	2	Program service revenue including government fees and contracts	. L	2	8,873
	3	Membership dues and assessments	· . L	3	345
	1	Investment income	. [4	4
	4	Gross amount from sale of assets other than inventory 5a	0		
	5a	Less: cost or other basis and sales expenses	0		
	b	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	0
	C	Gaming and fundraising events:			
	6	Gross income from gaming (attach Schedule G if greater than			
Ō	а	\$15,000)	0		
Revenue	h	Gross income from fundraising events (not including \$ 0 of contributions	S		
eve	b	from fundraising events reported on line 1) (attach Schedule G if the			
Œ		sum of such gross income and contributions exceeds \$15,000) 6b	0		
	C	Least direct expenses from gaming and fundraising events 6c	0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subti	ract		
		line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	0		
	b	Local cost of goods sold	0		
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	57,831
	10	Grants and similar amounts paid (list in Schedule O)		10	0
	11	Renefits paid to or for members		11	0
c	1	Salaries other compensation, and employee benefits		12	0
Expenses	13	Professional fees and other payments to independent contractors		13	13,688
pen	14	Occupancy rent utilities, and maintenance		14	16,182
X	15	Printing publications, postage, and shipping		15	1,090
	16	Other expenses (describe in Schedule O)		16	18,557
	17	Total expanses Add lines 10 through 16		17	49,517
	40	Evenes or (deficit) for the year (subtract line 17 from line 9)		18	8,314
to to	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	VVILII		
Ü	3	end-of-vear figure reported on prior year's return)		19	27,617
Not Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		20	150,000
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. •	21	185,931

