

**2025**

# **Accommodations Tax Funds Request Application**

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

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

## **Executive Summary**

The Gullah Museum of Hilton Head Island requests \$180,000 to expand its programs, to continue attracting tourists and visitors from around the world. The funds would be allocated as follows: \$70,000 for promotions and marketing, \$50,000 to support annual festivals and activities, and \$60,000 for site improvements.

The museum's growing number of tourists and visitors highlights its emerging role as a key cultural destination. Recent renovations and expanded marketing strategies have boosted public engagement. Recent inquiries, and donations have increased. Moving forward the museum will broaden its reach and target new audiences. The museum will seek audiences who value cultural experiences.

Visitor data reflects the museum's impact. Based on marketing surveys, approximately 60% of event attendees are tourists, 94% of whom are first-time visitors. Sixty percent of attendees express a strong likelihood of returning.

The Gullah Museums festivals attract a diverse audience. The museum site improvements are making the museum more accessible and appealing. Improved signage and displays are fostering a deeper appreciation for Gullah heritage. These improvement are advancing the nuseum role as a cultural and educational hub.

# 2025 Accommodations Tax Funds Request Application

Date Received: 09/06/2024

Time Received: 04:02 PM

By: Online Submittal

*Applications will not be accepted if submitted after 4 pm on September 6, 2024*

## 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: Various

Event Location: various venues on Hilton Head

**Total Budget:** \$336,600.00

**Grant Requested:** \$180,000.00

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

The Gullah Museum seeks funding to enhance its national exposure, continue its educational programs, and broaden visitor and tourist outreach through strategic marketing initiatives. The grant will support an expanded marketing and branding strategy, including increased social media engagement and the development of a new SEO-friendly website. Additionally, it will fund key events such as the annual Heritage Festival, Oyster Roast, Gullah Food Festival, Gullah Christmas Gala, and the expanded Gullah Immersion Camp (partially funded by the Breedlove Foundation and the Community Foundation of the Lowcountry). Funds will also be used for site improvements, increased artifact display capacity, enhanced security, and the development of interactive displays.

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

The Gullah Museum continues to attract larger groups to its events and presentations annually. Cultural heritage tourism is a growing market that enhances Hilton Head Island's appeal by offering an authentic experience unique to the Gullah culture. Through exhibits, storytelling, and interactive activities, the museum provides insights into Gullah history, traditions, language, and

art, drawing tourists seeking local, immersive experiences. The museum's impact is measured through visitor surveys, attendance records, and tourism data, tracking increases in visitor numbers, local spending, and engagement with cultural programs. These metrics highlight the museum's role in attracting tourists and enriching their experience on the island.

A. Total Number of Physical Tourists Served: 2989

*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: 763

*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: 325

*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): 4077

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

The Gullah Museum uses various methods to document the number of visitors and tourists utilizing several methods to ensure accurate and comprehensive tracking:

#### 1. Ticket Sales and Admissions Records:

- **Manual Ticket Sales:** Maintain a log of all ticket sales, including both online and on-site transactions. This log includes details like the date of the visit, ticket type (e.g., adult, child, group), and the number of tickets sold.
- **Electronic Ticketing Systems:** Use of digital ticketing system that automatically records the number of visitors. These systems provide real-time data on visitor numbers, types of tickets purchased, and peak visiting times.
- **Free Admissions or Special Events Tracking:** the museum offers free tickets through various media outlets to attract visitors and tourists to special events, use registration forms, counters, or sign-in sheets to document the number of attendees.

#### 2. Visitor Count Tools:

- **Manual Counting Methods:** Volunteers manually count visitors during specific times or events, especially when electronic counting tools are not available or practical.

#### 3. Point of Sale (POS) Data:

- **POS Systems:** Utilize the museum's point-of-sale system to record all transactions, including admissions, gift purchases, and other sales. The data from these transactions are analyzed to estimate visitor numbers and spending patterns.

#### 4. Online Registration and Booking Data:

- **Online Ticketing and Registration Platforms:** Use of data from online ticketing and registration platforms document the number of pre-booked tickets, and special event

registrations.

