

2024

Accommodations Tax Funds Request Application

Organization Name: The Heritage Library Foundation

Project/Event Name: ATAX Application Heritage Library

Executive Summary

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

The Heritage Library Foundation is requesting a total of \$135,000 in funding for 2024. This is an increase in total funds requested following decreased requests in 2022 and 2023. We reduced our request previously as we focused on the development of a revised strategic plan but now are moving into the implementation stage of that plan. With a plan in place we will be working on improved programming, creating curated experiences for visitors, improving both historic sites, and expanding our marketing reach in order to bring in an increased and diverse group of visitors to the Library. We were successful in 2023 and 2022 in growing our visitor numbers and we expect to continue that growth including a target growth rate of 6-8%.

The Library regularly collaborates with partners and partner organizations with a collective focus on the history and culture of our Island. For example, the Library was a participating nonprofit at the Juneteenth celebration, providing an opportunity to talk to hundreds of folks about what the Library does. It also provided an opportunity to meet with other non-profits, local artists and vendors and discuss how we might work together on projects moving forward. The same can be said for Family Fun Day, Historic Holidays, Gullah Celebration and more. We have also collaborated with travel bloggers, the Chamber of Commerce, vacation rental companies and more. These collaborations increase our reach and open up new opportunities to collaborate.

History organization leaders meet for coffee and lunch - those meetings might be two directors talking through a specific issue or it might be four, five, six or more, planning an event or meeting after an event and discussing how to make that event stronger next year. Sometimes those meetings are very casual and might happen by chance, sometimes they are conducted in a more formal way. We meet, talk, share, collaborate and even commiserate.

Come into the Library and you will find printed rack cards for not less than 18 different organizations. We post notices and posters for events and programs for our partners. Zion Cemetery was added to the South Carolina Liberty Trail in 2022 the Library is listed on the state's website for the 250th anniversary of the American Revolution (<https://www.southcarolina250.com/genealogy/>). The Library is proud to be a part of the Town's Poetry Trail. We include partner information in our email blasts and newsletter. We invite directors from other organizations to join our board meetings and provide a quick update so our boards are regularly informed on what is happening in the history and culture community. This also creates greater understanding of shared goals and demonstrates how we all work together when missions align.

We take advantage of programs that help us share what we do. The Chamber's Visitor Guide is a way that many of our guests find out about the Library. We hear from folks regularly that they learned about us from the Visitor's Guide. Coastal Discovery Museum sells our books, provides information on our sites and programs and more. SCPRT regularly provides us avenues to distribute collateral and we work together to get our information out and to make sure that our partners can as well. SCPRT helps us all have visibility at Welcome

Centers throughout the state. Local hotels and rental agencies regularly help us get the word out. "Our Storied Island" videos were featured at local hotels – step into the elevator and learn something about Hilton Head's history or visit the concierge and get connected to our programs and sites.

The Library is regularly welcomed onto other historic sites for programs, video production and events. We might not have a formal "historic district" on the Island but we have a strong network that is always working together to promote the "history trail" that runs throughout the Island.

Overall, the Heritage Library Foundation is guided by our strong belief that cultural heritage tourism is an asset to our community and that visitors to the Lowcountry are drawn here because we offer so much and we do it in a unique and wonderful way. We connect history, culture, the arts and the environment and tell the stories that make us who we are. We work to touch as many visitors and potential visitors that we can and then we reach even further by working with partners. We mentioned some partners here but there are many more and those partnerships reach across our community, region and state and into national organizations. We collaborate in small ways and in big ways and in the ways in between big and small. Our success grows because we work with others to collaborate, communicate, cooperate and coordinate.

2024 Accommodations Tax Funds Request Application

Date Received: 08/30/2023

Time Received: 12:41 PM

By: Online Submittal

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

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: The Heritage Library Foundation

Project/Event Name: ATAX Application Heritage Library

Contact Name: Barbara Catenaci

Title: Executive Director

Address: 2 Corpus Christi, Suite 100, PO Box 5950, Hilton Head Island, SC 29938

Email Address: director@heritagelib.org

Contact Phone: 843-686-6560

Event Date: Ongoing

Event Location: Various Locations

Total Budget: \$326,850.00

Grant Requested: \$135,000.00

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

Total request - \$135,000 broken down as follows: \$18,000 for maintenance at two historic sites including routine landscape upkeep, special cleaning/clearing at the beginning of tour season, end of tour season and before any scheduled events, clean up following minor and major storms, erosian control, tree work and parking area maintenance. \$117,00000 for marketing of programs, tours, sites, library services, events, partner events, classes and programs including website improvements and updates, social media, video production, postcards, QR codes, conferencing platform, interpretive signage, photography, trade show registration, Eventbrite (ticket sales), rack cards, brochures, radio and TV.

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)

Drivers: Marketing is our driver - it gets the word out on what HHI has to offer. General and target specific print advertising, social media, radio, TV, website, Eventbrite listings (national exposure), rack card distribution (statewide exposure), cooperative advertising, and email.
Enhancers: What we market is our enhancer - historic site tours, classes, library programs, history and ancestry classes, events, QR codes, TV, and partner event participation.

Measurements: the numbers we can capture are our measurements - class, program and event registration and participation, QR code analytics, library visitor counts, tour numbers, people counters, Google analytics, and social media.

A. Total Number of Physical Tourists Served: 9,134

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: 2,125

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: 2,647

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): 13,906

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

The numbers provided above are full year ending June 30, 2023. We utilize the following sources for documenting our numbers: zip codes for tour, class and event participants at registration, QR code analytics, zip code registration for library visits, tour site people counters and partner documentation at collaborative events and programs. When examining people counter numbers we took the total number of people counted and cut that in half (counters count each person twice), subtracted the number of registered visitors to the site and got a number visiting each site. QR codes provide additional information and we are working on adding additional ways that visitors can provide us with information so we can learn more about our visitors.