Par	t II Balance Sheets (see the instructions for	or Part II)	0 · 0.1. D	a.a. 11		🗸
	Check if the organization used Schedule	O to respond to an	y question in this P	A) Beginning of year	<u> </u>	(B) End of year
			<u> </u>	, , , , ,	00	
22	Cash, savings, and investments			27,617	23	35,931
23	Land and buildings				24	150,000
24	Other assets (describe in Schedule O)					150,000 185,931
25	Total assets	* * * * * * *		27,617	26	165,931
26	Total liabilities (describe in Schedule O)	(D)		27,617		185,931
27	Net assets or fund balances (line 27 of column	(B) must agree with	iline 21)		21	100,001
Part	Statement of Program Service Accomp	Oto respond to an	e instructions for Fa	art III		Expenses
	Check if the organization used Schedule	Dreserve Protect and	d Promote the Gullah	Culture		quired for section
What	t is the organization's primary exempt purpose?	Preserve, Protect and	The state of the s		org	(c)(3) and 501(c)(4) anizations; optional for
Desc	cribe the organization's program service accomplis	shments for each of	r its three largest pro	the number of		ers.)
as m	neasured by expenses. In a clear and concise m	anner, describe the	services provided,	the number of		
perso	ons benefited, and other relevant information for ea	ch program title.	ful Oullab Camanum	ity post and		
28	The Gullah Gala is an event that is held each year to	showcase members	or the Gullan Commun	00 people		
	present, who have made major contributions toward	preserving the Guilai	1 Culture, Wore than 5	oo people		
	attended this event Which was held in January 2020 (Grants \$ 12,000) If this amount	before the Pandemic.	ente chock here	▶ □	28	a 12,948
	(Grants \$ 12,000) If this amount	Includes foreign gra	Picycle Tours result in	more than		
29	Restoration of the Gullah House. During the year, Gu 2000 tourist viewing the Gullah house. This year, due	ita the Bandomic the	are were no tours. Ho	wever, the		
	2000 tourist viewing the Gullan nouse. This year, due	that habe become de	elanidated			
	organization is uutilizing grants to restore the house (Grants \$ 20,000) If this amount	includes foreign gra	ents check here .	▶ 🗆	29	a 18,693
	(Grants \$ 20,000) If this amount	molades foreign gre				
30						
						(Beltistan
	\ If this amount	includes foreign are	ants, check here .	▶ □	30	a
200						
31	Other program services (describe in Schedule O)				04	a
	\ If this amount	includes foreign are	ants check here .	▶ 🗆	31	u
00	Total program convice evnences (add lines 28a	through 31a)	ants, check here .		32	2 31,641
	Total program convice evnences (add lines 28a	through 31a)			32	2 31,641
	Total program service expenses (add lines 28a	through 31a) VEmployees (list eac)	h one even if not comp	ensated—see the	32 instri	2 31,641 uctions for Part IV)
	Total program convice evnences (add lines 28a	through 31a) y Employees (list each O to respond to a	h one even if not comp ny question in this I (c) Reportable	pensated—see the Part IV	instri	2 31,641 uctions for Part IV)
	Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	through 31a) y Employees (list each to to respond to a (b) Average hours per week	h one even if not comp ny question in this I (c) Reportable compensation	pensated—see the Part IV	instri	2 31,641 uctions for Part IV)
	Total program service expenses (add lines 28a	through 31a) y Employees (list each o O to respond to a (b) Average	h one even if not comp ny question in this I (c) Reportable	pensated—see the Part IV	instru	2 31,641 uctions for Part IV)
Par	Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	through 31a) y Employees (list each to to respond to a (b) Average hours per week	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the Part IV	instru	2 31,641 uctions for Part IV)
Par	Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	through 31a) y Employees (list each to one of the one of the one) (b) Average hours per week	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the Part IV	instru	2 31,641 uctions for Part IV)
Loui Exec	Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	through 31a) y Employees (list each e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV	instruction (a)	2 31,641 uctions for Part IV)
Loui Exec Nell	Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ise Miller Cohen cutive Director B. Hay	through 31a) y Employees (list each e O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensation	instruction (a)	2 31,641 uctions for Part IV)
Loui Exec Nell Chai	Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ise Miller Cohen cutive Director B. Hay irman of the Board Directors	through 31a) y Employees (list each to to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensation	yee (2 31,641 uctions for Part IV)
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Loui Exec Nell Chai Ibral Trea Brer	Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ise Miller Cohen cutive Director B. Hay irman of the Board Directors him Abdul-Malik asurer and Williams	through 31a) y Employees (list each to to respond to a (b) Average hours per week devoted to position 35	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 6,000	pensated—see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensation	instruction on 0	2 31,641 uctions for Part IV)
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Loui Exec Nell Chai Ibrai Trea Brer Seci Mur	Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ise Miller Cohen cutive Director B. Hay irman of the Board Directors him Abdul-Malik asurer and Williams retary christopher	through 31a) y Employees (list each of the control of the co	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 6,000	pensated—see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensation	32 instruction on 0 0 0	2 31,641 uctions for Part IV)