- **Email Confirmation Records:** Collect data from email confirmations sent to visitors who book tickets or register for events online to cross-reference with attendance logs.
- **Partnership Tracking:** Collaborated with local hotels, tour operators, and other partners to track the number of visitors referred by them.

By combining these methods, the Gullah Museum can accurately document and analyze the number of visitors and tourists, identify patterns, and make informed decisions to enhance their programs and outreach efforts.

## B. DESCRIPTION OF OPERATIONS:

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

The Gullah Museum of Hilton Head Island is a 501(c)3 nonprofit organization dedicated to preserving the unique Gullah culture and history of Hilton Head Island native gullah community. Founded in 2003, its mission is to revive, restore, and maintain Gullah customs, traditions, language, stories, songs, and historical structures. The museum provides an authentic picture of the everyday life of the Gullah community before the bridge to the mainland. The Gullah Museum is working towards inspiring and attracting tourists / visitors seeking authentic, immersive experiences. This not only increases local spending but also strengthens the island's reputation as a culturally rich destination, driving further tourism growth and economic benefits. The Gullah Museum is one of the few places where artifacts, structures of the Gullah community are still available.

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

The requested grant will allow the museum to expand its promotional efforts and improve the visitor and tourist experience at the museum. We will expand promotions and site improvements strengthening the island's reputation as a culturally rich destination. This will improve the visitor and tourist experience on Hilton Head Island.

We are requesting \$70, 000 to expand website improvement, marketing, and branding.

We are requesting \$50,000 to support four annual festivals and to participate in other islandwide Gullah activities and celebrations. 1. Annual Gullah Food Festival . 2.The traditional Gullah Oyster Roast. 3. The Gullah Heritage Festival. Gullah Summer Camp (This activity is partially funded by the Breedlove Foundation/Community Foundation of the Lowcountry)

We are requesting \$60, 000 for site improvement, increased display capacity for artifacts, security and development of interactive displays.

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

Partial funding for the Gullah Museum would hinder the growth achieved over the past five years. Key efforts, such as educational programming, marketing, and outreach initiatives will continue, but at a reduced scale. Plans to expand offerings would be delayed or scaled back to manage costs. The museum will continue to actively seek alternative funding sources, such as grants, and donations to offset shortfalls.

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

For example the museum's events attract a high percentage of tourists, 94% attending the Gullah Heritage Festival for the first time. The plurality of participants' annual household income exceeds \$100,000, with 20% exceeding \$250,000 per year. As the museum expands its offerings, it draws visitors seeking authentic, immersive experiences. About 90% of these visitors spend on recreational activities, increasing local spending.

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

1 - Destination Advertising/Promotion <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i>	40 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	30 %
3 - Tourism-Related Facilities <i>Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.</i>	30 %

4 - Tourism-Related Public Services

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

0 %

5 - Tourist Public Transportation

*Tourist shuttle transportation.*

0 %

6 - Waterfront Erosion/Control/Repair

*Control and repair of waterfront erosion.*

0 %

7 - Operation of Visitor Information Centers

*Operating visitor information centers.*

0 %

**Total: 100 %**

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

The Gullah Museum collaborates with a variety of organizations to enhance tourism and offer unique cultural experiences on Hilton Head Island. Key partnerships include the Historic Mitchelville Freedom Park, Hilton Head Symphony, Native Island Business & Community Affairs Association (NIBCAA), Gullah Heritage Trail Tours, historic Gullah churches, the Gullah/Geechee Consortium of Beaufort County, Gullah-Geechee Cultural Heritage Corridor, the Heritage Library, The Original Gullah Festival in Beaufort, Coastal Discovery Museum, The Island Writers Network, The Arts & Cultural Council of Hilton Head Island, and the Hilton Head Island-Bluffton Chamber of Commerce.

Through these partnerships, the Gullah Museum has developed a range of programs and events that bring the island's rich Gullah heritage to life. For example, in collaboration with the Hilton Head Symphony, the museum sponsors the "Gullah Me, Gullah You" series, which celebrates the island's unique musical traditions. Additionally, the museum works with NIBCAA and participated in the Town of Hilton Head Island's 360/40 celebration, promoting awareness and appreciation of Gullah culture. The museum is also involved with the Gullah-Geechee Cultural Heritage Corridor, along with organizing events such as a Familiarization Tour and contributing to the South Carolina Parks, Recreation & Tourism's (SCPRT) Welcome Center program.