Registrations and QR codes are our best source of information when looking at numbers but tell a limited story. A QR code click might represent one person in a party of four. A registration might be made by a local resident but that resident might be bringing three additional people from out of town and we cannot capture that number. Docents, instructors, presenters and volunteers will ask our guests where they are from but those those counts are a more informal way of what we can count. We count what we can count but are working at learning more about the visitors we attract.

In addition to programming with in person participation, we also are conduct limited on-line programming. We had an additional 325 on-line program participants. Those visitors came from 22 states and 2 foreign countries. We look at website, social media clicks, tags and posts and video views to gain insight into virtual visitors but they are not counted as physical visitors. Our Storied Island videos have received more than 626,000 views through the website, YouTube and social media. Virtual visitors in the past year came from 49 states and more than 6 foreign countries. We cannot connect that virtual visitor to the physical visitor yet, but we can measure how far our reach is. Each year, we dig a little deeper and learn a little more about who our audience is and work to continually connect with that visitor, connect them with our partners to broaden their view of what there is to do on HHI and encourage visits to our island.

B. DESCRIPTION OF OPERATIONS:

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

The Heritage Library, a nonprofit 501 (c)(3) ancestry and local history library, maintaining 6,000 books, 100's of periodicals, vertical files, CDs, DVDs, microfilm, local research and exhibits. We present programming focused on ancestry research and local history. Our education partners include, USCB, OLLI, Heritage Classic Foundation, Hilton Head Lifelong Learning, Beaufort County Schools, Clemson University, Lafayette University, Morris Center, HH Christian Academy, Coastal Discovery Museum, Historic Mitchelville Freedom Park, HH Land Trust, Chamber of Commerce, and Gullah Museum. We have two sites that are listed on the National Register of Historic Places used for tours, events and educational purposes. We are a facility on the Underground Railroad Network to Freedom, were named to the SC Liberty Trail, a partner in the Gullah Geechee Cultural Heritage Corridor, affiliate library of the Family Search Library, and member of the HHI Arts Council.

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

Facilities Maintenance: \$18,000. Ongoing landscape maintenance, tree trimming, repairs, erosion control, parking area maintenance, improvements and storm clean up. This funding also covers the cost of special clean up before events and at the beginning and end of the tour season. Costs not covered by funds received from ATAX come from our operating fund and are generated from program, class and event income. Our Board of Directors is currently developing a long range plan (part of our overall 5-year strategic plan) for both historic sites. An overall plan including budget and schedule should be completed in the coming year.

General Promotion: \$117,000: We will continue to add interpretive signs at the historic sites, produce print collateral, TV and radio advertising, social media messaging and advertising, and print advertising. The website continues to be updated and upgraded, including the potential move to a more robust platform. Social media is being updated and improved. We are working with partners to develop print material that provides visitors with information on all our sites in one piece, creating a unique history tour. We are working with partners to develop QR codes that will enhance the history tour created in the partner print piece. We will continue to partner in the creation of "Our Storied Island" videos. And we will continue to produce programming and events that bring visitors to our island and enhance their experience while they are here. We are always working to improve our outreach, programming and participation.

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)

A cut to funding means cuts to programming, marketing and site maintenance and improvements. We are making this request based on need. It goes without saying that the cost of everything is rising and that includes the costs associated with marketing and maintenance. For example - significant increases in fees associated with ticketing and promotions, print cost, materials and the list goes on. If funding is reduced, then we have to re-examine scheduled programming, outreach and maintenance schedules and make any necessary adjustments. We will be forced to do less.

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

We continue to grow both visitor and tourist numbers year over year with a target growth rate of 5-8% (we have met that goal for the past 5 years) and expect that to continue over the next few years. We utilize our partner relationships to add marketing impact and grow our marketing reach which multiplies impact. We have effectively marketed to reach an audience that falls into the tourist category and are seeing success. Nonprofit arts and cultural organizations contribute more than \$40 million to the Island's economy and the Library contributes to that impact.

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:**

<p>1 - Destination Advertising/Promotion <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i></p>	87 %
<p>2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i></p>	0 %
<p>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></p>	13 %
<p>4 - Tourism-Related Public Services <i>The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.</i></p>	0 %

5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	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)

A. The Library has historically and consistently collaborated with organizations across Hilton Head Island when our missions intersect. Information including rack cards and brochures are displayed in the library. We regularly share our printed collateral with other organizations and we contribute to the creation of collateral that benefits many organizations, including but not limited to Crescendo, special rack card for the RBC Heritage and the Culture HHI Culture Trail map. We are a member of the Heritage Tourism Task Force, Beaufort County Historical Resource Consortium and a partner of the Town's Office of Cultural Affairs and Gullah Geechee Land & Cultural Preservation Task Force. In addition, we regularly collaborate with Mitchelville, Gullah Museum, HHI Land Trust, Heritage Classic Foundation, Coastal Discovery Museum, MLK Committee for Social Justice, HHI Arts Council, Gullah Celebration, WHHI, Island Rec Center, WAHHI, USCB, local K12 schools and more. Our events historically feature local artists and authors as well as providing a spotlight on our local history organizations.

B. Heritage Library is the Island's ancestry and history research as well as the repository for Island history. We draw visitors from across the country because of collaborations and memberships in like centers and national organizations. We are one of the top 10 places in the world to research your family according to USA Today. We own, maintain, and preserve two historic sites that are listed on the National Register of Historic Places - part of a local network of historic sites that are our local history.

7. Additional comments. (250 words or less)

The Library provides a unique opportunity for visitors not just to learn about our Island's history but also to explore their family history. Last year we created a new brochure on family research and have provided that collateral to 15 libraries in 12 states and 3 in SC. We collaborate with libraries and family research centers across the country and share information regularly. We participated in the National Genealogical Society Annual conference. We continue to work on the series of videos titled "Our Storied Island". This video series tells the story of the Island through the words of the people who are here but

also have a stake in our past. This series cannot be produced without partnering and collaborating with people and organizations across the Island. The videos are unscripted and tell an "in your own words" story that is unique to HHI. We are currently building partnerships with the Morris Center and SC250 as we ready for celebrating and commemorating the 250th anniversary of the American Revolution. As a group, the historic site leadership is discussing building a history trail using QR codes and other technologies that will lead visitors through our local history and tell a comprehensive story. And, we are also considering shared print collateral that focuses on our local historic sites and organizations. We collaborate, communicate, cooperate and coordinate in order to tell our Island's unique and important story and help individuals to tell their unique and important stories.