Loui Exec Nell Chai Ibra Brer Seci Mur Dire	Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title ise Miller Cohen cutive Director B. Hay irman of the Board Directors him Abdul-Malik asurer and Williams retary tray Christopher ector	through 31a)	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensation	32 instruction on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 31,641 uctions for Part IV)
Loui Exec Nell Chai Ibral Trea Brer Seco Mur Dire Sha	Total program service expenses (add lines 28a to 1V) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title ise Miller Cohen cutive Director B. Hay irman of the Board Directors him Abdul-Malik asurer and Williams retary tray Christopher ector example 20 to 10 to	through 31a)	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV	32 32 32 32 32 32 32 32 32 32 32 32 32 3	2 31,641 uctions for Part IV)
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Loui Exec Nell Chai Ibrai Trea Bree Seco Mur Dire Sha Dire Yola	Total program service expenses (add lines 28a to IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title ise Miller Cohen cutive Director B. Hay irman of the Board Directors him Abdul-Malik asurer and Williams retary tray Christopher ector awanta Cohen ector awnda Cohen-Mckinney ector	through 31a)	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensations are compensations.	322 instruction on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 31,641 uctions for Part IV)
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Loui Exec Nell Chai Ibral Trea Brer Sec Mur Dire Sha Dire Yola Dire Ling	Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title ise Miller Cohen cutive Director B. Hay irman of the Board Directors him Abdul-Malik assurer and Williams retary christopher ector awanta Cohen ector awanta Cohen ector awanda Cohen-Mckinney ector da Ferguson ector	through 31a)	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensations are compensations.	322 instruction on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 31,641 uctions for Part IV)
Loui Exec Nell Chai Ibral Trea Brer Secu Murr Dire Sha Dire Yola Dire Mel	Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title ise Miller Cohen cutive Director B. Hay irman of the Board Directors him Abdul-Malik asurer anda Williams retary rray Christopher ector wanta Cohen ector awnda Cohen-Mckinney rector da Ferguson	through 31a)	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensations are compensations.	322 instruction on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 31,641 uctions for Part IV)
Loui Exec Nell Char Ibra Trea Brer Sec Mur Dire Sha Dire Yola Dire Mel Dire Mel	Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title ise Miller Cohen cutive Director B. Hay irman of the Board Directors him Abdul-Malik assurer and Williams retary ray Christopher sector awanta Cohen sector awanda Cohen-Mckinney sector da Ferguson sector don S. Hollis	through 31a)	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV	322 instruction on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 31,641 uctions for Part IV)
Loui Exec Nell Chai Ibral Trea Brer Sec Mur Dire Sha Dire Yolk Dire Mel Dire Nat	Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title ise Miller Cohen cutive Director B. Hay irman of the Board Directors him Abdul-Malik asurer and Williams retary ray Christopher ector awanta Cohen ector awanta Cohen ector da Ferguson ector da Ferguson ector done. Hollis ector done of the Board Director done of the Board D	through 31a)	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV	322 instruction on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 31,641 uctions for Part IV)
Loui Exec Nell Chai Ibrai Trea Brei Seci Mur Dire Sha Dire Yola Dire Mel Dire Mel Dire Mel Dire Mel Dire Mel Dire Nell Dir Dire Nell Dire Nell Dire Nell Dire Nell Dire Nell Dire Nell Di	Total program service expenses (add lines 28a to IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title ise Miller Cohen cutive Director B. Hay irman of the Board Directors him Abdul-Malik assurer and Williams retary tray Christopher ector awanta Cohen ector awanta Cohen ector da Ferguson ector da Ferguson ector dashia Aiken ector asshia Aiken ector	through 31a)	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV	322 instruction on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 31,641 uctions for Part IV)
Loui Exec Nell Chai Ibral Trea Brer Sec Mur Dire Sha Dire Yola Dire Mel Dire Mel Dire Mel Dire Mel Dire Mel Dire Mel	Total program service expenses (add lines 28a to IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title ise Miller Cohen cutive Director B. Hay irman of the Board Directors him Abdul-Malik asurer and Williams retary tray Christopher ector awanta Cohen ector awanta Cohen ector da Ferguson ector don S. Hollis ector lashia Aiken ector	through 31a)	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV	322 instruction on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 31,641 uctions for Part IV)
Loui Exec Nell Chai Ibral Trea Brer Sec Mur Dire Sha Dire Yola Dire Mel Dire Mel Dire Mel Dire Mel Dire Mel Dire Mel	Total program service expenses (add lines 28a to IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title ise Miller Cohen cutive Director B. Hay irman of the Board Directors him Abdul-Malik asurer and Williams retary tray Christopher sector awnata Cohen sector awnata Cohen sector da Ferguson sector don S. Hollis sector don S. Hollis sector asshia Aiken sector doget Cohen sector dector dector asshia Aiken sector doget Cohen sector doget Cohen	through 31a)	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the Part IV	322 instruction on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 31,641 uctions for Part IV)