These partnerships allow the Gullah Museum to provide an authentic cultural experience unique to Hilton Head Island, fostering deeper connections between visitors and the rich history, traditions, and contributions of the Gullah people.

7. Additional comments. (250 words or less)

[Empty text box for additional comments]

**C. FUNDING:**

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

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

The top three funding sources are:

- \* Hilton Head Island Atax
- \* Private Contributions, Donations and Grants
- \* Corporate Support

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

<u>65</u>	Government Sources	<u>16</u>	Private Contributions, Donations and Grants
10	Corporate Support, Sponsors	<u>1</u>	Membership, Dues, Subscriptions
<u>8</u>	Ticket Sales, or Sales and Services	<u>          </u>	Other

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

Yes **X** No       

If so, please list top 3 sources and amounts.

\* Beaufort County Atax \$50,000.00

**D. FINANCIAL INFORMATION:**

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

**Financial Statement Requirements:**

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

Budget Provided: **Yes**

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

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

Previous fiscal year Profit Loss Reports Provided:

2022- Previous FY 2

2023- Previous FY 2

2024- Previous FY 1

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

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

Previous fiscal year Balance Sheets Provided:

2024 - Previous FY 1

2022 - Previous FY 2

2023 - Previous FY 2

2024 - Previous FY 1

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:

2022 - Previous FY 2

2022 - Previous FY 2

2023 - Previous FY 2

## E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

2. Indicate whether your organization follows Town procurement guidelines or has its own



procurement guidelines which are utilized and followed in the expenditure of ATAX grant funds.

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

**F. MEASURING EFFECTIVENESS:**

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If you received 2023 or 2024 HHI ATAX funds

1. List any ATAX award amounts received in 2023 and/or 2024.

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
2024	\$150,000.00	Gullah Museum various

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

The ATAX funds were allocated for marketing, promotions, advertising, and renovations of structures at the Gullah Museum site. These funds enabled an expanded marketing strategy for 2024 events, boosting the museum's visibility through media relations, radio, television, print media, social media, and digital platforms.

The enhanced marketing efforts have led to increased social media engagement, inquiries, and visitor feedback, reflecting heightened recognition and interest in the improved visitor experience. The funds also supported significant progress in renovation objectives, including structural enhancements, which have further elevated the quality of visitor engagement.

Despite a temporary closure due to renovations, the ATAX funds substantially advanced the museum's objectives. The visible site improvements resulted in a notable increase in event attendance, and group presentations, indicating a growing interest from tourist and visitors. These enhancements have contributed to a stronger presence in the cultural tourism landscape of Hilton Head Island and have helped position the museum as a key attraction for those seeking authentic Gullah experiences. Overall, the ATAX funds have been instrumental in achieving both short-term and long-term goals for the museum's growth and sustainability.

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

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

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

Overall, the ATAX funds have helped position the Gullah Museum as a central cultural institution on Hilton Head Island, contributing to the island's cultural vibrancy, supporting economic growth, and ensuring that the unique traditions and history of the Gullah people are celebrated and preserved.

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

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

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

Partnership effectiveness is measured by evaluating the success of collaborative events,

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

## G. EXECUTIVE SUMMARY

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Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If creating your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below. *(1300 words or less)*

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Visitor data reflects the museum's impact. Based on marketing surveys, approximately 60% of event attendees are tourists, 94% of whom are first-time visitors. Sixty percent of attendees express a strong likelihood of returning.

The Gullah Museums festivals attract a diverse audience. The museum site improvements are making the museum more accessible and appealing. Improved signage and displays are fostering a deeper appreciation for Gullah heritage. These improvement are advancing the museum role as a cultural and educational hub.