C. FUNDING:

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

The Heritage Library is funded through memberships, donations (individuals, businesses and in-kind), earned revenues (programs, events, tours, classes, bookstore, daily use fees, etc.), loans (SBA and SBA EIDL) and grants (government, non-government, family trusts and foundations, and local giving organizations). The Library has an endowment fund and a small capital fund at the Community Foundation of the Lowcountry designated for the preservation of Zion Cemetery and Baynard Mausoleum.

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

<u>37%</u>	Government Sources	<u>30%</u>	Private Contributions, Donations and Grants
2%	Corporate Support, Sponsors	<u>11%</u>	Membership, Dues, Subscriptions
<u>5%</u>	Ticket Sales, or Sales and Services	<u>15%</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.

Garcia Family Foundation	\$5,000.00
Peeples Family Foundation	\$50,000.00
Public Welfare Foundation	\$10,000.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Provided: **Yes**

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

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

Previous fiscal year Profit Loss Reports Provided:

2021- Previous FY 2

2022- 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:

2021 - Previous FY 2

2022 - 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:

2021 - Previous FY 1

2020 - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

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

F. MEASURING EFFECTIVENESS:

If you received 2022 or 2023 HHI ATAX funds

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

2021	\$15,000.00	Historic & Tourist Destination Site Maintenance
2021	\$95,000.00	Advertising & Promotion
2022	\$25,000.00	Historic & Tourist Destination Site Maintenance
2022	\$95,000.00	Marketing & Promotion
2023	\$100,000.00	Tourism Advertising/Promotion
2023	\$18,000.00	Tourism Related Facilities

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)

Facilities Maintenance: Regular landscape maintenance at Ft. Mitchel and Zion Chapel of Ease Cemetery (licensed, professional landscape professionals), minor storm cleanup and major cleanup of site pre and post tour seasons, events and Christmas decorations at sites. The sites have been kept clean, safe and inviting for visitors and groups. Visitor numbers increased year over year. Marketing and Promotion: Additional series of "Our Storied Island" videos, print marketing, social media, website enhancements and maintenance, local TV, postcard series, QR codes, Eventbrite, radio, interpretive signs at historic sites, partner events, and printing. Marketing and promotion funds highlight what the Heritage Library has to offer and how we can enhance a visit to Hilton Head Island. We know that our use of funds has a positive impact because we see a consistent increase in tourist participation in classes, events, programs, tours and library visitors. In addition, we have experienced an increase in organizations wanting to partner with us.

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

Increased numbers at programs, events, classes, tours and library visits add to our ability to meet our operating expenses and expand offerings. We also experience donations from program participants in addition to ticket costs and participants also will join the library adding to our membership and membership revenue. Donations and memberships are what help us to keep the lights on. Marketing also makes us recognizable to potential and current donors and grantors which can add to our financial stability. Utilizing SCPRT programs make us recognizable throughout the state and even result in other areas requesting our marketing materials at visitor centers and libraries around South Carolina and that means more tourists. When folks come to an event or program they also take advantage of other things that Hilton Head offers - a meal at a local restaurant, a stop at another historic site, maybe some shopping. The ticket purchased for one program can result in spending throughout the community. We also provide a benefit to the community when we educate visitors and tourists about our history and culture - knowledge builds interest in and respect for everything this Island has to offer. We are a great place to visit.

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

We examine visitor numbers, analytics, social media, reviews, donor numbers, and participant comments. Library visitors are asked to sign in and include a home zip code and that is recorded. Tours, programs, events, and classes - registration requires a zip code entry as well as "how did you hear about us?". For non-registration events or walk-ins at events we ask people to provide zip codes. Contractors conducting tours at our sites are required to provide zip codes and visitor numbers. We collect zip codes when possible from collaborative programs and events. Repeat customers - the person who attends more than one event and even brings visitors to tours over and over again is one of our most effective measurements. What we can't always measure is the exact number of visitors or tourists. Example Mr. and Mrs. Smith live here and purchase six tour tickets - two tickets are local, two are visitors and two are tourists. However, the purchase was made with a local zip code. Our tourist number is sure to be higher but can't be documented all the time. We examine the data for each individual program and review our overall performance every quarter.

G. EXECUTIVE SUMMARY

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

Title/Position: Executive Director

Mailing Address: PO Box 5950, Hilton Head Island, SC 29938

Email Address: director@heritagelib.org

Office Phone Number: 843-686-6560

Home Phone Number: 843-422-2171

Survey Information

The Heritage Library runs random surveys with tour/event and program guests. Our survey response in 2022 was 59%. We feel that is a good survey response rate. Industry standards tell us that 5% - 30% is good and over 50% is excellent. We ask 4 simple questions (yes, no, maybe, N/A):

1. Did you find your visit to Zion Chapel of Ease Cemetery (the program someone attended is identified in the email) interesting?
2. Did you learn something new about Hilton Head Island?
3. Did you feel that you received a value in relation to ticket cost?
4. Additional comments?

On average we get a very positive response from folks. There are a large number of comments that come back thanking us for keeping prices affordable. And folks feel positive about value v. ticket cost (last year was 78%).

Note: We have information including email and zip codes through the registration process. We limit our questions because many of our guests are on vacation and vacation is not when you want to spend time answering questions. Last year we sent out 435 surveys and had 257 responses. 2023 responses are coming in at the same rate with the same positive response.