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s in th	e V.	П
	Instructions for Fart V.) Officer if the organization used conclude of to respond to any question in the		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		14-0
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	071		-
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		1
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
a b 40a	Initiation fees and capital contributions included on line 9	_		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			J-11
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► South Carolina The organization's books are in care of ► Ibrahim Abdul-Malik Telephone no. ► (843) 68	83-640	01
42a	The organization's books are in care of ▶ Ibrahim Abdul-Malik Located at ▶ 131 Squire Pope Road, Hilton Head Island, SC ZIP + 4 ▶		926	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		1

						Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of						1
Part	All section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	s must answer que			ne tables f		. 🗆
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect during the	tax 47	Yes	No V
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a secomplete this table for the organization's employees) who each received more than	n section 170(b)(1)(A)(o an exempt non-cha ection 527 organization five highest comper	aritable related organiz on? usated employees (oth	er than officers, direct	. 49a 49b tors, truste	es, an	√ √ id key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation			
NONE							
51 NONE	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independent	nization. If there is no	pensated independent one, enter "None." (b) Type of sen		c) Compensat) than
							
52	Total number of other independent contr Did the organization complete Sched completed Schedule A	ule A? Note: All s	section 501(c)(3) orga	anizations must atta	N 16		No
Under true, c	penalties of perjury, I declare that I have examined this orrect, and complete. Declaration of preparer (other than	return, including accompany	anying schedules and statem formation of which preparer	nents, and to the best of my has any knowledge.	knowledge ar	nd belie	t, it is
Sign	Signature of office			Date / 2.91	2021		
Paid Pre	Print/Type preparer's name James Mitchell, Jr.	Preparer's signature	Vetelien fa- P	Check self-emp	oloyed p	01874	
	Only Firm's name ► JM Dinancial Service Firm's address ► P. O. Box 16043, Ro			Firm's EIN ▶ Phone no.	843-68		
May	the IRS discuss this return with the prepare	er shown above? See	e instructions		► ✓ Ye	-	The second secon
					Form 8	JU-E	Sim (ZUZ

SCHEDULE A (Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

42-1603322 Gullah Museum of Hilton Head Island, Inc. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ 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: An organization that normally receives (1) more than 331/3% 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 33½% 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.) 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of (iii) Type of organization (iv) Is the organization (ii) EIN (i) Name of supported organization other support (see listed in your governing support (see (described on lines 1-10 document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

18

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 (e) 2020 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 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) Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total (d) 2019 (e) 2020 (c) 2018 Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 Amounts from line 4 7 Gross income from interest, dividends. 8 payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 15 331/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 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 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

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

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	n A. Public Support				,		
	lar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees						2 9 9000 2 91
	received. (Do not include any "unusual grants.")	51313	44949	67249	78378	48954	290843
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				- 1		
	furnished in any activity that is related to the			3/253			
	organization's tax-exempt purpose	19483	24809	30277	32406	8873	115798
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	7070/	/0750	0750/	110704	57827	406641
6	Total. Add lines 1 through 5	70796	69758	97526	110784	37627	400041
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	The second secon						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						406641
	on B. Total Support						
Calen	dar 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,	7	5	8	11	4	35
	royalties, and income from similar sources.	7	5	0			
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	7	5	8	11	4	35
11	Net income from unrelated business			T			
	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,	70803	69763	97534	110795	57831	406676
14	and 12.)	organization's					
14	organization, check this box and stop he						▶ □
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2020 (line	8, column (f), d	livided by line	13, column (f))		15	99.9 %
16	Public support percentage from 2019 Sc	hedule A, Part	III, line 15 .			16	99.9 %
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2020	(line 10c, colun	nn (f), divided l	by line 13, colu	mn (f))	17	.01 %
18	Investment income percentage from 201	9 Schedule A.	Part III. line 17			18	.01 %
19a	331/3% support tests—2020. If the organ	nization did not	check the box	x on line 14, a	nd line 15 is m	orted organizat	ion
	17 is not more than 331/3%, check this box	and stop here	. i ne organizati	on qualities as	a publicly supp	orteu organizat	ion .
b	331/3% support tests—2019. If the organi	zation did not d	theck a box on	ine 14 or line	ı ya, and iine 16	unnorted organ	nization \triangleright
	line 18 is not more than 331/3%, check this	box and stop r	ere. The organ	100 cz 10b	s as a publicly s	and see instru	ctions >
20	Private foundation. If the organization d	iid not check a	pox on line 14	, 19a, or 19b, o	JIECK THIS DOX	and see mstru	CHOID P