Signature: Louise Cohen

Title/Position:

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

Email Address: [contact@gullahmuseumhhi.org](mailto:contact@gullahmuseumhhi.org)

Office Phone Number: 703-220-3520

Home Phone Number:

# Visitor Survey for the Gullah Museum

## 1. How far did you travel to visit the Gullah Museum today?

- 0-10 miles
- 11-25 miles
- 26-50 miles
- 51-100 miles
- 101-200 miles
- More than 200 miles

## 2. What is your primary reason for visiting Hilton Head Island?

- Visiting the Gullah Museum
- Vacation/Leisure
- Business
- Visiting Friends or Family
- Family Reunion / Wedding / Funeral
- Other (please specify): \_\_\_\_\_

## 3. How did you hear about the Gullah Museum?

- Social Media
- Museum Website
- Word of Mouth
- Hotel/Accommodation Recommendation
- Local Tourist Information Center
- Other (please specify): \_\_\_\_\_

## 4. How many people are in your party today?

- 1 (just me)
- 2
- 3-4
- 5-7
- More than 7 (please specify): \_\_\_\_\_

## 5. What was the most important factor in your decision to visit the Gullah Museum?

- Interest in Gullah Culture and History
- Recommendation from Others
- Special Event or Program
- Looking for Family-Friendly Activities
- Educational Purposes
- Other (please specify): \_\_\_\_\_

**6. How long do you plan to stay on Hilton Head Island?**

- Just for today
- 1-2 days
- 3-5 days
- More than 5 days

**7. Have you visited the Gullah Museum before?**

- Yes, this is my first visit
- No, I have visited before (please specify how many times): \_\_\_\_\_

**8. Please rate your experience at the Gullah Museum today (1 = Poor, 5 = Excellent):**

- Exhibits: 1  2  3  4  5
- Guided Tours/Workshops: 1  2  3  4  5
- Overall Experience: 1  2  3  4  5

**9. Would you recommend the Gullah Museum to others?**

- Yes
- No
- Maybe

**10. Any additional comments or suggestions to improve your experience?**

- \_\_\_\_\_

**Optional Contact Information for Follow-Up:**

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

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

**Phone Number:** \_\_\_\_\_

GMHHI Board of Directors

Be It Resolved:

On September 5, 2024, the Board of Directors of the Gullah Museum of Hilton Head Island considered an application for an ATAX grant from the Town of Hilton Head and by majority vote approved and authorized the submission of the grant application on behalf of the Gullah Museum of Hilton Head Island.

Signed Nell B. Hay (Chair)

**Gullah Museum of Hilton Head Island**  
**2025 Budget**  
**January 1, 2025-December 31, 2025**

<b>REVENUE</b>	<b>2025</b>
Operations balance	48,000.00
Town of Hilton Head (ATAX grant)	180,000.00
Beaufort County (ATAX grant)	50,000.00
Breedlove Grant	7,500.00
Presentations	5,000.00
Merchandise Sales	5,000.00
Donations	20,000.00
Development Fund	5,000.00
Events	15,000.00
Board Dues	1,000.00
Interest Income	50.00
<b>Total</b>	<b>336,550.00</b>



# Gullah Museum of Hilton Head , Inc

## Statement of Financial Position

As of September 6, 2024

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
Checking 2168	21,527.35
Checking 5938	4,863.97
Main Checking Account (9560)	10,166.94
Operating 7901	32,726.01
Petty Cash	0.00
<b>Total Bank Accounts</b>	<b>\$69,284.27</b>
<b>Total Current Assets</b>	<b>\$69,284.27</b>
Fixed Assets	
Office Equipment	760.56
<b>Total Fixed Assets</b>	<b>\$760.56</b>
Other Assets	
Website and internet development	1,864.83
<b>Total Other Assets</b>	<b>\$1,864.83</b>
<b>TOTAL ASSETS</b>	<b>\$71,909.66</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	
Federal Taxes (941/943/944)	-4,058.67
SC Income Tax	-812.18
SC Unemployment Tax	0.00
<b>Total Payroll Liabilities</b>	<b>-4,870.85</b>
<b>Total Other Current Liabilities</b>	<b>\$ -4,870.85</b>
<b>Total Current Liabilities</b>	<b>\$ -4,870.85</b>
<b>Total Liabilities</b>	<b>\$ -4,870.85</b>
Equity	
Opening Balance Equity	87,277.76
Retained Earnings	5,706.36
Net Revenue	-16,203.61
<b>Total Equity</b>	<b>\$76,780.51</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$71,909.66</b>