Heritage Library Budget

Income	2022	2023	2024
Unrestricted			
Individual Donations	5,000	5,000	6,000
Business Donations	3,000	3,000	3,000
Birdies for Charity	2,900	2,900	3,000
Champions for Charity	1,000	1,000	1,000
Classes, Programs & Tours	16,000	16,500	17,000
Matching Funds Gifts	2,000	2,000	2,000
Memberships	36,000	36,500	36,500
Books & Publications	2,000	2,000	2,000
Investment Income	1,500	1,800	2,000
Grants-Restricted			
Community Foundation	0	5,000	15,000
Bargain Box	2,500	2,500	2,500
WAHHI	1,000	1,000	1,000
SC Humanities		1,000	2,500
Donnelly Foundation	5,000	0	5,000
Grants - Unrestricted			
Peoples Foundation	63,000	64,000	63,600
Garcia Family Foundation	5,000	5,000	5,000
Government - Restricted			
ATAX	120,000	118,000	135,000
Other Income			
Gifts In-kind	500	500	500
Miscellaneous	600	600	600
Carryover	39,000	46,600	23,650
Total Income	306,000	314,900	326,850

Expenses	2022	2023	2024
General Program Expense			
Classes, Programs & Tours	9,000	11,000	11,000
Special Programs & Events	11,000	11,000	11,000
Ft. Mitchel Repair, Maintenance & Improvements	12,500	9,000	9,000
Zion Repair, Maintenance & Improvements	12,500	9,000	9,000
Heirs Property Office	500	500	500
Volunteer Appreciation	2,000	3,500	2,500
Equipment Purchases/Lease	1,500	1,500	1,000
Equipment Maintenance	4,200	4,200	3,200
Telephone & Internet	5,000	5,000	5,000
Utilities	4,000	4,000	4,200
Marketing/Website/Social Media	106,800	108,100	121,800
Dues & Subscriptions	3,000	4,500	4,500
Rent	38,000	38,000	38,000
Permits & Fees	1,500	1,500	1,800
Postage & Shipping	2,500	2,200	2,250
Printing	2,500	3,200	3,500
Office Supplies	3,000	3,000	2,000
Travel	200	200	200
Library & OnLine Research	9,000	12,000	12,000
Janitorial Services	4,200	4,200	4,200
Storage	3,500	4,000	4,200
Miscellaneous	1,000	1,000	1,000
Newsletter	2,400	2,400	2,400
Professional & Financial Services			
Contracts	45,000	50,000	50,000
Bank Charges	1,000	1,000	1,200
Non-Bank Finance Charges (SBA)	9,600	9,600	9,600
Insurance D&O	1,500	1,500	1,500
Insurance Property & Liability	4,500	4,500	4,800

Credit Card Processing Fees	2,800	2,800	3,000
Accounting Fees	800	1,500	1,500
Legal Fees	1,000	1,000	1,000
Total Expenses	306,000	314,900	326,850

Heritage Library Foundation, Inc.

Profit and Loss January - June, 2023

	TOTAL
Income	
Contributed Support	52,598.84
Earned Revenues	87,534.90
PayPal Sales	5,240.74
Sales	-1,197.50
Total Income	\$144,176.98
GROSS PROFIT	\$144,176.98
Expenses	
Ask My Accountant	10.00
G&A Expense	108,413.76
General Program Expenses	41,547.09
Program Specific Expenses	9,557.40
Uncategorized Expense	473.89
Total Expenses	\$160,002.14
NET OPERATING INCOME	\$ -15,825.16
Other Expenses	
Reconciliation Discrepancies	-12,090.08
Total Other Expenses	\$ -12,090.08
NET OTHER INCOME	\$12,090.08
NET INCOME	\$ -3,735.08

Heritage Library Foundation, Inc.

Profit and Loss

January - December 2022

	TOTAL
Income	
Contributed Support	297,615.48
Earned Revenues	15,646.44
Total Income	\$313,261.92
GROSS PROFIT	\$313,261.92
Expenses	
G&A Expense	159,890.61
General Program Expenses	113,057.69
Program Specific Expenses	9,543.63
Total Expenses	\$282,491.93
NET OPERATING INCOME	\$30,769.99
NET INCOME	\$30,769.99

Heritage Library Foundation, Inc.

Profit and Loss

January - December 2021

	TOTAL
Income	
Contributed Support	300,005.22
Earned Revenues	19,224.96
PayPal Sales	15.00
Total Income	\$319,245.18
GROSS PROFIT	\$319,245.18
Expenses	
G&A Expense	183,013.57
General Program Expenses	93,926.48
Program Specific Expenses	27,559.73
Total Expenses	\$304,499.78
NET OPERATING INCOME	\$14,745.40
NET INCOME	\$14,745.40

Heritage Library Foundation, Inc.

Balance Sheet

As of June 30, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Cash in Banks	275,587.95
Merchant Services	-579.00
Total Bank Accounts	\$275,008.95
Accounts Receivable	
Accounts Receivable (A/R)	300.00
Total Accounts Receivable	\$300.00
Other Current Assets	
Book Store Inventory	1,206.22
Deferred Leasehold Improvements	-23,116.00
Trade Accounts Receivable	0.00
Undeposited Funds	0.00
Total Other Current Assets	\$ -21,909.78
Total Current Assets	\$253,399.17
Fixed Assets	
Accumulated Depreciation	-18,335.00
Furniture & Fixtures	24,761.46
Library Collections	492.88
Real Estate	23,616.00
Total Fixed Assets	\$30,535.34
Other Assets	
CFL Agency Account	-47,872.17
Endowment Fund Securities - WFA	34,519.78
Security Deposit	-919.00
Total Other Assets	\$ -14,271.39
TOTAL ASSETS	\$269,663.12
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	10,564.32
Total Accounts Payable	\$10,564.32
Credit Cards	
Pinnacle Bank CC	2,156.21
South State Credit Card	0.00

Heritage Library Foundation, Inc.

Balance Sheet As of June 30, 2023

	TOTAL
Total Credit Cards	\$2,156.21
Other Current Liabilities	
Loans from Officers & Trustees	-10,000.00
Pinnacle Line of Credit	-2,538.42
Total Other Current Liabilities	\$ -12,538.42
Total Current Liabilities	\$182.11
Long-Term Liabilities	
SBA Loan - EIDL	105,666.00
Small Business Administration Loan	-1,929.75
Total Long-Term Liabilities	\$103,736.25
Total Liabilities	\$103,918.36
Equity	
Opening Balance Equity	0.00
Retained Earnings	169,479.84
Net Income	-3,735.08
Total Equity	\$165,744.76
TOTAL LIABILITIES AND EQUITY	\$269,663.12

Heritage Library Foundation, Inc.