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Gullah Museum of Hilton Head Island, Inc.

Schedule of Contributors

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

Employer identification number

42-1603322

Organiz	ation type (check on	e):		
Filers of:		Section:		
Form 990 or 990-EZ				
		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 in Note: O instruction	only a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See		
Genera	l Rule			
	For an organization or more (in money contributor's total contributor's co	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.		
Special	Rules			
V	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% 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.			
	contributor, during contributions totale during the year for General Rule appl	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions exclusively for religious, charitable, etc., purposes, but no such and more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the ies to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year		
Cautio	n: An organization th	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,		

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Gullah Museum of Hilton Head Island, Inc. Page **2**Employer identification number 42-1603322

	Account of the state of the sta		
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Town of Hilton Head Island 1 Town Center Court Hilton Head Island, SC 29926	\$\$ \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	P. O. Box 785 Bluffton, SC 29910	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

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

Employer identification number 42-1603322

art II	Noncash Property (see instructions). Use duplicate co	oples of Part II if additional spa	ce is needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	NONE	\$	
No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$\$	

SCHEDULE O (Form 990 or 990-EZ)

. . . .

Supplemental Information to Form 990 or 990-EZ

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

▶ 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

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Gullah Museum of Hilton Head Island, Inc. 42-1603322 Part 1. - Other Expenses - Line 16 10,996 Advertising 695 **HH Blufton Chamber** 246 **Music Concert** 542 Insurance Website 597 Rag Quilting 300 Musical Expenses 335 Gullah Gala 4,746 Misc. 100 \$18,557 **Total Expenses** Part II - Line 24 - Other Assets The Gullah Museum has artifacts that have been used by the Gullah People during throughout the early years of their exixtance on Hilton Head Island, SC. The artifacts is being valued at \$150,000.00.

GMHHI EXECUTIVE MEETING 8-15-2023

MEMBERS PRESENT VIA ZOOM PRESENTATION: NELL HAY (CHAIR), MELDON HOLLIS (V. CHAIR), LOUISE COHEN (DIRECTOR), IBRAHIM ABDUL-MALIK (TREASURER), YOLAWNDA MCKINNEY, SHAWNTA COHEN, CARRIE HIRSCH, LINDA FERGUSON, BRIDGET COHEN.

ALL MEMBERS PRESENT AGREED TO APPLYING FOR THE 2024 ATAX TO THE TOWN OF HILTON HEAD. THIS MEETING WAS CALLED ESPECIALLY FOR THE PURPOSE OF CONSIDERING THE 2024 ATAX APPLICATION, THE ATTACHED RESOLUTION WAS ADOPTED.

SUBMITTED BY,

SISTUH BRENDA H. WILLIAMS, SECRETARY

INTERNAL REVENUE SERVICE

I. O. BOX 2508

INCINNATI, OH 45201

Date: AUG 0 5 2004

GULLAH MUSEUM OF HILTON HEAD ISLAND INC

3 FARMERS CLUB RD

HILTON HEAD ISLAND, SC 29925

Employer Identification Number:

42-1603322

DLN:

204160169

Contact Person:

KAREN T HOOD

ID# 75069

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

September 8, 2003

Contribution Deductibility:

Yes

Advance Ruling Ending Date:

December 31, 2007

Dear Applicant:

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

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

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

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

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