# Gullah Museum of Hilton Head , Inc

## Statement of Activity

January 1 - September 6, 2024

	TOTAL
Revenue	
Admission Fee	8,299.79
Breedlove Grant	18,245.85
Developmental	-306.00
Food Sales	2,319.14
Merchandise Sales	2,105.65
Program Fees	
Membership Fees	500.00
<b>Total Program Fees</b>	<b>500.00</b>
Program Income	20.00
Sales of Product Revenue	28.53
Sponsorship Income	
Donations	19,308.00
<b>Total Sponsorship Income</b>	<b>19,308.00</b>
Town of HHI ATAX Grant	126,670.41
Vendor Fees	1,600.00
<b>Total Revenue</b>	<b>\$178,791.37</b>
Cost of Goods Sold	
Materials/Supplies	2,471.40
Subcontractors	16,130.72
<b>Total Cost of Goods Sold</b>	<b>\$18,602.12</b>
<b>GROSS PROFIT</b>	<b>\$160,189.25</b>
Expenditures	
Advertising/ Promotional	40,882.02
Bank Fees	12.00
Charitable Donations	750.00
Dues & subscriptions	2,513.00
Event	2,468.20
Event Food	2,355.00
Food Festival	9,088.52
Entertainment	6,860.00
Transportation	2,000.00
<b>Total Food Festival</b>	<b>17,948.52</b>
General Insurance	769.76
Gullah Holiday Function	600.00
Internet	139.49
Meals	212.79
Memoarabilia Expenses	10,326.82
Office Supplies	1,730.57

# Gullah Museum of Hilton Head , Inc

## Statement of Activity

January 1 - September 6, 2024

	TOTAL
Payroll Expenses	
Taxes	764.99
Wages	12,361.88
<b>Total Payroll Expenses</b>	<b>13,126.87</b>
Professional Fees	16,092.97
Property Repairs & Maintenance	46,450.00
Reimbursement	347.20
Repair & Maintenance	5,726.55
Salaries & Wages	1,054.62
Storage	3,856.31
Summer Camp Expenses	5,515.00
Travel and Meetings	994.75
Uncategorized Expense	1,172.25
Utilities	1,365.35
<b>Total Expenditures</b>	<b>\$176,410.04</b>
NET OPERATING REVENUE	<b>\$ -16,220.79</b>
Other Revenue	
Interest Earned	17.18
<b>Total Other Revenue</b>	<b>\$17.18</b>
NET OTHER REVENUE	<b>\$17.18</b>
NET REVENUE	<b>\$ -16,203.61</b>

# Gullah Museum of Hilton Head , Inc

## Statement of Activity

January - December 2023

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

# Gullah Museum of Hilton Head , Inc

## Statement of Activity

January - December 2023

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

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

**ASSETS**

**Current Assets**

Bank Accounts

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**

Gullah Museum Artifacts

\$ 150,000.00

**TOTAL ASSETS**

\$ 230,007.05

**LIABILITIES AND NET ASSETS**

**Liabilities**

**Total Liabilities**

0.00

**Net Assets**

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 , Inc

## Statement of Activity

January 1 - September 6, 2024

	TOTAL
Revenue	
Admission Fee	8,299.79
Food Sales	231.00
Merchandise Sales	825.00
Program Fees	
Membership Fees	500.00
<b>Total Program Fees</b>	<b>500.00</b>
Program Income	20.00
Sales of Product Revenue	28.53
Sponsorship Income	
Donations	19,308.00
<b>Total Sponsorship Income</b>	<b>19,308.00</b>
Town of HHI ATAX Grant	126,670.41
Uncategorized Income	21,614.64
Vendor Fees	1,600.00
<b>Total Revenue</b>	<b>\$179,097.37</b>
Cost of Goods Sold	
Materials/Supplies	2,471.40
Subcontractors	16,130.72
<b>Total Cost of Goods Sold</b>	<b>\$18,602.12</b>
<b>GROSS PROFIT</b>	<b>\$160,495.25</b>
Expenditures	
Advertising/ Promotional	40,882.02
Bank Fees	12.00
Charitable Donations	750.00
Dues & subscriptions	2,513.00
Event	2,468.20
Event Food	2,355.00
Food Festival	9,088.52
Entertainment	6,860.00
Transportation	2,000.00
<b>Total Food Festival</b>	<b>17,948.52</b>
General Insurance	769.76
Gullah Holiday Function	600.00
Internet	139.49
Meals	212.79
Memoarabilia Expenses	10,326.82
Office Supplies	1,730.57