Balance Sheet

As of December 31, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Cash in Banks	271,755.10
Merchant Services	-579.00
Total Bank Accounts	\$271,176.10
Accounts Receivable	
Accounts Receivable (A/R)	300.00
Total Accounts Receivable	\$300.00
Other Current Assets	
Book Store Inventory	1,206.22
Deferred Leasehold Improvements	-23,116.00
Trade Accounts Receivable	0.00
Undeposited Funds	0.00
Total Other Current Assets	\$ -21,909.78
Total Current Assets	\$249,566.32
Fixed Assets	
Accumulated Depreciation	-18,335.00
Furniture & Fixtures	24,761.46
Library Collections	492.88
Real Estate	23,616.00
Total Fixed Assets	\$30,535.34
Other Assets	
CFL Agency Account	-47,872.17
Endowment Fund Securities - WFA	34,519.78
Security Deposit	-919.00
Total Other Assets	\$ -14,271.39
TOTAL ASSETS	\$265,830.27
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable (A/P)	240.32
Total Accounts Payable	\$240.32
Credit Cards	
Pinnacle Bank CC	-398.14
South State Credit Card	0.00

Heritage Library Foundation, Inc.

Balance Sheet

As of December 31, 2022

	TOTAL
Total Credit Cards	\$ -398.14
Other Current Liabilities	
Loans from Officers & Trustees	-10,000.00
Pinnacle Line of Credit	0.00
Total Other Current Liabilities	\$ -10,000.00
Total Current Liabilities	\$ -10,157.82
Long-Term Liabilities	
SBA Loan - EIDL	108,438.00
Small Business Administration Loan	-1,929.75
Total Long-Term Liabilities	\$106,508.25
Total Liabilities	\$96,350.43
Equity	
Opening Balance Equity	0.00
Retained Earnings	138,709.85
Net Income	30,769.99
Total Equity	\$169,479.84
TOTAL LIABILITIES AND EQUITY	\$265,830.27

Heritage Library Foundation, Inc.
Balance Sheet Comparison
As of December 31, 2021

	As of Dec 31, 2021	Total As of Dec 31, 2020 (PY)	Change
ASSETS			
Current Assets			
Bank Accounts			
Cash in Banks	254,186.37	264,653.89	-10,467.52
Cash Register	150.00	150.00	0.00
Merchant Services	0.00	0.00	0.00
Total Bank Accounts	\$ 254,336.37	\$ 264,803.89	-\$ 10,467.52
Accounts Receivable			
Accounts Receivable (A/R)	300.00	300.00	0.00
Total Accounts Receivable	\$ 300.00	\$ 300.00	\$ 0.00
Other Current Assets			
Book Store Inventory	4,843.22	4,763.22	80.00
Deferred Leasehold Improvements	0.00	0.00	0.00
Trade Accounts Receivable	0.00	0.00	0.00
Undeposited Funds	2,247.38	20.38	2,227.00
Total Other Current Assets	\$ 7,090.60	\$ 4,783.60	\$ 2,307.00
Total Current Assets	\$ 261,726.97	\$ 269,887.49	-\$ 8,160.52
Fixed Assets			
Accumulated Depreciation	-116,268.00	-116,268.00	0.00
Furniture & Fixtures	124,294.32	124,294.32	0.00
Library Collections	188,080.88	188,080.88	0.00
Real Estate	33,666.00	33,666.00	0.00
Total Fixed Assets	\$ 229,773.20	\$ 229,773.20	\$ 0.00
Other Assets			
CFL Agency Account	1,149.55	1,149.55	0.00
Endowment Fund Securities - WFA	49,288.78	34,288.78	15,000.00
Security Deposit	2,581.00	2,581.00	0.00
Total Other Assets	\$ 53,019.33	\$ 38,019.33	\$ 15,000.00
TOTAL ASSETS	\$ 544,519.50	\$ 537,680.02	\$ 6,839.48
LIABILITIES AND EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
Accounts Payable (A/P)	2,821.32	240.32	2,581.00
Total Accounts Payable	\$ 2,821.32	\$ 240.32	\$ 2,581.00
Credit Cards			
Pinnacle Bank CC	-3,990.46	0.00	-3,990.46
South State Credit Card	0.00	0.00	0.00
Total Credit Cards	-\$ 3,990.46	\$ 0.00	-\$ 3,990.46
Other Current Liabilities			

Loans from Officers & Trustees	0.00	0.00	0.00
Pinnacle Line of Credit	0.00	0.00	0.00
Total Other Current Liabilities	\$ 0.00	\$ 0.00	\$ 0.00
Total Current Liabilities	-\$ 1,169.14	\$ 240.32	-\$ 1,409.46
Long-Term Liabilities			
SBA Loan - EIDL	108,438.00	108,900.00	-462.00
Small Business Administration Loan	22,888.25	22,991.25	-103.00
Total Long-Term Liabilities	\$ 131,326.25	\$ 131,891.25	-\$ 565.00
Total Liabilities	\$ 130,157.11	\$ 132,131.57	-\$ 1,974.46
Equity			
Opening Balance Equity	0.00	0.00	0.00
Permanently Restricted Net Asset	15,000.00	15,000.00	0.00
Retained Earnings	386,996.45	292,192.10	94,804.35
Temporary Restricted Net Asset	3,552.00	3,552.00	0.00
Net Income	8,813.94	94,804.35	-85,990.41
Total Equity	\$ 414,362.39	\$ 405,548.45	\$ 8,813.94
TOTAL LIABILITIES AND EQUITY	\$ 544,519.50	\$ 537,680.02	\$ 6,839.48

Friday, Jan 14, 2022 07:36:40 AM GMT-8 - Accrual Basis



E.I.N. 58-2332014

OFFICERS

President

Ezra Callahan

Vice President

Sarah Takacs

Secretary

Luana Graves Sellars

Treasurer

Peter Cooper

TO: Accommodations Tax Committee

FROM: Peter Cooper, Treasurer, The Heritage Library Foundation *PC*

DATE: August 21, 2023

BOARD OF DIRECTORS

Class of 2024

Greg DeLoach

Laurette Doscher Benfante

Nathaniel Jones

Galen Miller

Sarah Takacs

RE: 2022 Tax Return

The Heritage Library has filed for an extension for our 2022 Tax return. The return is due October 15th and will be sent to the committee as soon as it is completed.

Class of 2025

Ezra "Cal" Callahan

James MacLeod

Eric Washington

Class of 2026

Peter Cooper

Richard Dekker

Herbert Ford

Lydia Inglett

Thomas Kraft

James Robinson

Luana Graves-Sellars

Executive Director

Barbara Catenaci

BOARD OF ADVISORS

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Sunni Bond

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Dodi & Harry Eschenbach

Norman Harberger

Claudia Kennedy

Natalie Harvey

Dr. J. Brent Morris

Dee Phillips

Linda Piekut

Dr. Larry Rowland

Iva Welton

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

THE HERITAGE LIBRARY FOUNDATION INC

58-2332014

Name and title of officer or person subject to tax

PETER COOPER, TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>319,300</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	_____
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	_____
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	_____
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	_____
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Jennifer R Hall CPA LLC to enter my PIN 08790 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Peter R Cooper

Date ▶ 08-30-2022

Part III Certification and Authentication

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

579710 86753
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Jennifer R Hall

Date ▶ 08-31-2022

**ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

2021

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning **2021**, and ending **2020**

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

C Name of organization: **THE HERITAGE LIBRARY FOUNDATION INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 5950
 City or town, state or province, country, and ZIP or foreign postal code
HILTON HEAD ISLAND, SC 29938-5950

D Employer identification number
58-2332014

E Telephone number
(843) 686-6560

G Gross receipts
\$ **319,300**

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

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

J Website: ▶ **WWW.HERITAGELIB.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1997** **M** State of legal domicile: **SC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OPERATE A HISTORY AND GENEALOGY RESEARCH LIBRARY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 302,029	Current Year 300,060
	9 Program service revenue (Part VIII, line 2g)	21,238	16,261
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,020	2,934
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53	45
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	324,340	319,300
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	45,000	45,000
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 124,331		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	187,600	259,502	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	232,600	304,502	
19 Revenue less expenses. Subtract line 18 from line 12	91,740	14,798	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 537,672	End of Year 552,691
	21 Total liabilities (Part X, line 26)	131,891	132,110
	22 Net assets or fund balances. Subtract line 21 from line 20	405,781	420,581

Part II Signature Block

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

Sign Here

PETER COOPER *Peter R Cooper* Date **9/1/2022**
Signature of officer

PETER COOPER, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Jennifer R Hall** Preparer's signature: *Jennifer R Hall* Date: **08-31-2022** Check if self-employed PTN: **P00647809**

Firm's name ▶ **Jennifer R Hall CPA LLC** Firm's EIN ▶
 Firm's address ▶ **25 Clark Summit Dr Ste 103 Bluffton SC 29910** Phone no. **843-815-3575**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

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

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

Department of the Treasury
Internal Revenue Service

2021

Open to Public Inspection

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

C Name of organization: THE HERITAGE LIBRARY FOUNDATION INC

D Employer identification number: 58-2332014

E Telephone number: (843) 686-6560

F Name and address of principal officer: HILTON HEAD ISLAND, SC 29938-5950

G Gross receipts: \$ 319,300

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

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

J Website: WWW.HERITAGELIB.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1997 **M** State of legal domicile: SC

Part II Summary

1 Briefly describe the organization's mission or most significant activities: LIBRARY OPERATE A HISTORY AND GENEALOGY RESEARCH

Activities & Governance

2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	15
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	0
6	Total number of volunteers (estimate if necessary)	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0

Revenue

8	Contributions and grants (Part VIII, line 1h)	302,029
9	Program service revenue (Part VIII, line 2g)	21,238
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,020
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	324,340

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	45,000
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
16b	Total fundraising expenses (Part IX, column (D), line 25)	124,331
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	187,600
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	232,600
19	Revenue less expenses. Subtract line 18 from line 12	91,740

Net Assets or Fund Balances

20	Total assets (Part X, line 16)	552,691
21	Total liabilities (Part X, line 26)	132,110
22	Net assets or fund balances. Subtract line 21 from line 20	420,581

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: PETER COOPER
 Date: 9/1/2022
 Signature of preparer: Jennifer R Hall
 Date: 08-31-2022

Preparer Use Only

Print/Type preparer's name: Jennifer R Hall
 Preparer's signature: Jennifer R Hall CPA LLC
 Date: 08-31-2022
 Check self-employed if PTIN E00647809
 Firm's name: Jennifer R Hall CPA LLC
 Firm's address: 25 Clark Summit Dr Ste 103 Bluffton SC 29910
 Phone no.: 843-815-3575

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

4e Other program services (Describe on Schedule O.) Including grants of \$ 108,125 (Expenses \$) (Revenue \$)

4e Total program service expenses 108,125

4c (Code:) (Expenses \$) (Revenue \$)

EDUCATIONAL PROGRAM EXPENSE: CONDUCTED TOURS OF FT. MITCHEL AND ZION CHAPEL OF EASE CEMETERY MAUSOLEUM AS WELL AS CONDUCTED VARIOUS CLASSES ON GENEALOGY AND LOCAL HISTORY. COLLABORATED ON A THREE DAY CHRISTMAS PROGRAM, INCLUDING A TOUR OF ZION CEMETERY, HOSTED A HALLOWEEN PROGRAM CALLED "GHOSTS AND MYTHS" AND A CHRISTMAS PROGRAM CALLED "COLONIAL CHRISTMAS" AT ZION CEMETERY. HISTORICAL BIKE TOURS WERE CONDUCTED AND A PARTNERSHIP WAS DEVELOPED WITH THE UNIVERSITY OF SOUTH CAROLINA BEAUFORT.