# Gullah Museum of Hilton Head , Inc

## Statement of Activity

January 1 - September 6, 2024

	TOTAL
Payroll Expenses	
Taxes	764.99
Wages	12,361.88
<b>Total Payroll Expenses</b>	<b>13,126.87</b>
Professional Fees	16,092.97
Property Repairs & Maintenance	46,450.00
Reimbursement	347.20
Repair & Maintenance	5,726.55
Salaries & Wages	1,054.62
Storage	3,856.31
Summer Camp Expenses	5,515.00
Travel and Meetings	17.00
Uncategorized Expense	2,456.00
Utilities	1,365.35
<b>Total Expenditures</b>	<b>\$176,716.04</b>
NET OPERATING REVENUE	<b>\$ -16,220.79</b>
Other Revenue	
Interest Earned	17.18
<b>Total Other Revenue</b>	<b>\$17.18</b>
NET OTHER REVENUE	<b>\$17.18</b>
NET REVENUE	<b>\$ -16,203.61</b>



# Gullah Museum of Hilton Head , Inc

## Statement of Financial Position

As of December 31, 2023

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

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

<b>Revenue</b>	
Presentations	225.00
Donations	\$750.00
Merchandise Sales	75.00
Interest Income	1.51
<b>Total Revenue</b>	<b>\$ 1,051.51</b>
<b>Expenditures</b>	
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
<b>Total Expenditures</b>	<b>\$ 23,656.03</b>
<b>Net Revenue (Loss)</b>	<b>(\$22,604.52)</b>

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

**Revenue**

Donations	8,429.61
Breedlove Foundation Grant	10,000.00
Gullah Presentations	13,239.41
Admission Fees	13,394.25
Merchandise Sales	8,091.68
Membership Dues	890.00
Vendor Fees	2,870.00
Town of HHI ATAX Grant	35,961.78
Beaufort County ATAX	27,000.00
Interest Income	36.30

**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)**

Form **8868**

**Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

(Rev. January 2024)

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I — Identification**

Type or Print	Name of exempt organization, employer, or other filer, see instructions. <b>Gullah Museum Of Hilton Head, Inc Gullah Museum Of Hilton Head, Inc</b>	Taxpayer identification number (TIN) <b>42-1603322</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3 Farmers Club Road</b>	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HILTON HEAD ISLAND SC 29926</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name .....  
Plan Number .....  
Plan Year Ending (MM/DD/YYYY) .....

**Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)**

**Ibrahim Abdul-Malik  
131 Squire Pope road**

The books are in the care of **HILTON HEAD ISL** SC **29926**

Telephone No. **843-715-9568**

Fax No. ....

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ..... If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **11/15/24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year **2023** or

tax year beginning ....., and ending .....

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0</b>

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

**Part III — Extension of Time To File Form 5330** (see instructions)

**1** I request an extension of time until \_\_\_\_\_, 20 \_\_\_\_\_, to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax.	<b>1a</b>	
b Enter the payment amount attached.	<b>1b</b>	\$
c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	<b>1c</b>	

**2** State in detail why you need the extension.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature

Date

DAA

<u>Client ID</u>	<u>Client Name</u>	<u>TIN</u>	<u>Status</u>	<u>Entity</u>	<u>Return</u>	<u>9325</u>
GULLAHMUSEM	Gullah Museum Of Hilton Head, ...	42-1603322	Return accepted: 05/14/24	990	US EXT	