4b (Code:) (Expenses \$ 51,229) (Revenue \$ 300,060)

including grants of \$ 51,229

MAINTAIN BOOKS, DOCUMENTS, AND DIGITAL COLLECTIONS AND PROVIDE ONLINE ACCESS TO DATABASES FOR PUBLIC RESEARCH. SERVED 5800 RESEARCH PATRONS, PUBLISHED QUARTERLY NEWSLETTERS, PRODUCED HISTORICAL PAPERS FOR MEMBERS AND THE PUBLIC. VOLUNTEERS PROVIDED 8500 HOURS OF SERVICE.

4a (Code:) (Expenses \$ 56,896) (Revenue \$)

including grants of \$ 56,896

MAINTAIN TWO HISTORICAL SITES: (1) FT. MITCHEL, A CIVIL WAR COASTAL DEFENSE BATTERY. (2) ZION CHAPEL OF EASE CEMETERY MAUSOLEUM. OVER 5500 PEOPLE VISITED THE SITES, BOTH OF WHICH WERE PLACED ON THE NATIONAL REGISTER OF HISTORIC PLACES IN 2017.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

1 Briefly describe the organization's mission: Check if Schedule O contains a response or note to any line in this Part III

OPERATE A HISTORY AND GENEALOGY RESEARCH LIBRARY

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1
1b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8866-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? d If "Yes," indicate the number of Forms 8822 filed during the year	7a	X
		7b	
		7c	X
		7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter: a Initial fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a	
		10b	
11	Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11a	
		11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand	13a	
		13b	
		13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4988 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(2) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
	If "Yes," complete Form 6069.		

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

1a	Enter the number of voting members of the governing body at the end of the tax year	15	1a
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	15	1b
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	3
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	4
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	X	5
6	Did the organization have members or stockholders?	X	6
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	7a
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	7b
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	8a
b	Each committee with authority to act on behalf of the governing body?	X	8b
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	X	9

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	South Carolina
18	Section 5104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	PETER COOPER (843) 686-6560, PO BOX 5950, HILTON HEAD ISLAND, SC 29938-5950

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former	Highest compensated employee	Key employee	Officer	Institutional trustee Individual trustee or director			
(1) BARBARA CATENACI EXECUTIVE DIRECTOR	40.00	X					45,000	0	
(2) BARRETT RIORDAN BOARD MEMBER	3.00	X					0	0	
(3) IVA WELTON BOARD MEMBER	5.00	X					0	0	
(4) ERIC WASHINGTON BOARD MEMBER	2.00	X					0	0	
(5) HERBERT FORD BOARD MEMBER	1.00	X					0	0	
(6) CLAUDIA KENNEDY HEAD LIBRARIAN	2.00	X					0	0	
(7) JAMES MACLEOD BOARD MEMBER	1.00	X					0	0	
(8) NATHANIEL JONES BOARD MEMBER	1.00	X					0	0	
(9) DODI ESCHENBACH BOARD MEMBER	2.00	X					0	0	
(10) GREG DETOACH BOARD MEMBER	5.00	X					0	0	
(11) JAMES ROBINSON BOARD MEMBER	3.00	X					0	0	
(12) PETER COOPER TREASURER	10.00			X			0	0	
(13) EZRA CALLAHAN PRESIDENT	15.00			X			0	0	
(14) SARAH O'LEARY TAVACS VICE PRESIDENT	10.00			X			0	0	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		2
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation

Section B. Independent Contractors

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
1b	Subtotal	0
c	Total from continuation sheets to Part VII, Section A	0
d	Total (add lines 1b and 1c)	0

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2)	(E) Reportable compensation from related organizations (W-2)	(F) Estimated amount from the organization and other compensation related organizations
(15) JUVANA GRAVES, SELLARS SECRETARY	2.00	Former Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director	0	0	0
(16)			0	0	0
(17)					
(18)					
(19)					
(20)					
(21)					
(22)					
(23)					
(24)					
(25)					

Part VIII

Statement of Revenue

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

(A)	(B)	(C)	(D)
Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
300,060			
1a Federated campaigns			
1b Membership dues			
1c Fundraising events			
1d Related organizations			
1e Government grants (contributions)			
1f All other contributions, gifts, grants, and similar amounts not included above			
1g Noncash contributions included in lines 1a-1f			
1g \$ 134,774			
h Total. Add lines 1a-1f			
2a PUBLISHING REVENUE	1,341	1,341	
b LIBRARY SERVICES	517	517	
c EDUCATIONAL PROGRAMS	14,403	14,403	
d			
e			
f All other program service revenue			
g Total. Add lines 2a-2f	16,261	16,261	
3 Investment income (including dividends, interest, and other similar amounts)	2,934	2,934	
4 Income from investment of tax-exempt bond proceeds			
5 Royalties	45	45	
6a Gross rents			
6a Real (i) Real (ii) Personal			
6b Less: rental expenses			
6c Rental income or (loss)			
d Net rental income or (loss)			
7a Gross amount from sales of assets other than inventory			
7a Securities (i) Other (ii)			
b Less: cost or other basis and sales expenses			
7c Gain or (loss)			
d Net gain or (loss)			
8a Gross income from fundraising events (not including \$ 29,932 of contributions reported on line 1c). See Part IV, line 18			
8a (i) See Part IV, line 18 (ii) Other (iii)			
b Less: direct expenses			
8b			
c Net income or (loss) from fundraising events			
9a Gross income from gaming activities. See Part IV, line 19			
9a (i) See Part IV, line 19 (ii) Other (iii)			
b Less: direct expenses			
9b			
c Net income or (loss) from gaming activities			
10a Gross sales of inventory, less returns and allowances			
10a (i) See Part IV, line 18 (ii) Other (iii)			
b Less: cost of goods sold			
10b			
c Net income or (loss) from sales of inventory			
11a			
b			
c			
d All other revenue			
e Total. Add lines 11a-11d	19,240	19,240	0
12 Total revenue. See instructions	319,300	319,300	0