**Return of Organization Exempt From Income Tax**

**2022**

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

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

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2022)

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

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

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

What is the organization's primary exempt purpose? See Part III Stmt  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
<b>28</b> The Gullah Oyster Roast is an event that showcases the Gullah Culture. At the event, food and events depicting the Gullah Culture. More than 2000 people attend he event. (Grants \$ 21,267. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 24,200.
<b>29</b> Restoration of the Gullah House. The Gullah House the Centerpiece of the Gullah Museum is being restored. Tourist amounting to more than 3000 come to see the "Gullah House". (Grants \$ 57,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b> 57,604.
<b>30</b> Gullah Summer Camp - This program teaches young people about the Gullah Culture. Youths totaling more than 50 participate in Gullah story telling, food preparation, etc. (Grants \$ 10,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b> 9,545.
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b> 91,349.

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

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



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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
46		X

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

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

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

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

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

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

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

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

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

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

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

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

<b>Sign Here</b>	Signature of officer Nell B Hay, Chairman <i>Nell B Hay</i>	Date 07/17/2023 7/17/2023			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name James Mitchell, Jr.	Preparer's signature <i>James Mitchell, Jr.</i>	Date 07/17/2023	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01874885
	Firm's name JM Financial Services	Firm's EIN 45-4908239		Phone no. (843) 683-0040	
	Firm's address 268 Applewood Drive, Rochester, NY 14612				

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

**Additional Information From 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.
<b>Total</b>	<b>129,623.</b>

**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.

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

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

**C** Name of organization  
**Gullah Museum of Hilton Head Island, Inc.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**3 Farmers Blub Road**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Hilton Head Island, SC 29926**

**D** Employer identification number  
**42-1603322**

**E** Telephone number  
**(843) 298-2395**

**F** Group Exemption Number ▶

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

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

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

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

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

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

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

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

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

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

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

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

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

What is the organization's primary exempt purpose? Preserve, Protect and Promote the Gullah Culture  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

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

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

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

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

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
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. (843) 683-6401 Located at 131 Squire Pope Road, Hilton Head Island, SC ZIP + 4 29926
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
42c See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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
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
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
46		✓

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
47		✓

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48		✓
----	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a		✓
-----	--	---

b If "Yes," was the related organization a section 527 organization? . . . . .

49b		
-----	--	--

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

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

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

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

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

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

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

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

**Sign Here** Signature of officer: *Ibrahim Abdul-Malik* Date: 5/29/2021  
 Type or print name and title: Ibrahim Abdul-Malik, Treasurer

**Paid Preparer Use Only** Print/Type preparer's name: James Mitchell, Jr. Preparer's signature: *James Mitchell Jr.* Date: 5/29/2021 Check  if self-employed PTIN: P01874885  
 Firm's name: JM Dinancial Services, Inc. Firm's EIN: 45-4908239  
 Firm's address: P. O. Box 16043, Rochester, NY 14616 Phone no.: 843-683-0040

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

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

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51313	44949	67249	78378	48954	290843
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	19483	24809	30277	32406	8873	115798
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	70796	69758	97526	110784	57827	406641
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						406641

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	7	5	8	11	4	35
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	7	5	8	11	4	35
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	70803	69763	97534	110795	57831	406676
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

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

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

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

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

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

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

Employer identification number  
42-1603322

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization Gullah Museum of Hilton Head Island, Inc.	Employer identification number 42-1603322
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization Gullah Museum of Hilton Head Island, Inc.	Employer identification number 42-1603322
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

Employer identification number  
42-1603322

Part 1. - Other Expenses - Line 16

Advertising	10,996
HH Blufton Chamber	695
Music Concert	246
Insurance	542
Website	597
Rag Quilting	300
Musical Expenses	335
Gullah Gala	4,746
Misc.	100
<b>Total Expenses</b>	<b>\$18,557</b>

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 existance on  
Hilton Head Island, SC. The artifacts is being valued at \$150,000.00.

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

DEPARTMENT OF THE TREASURY

Date: AUG 05 2004

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

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

Dear Applicant:

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

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

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

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

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

Letter 1045 (DO/CG)