Part X Balance Sheet

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

		(A)	(B)
		Beginning of year	End of year
1	Cash - non-interest-bearing	264,824	268,062
2	Savings and temporary cash investments		
3	Pledges and grants receivable, net		
4	Accounts receivable, net	300	300
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
7	Notes and loans receivable, net		
8	Inventories for sale or use	4,763	4,843
9	Prepaid expenses and deferred charges		
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	157,952	
b	Less: accumulated depreciation	121,941	
10b			
11	Investments - publicly traded securities		
12	Investments - other securities. See Part IV, line 11	1,150	590
13	Investments - program-related. See Part IV, line 11	34,289	52,223
14	Intangible assets		
15	Other assets. See Part IV, line 11	190,662	190,662
16	Total assets. Add lines 1 through 15 (must equal line 33)	537,672	552,691
17	Accounts payable and accrued expenses		
18	Grants payable		
19	Deferred revenue		
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		
23	Secured mortgages and notes payable to unrelated third parties		
24	Unsecured notes and loans payable to unrelated third parties	131,891	131,326
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		784
26	Total liabilities. Add lines 17 through 25	131,891	132,110
27	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.	390,781	344,581
28	Net assets without donor restrictions	15,000	76,000
29	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		
30	Capital stock or trust principal, or current funds		
31	Paid-in or capital surplus, or land, building, or equipment fund		
32	Retained earnings, endowment, accumulated income, or other funds	405,781	420,581
33	Total liabilities and net assets/fund balances	537,672	552,691

EEA

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	319,300
2	Total expenses (must equal Part IX, column (A), line 25)	304,502
3	Revenue less expenses. Subtract line 2 from line 1	14,798
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	405,781
5	Net unrealized gains (losses) on investments	2
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	420,581

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No

b Were the organization's financial statements audited by an independent accountant? Separate basis Consolidated basis Both consolidated and separate basis
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

2b Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Separate basis Consolidated basis Both consolidated and separate basis
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Yes No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input checked="" type="checkbox"/>
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<input type="checkbox"/>

Public Charity Status and Public Support

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

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

Department of the Treasury
Internal Revenue Service
(Form 990)

Name of the organization: **THE HERITAGE LIBRARY FOUNDATION INC**

Employer identification number: **58-2332014**

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

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

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations: _____

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

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

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

Schedule A (Form 990) 2021

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7						
8						
9						
10						
11						
12						
13						
14						
15						
16a						
17a						
b						
18						

Section C. Computation of Public Support Percentage

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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))

15 Public support percentage from 2020 Schedule A, Part II, line 14

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	184,262	357,464	269,163	302,029	300,060	1,412,978
2						
3	24,474	32,252	37,088	21,296	16,291	131,401
4						
5						
6	208,736	389,716	306,251	323,325	316,351	1,544,379
7a						
7b	31,625	209,238	47,929	112,353	68,889	470,034
8						
Public support. (Subtract line 7c from line 6.)	31,625	209,238	47,929	112,353	68,889	470,034
9	208,736	389,716	306,251	323,325	316,351	1,544,379
10a						
10b						
11						
12						
13						
14						
15						
16						
17						
18						
19a						
19b						
20						
21						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	208,736	389,716	306,251	323,325	316,351	1,544,379
10a						
10b						
11						
12						
13						
14						
15						
16						
17						
18						
19a						
19b						
20						
21						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	69.26%	15
16	Public support percentage from 2020 Schedule A, Part III, line 15	65.60%	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	0.00%	17
18	Investment income percentage from 2020 Schedule A, Part III, line 17	0.00%	18

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		3b		<p>Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.</p>
		3a		
		2b		
		2a		<p>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</p> <p>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</p> <p>By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</p>
		1		<p>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</p> <p><input type="checkbox"/> a The organization satisfied the Activities Test. Complete line 2 below.</p> <p><input type="checkbox"/> b The organization is the parent of each of its supported organizations. Complete line 3 below.</p> <p><input type="checkbox"/> c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).</p>

Section E. Type III Functionally Integrated Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

Section B. Type I Supporting Organizations

		11a		<p>Has the organization accepted a gift or contribution from any of the following persons?</p> <p>a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?</p> <p>b A family member of a person described in line 11a above?</p> <p>c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</p>
		11b		
		11c		
		1		<p>Did the organization accept a gift or contribution from any of the following persons?</p> <p>a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?</p> <p>b A family member of a person described in line 11a above?</p> <p>c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</p>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
1a	Average monthly value of securities		
1b	Average monthly cash balances		
1c	Fair market value of other non-exempt-use assets		
1d	Total (add lines 1a, 1b, and 1c)		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount; see instructions).		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)		
6	Multiply line 5 by 0.035.		
7	Recoveries of prior-year distributions		
8	Minimum Asset Amount (add line 7 to line 6)		

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

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

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

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

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

- 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 \$
- 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)(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)(v), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (i) \$5,000; or (ii) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Special Rules

- 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.

General 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.

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

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

Section:

Organization type (check one):

Department of the Treasury Internal Revenue Service Schedule B (Form 990)		Schedule of Contributors Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.	
Name of the organization THE HERITAGE LIBRARY FOUNDATION INC		Employer identification number 58-2332014	
OMB No. 1545-0047 2021			

Name of organization

THE HERITAGE LIBRARY FOUNDATION INC

Employer identification number

58-2332014

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 ACCOM TAX ONE TOWN CENTER HILTON HEAD ISLAND SC 29928	\$ 68,889	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PEEPLIES FOUNDATION PO BOX 5950 HILTON HEAD ISLAND SC 29938	\$ 56,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JOSE M GARCIA FOUNDATION 707 EAGLE ROCK AVENUE WEST ORANGE NJ 07052	\$ 15,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ACCELERATE SC 1201 MAIN ST STE 1600 COLUMBIA SC 29201	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BONNIE LOWREY 61 SKULL CREEK DRIVE HILTON HEAD ISLAND SC 29926	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public Inspection

2021

OMB No. 1545-0047

Name of the organization THE HERITAGE LIBRARY FOUNDATION INC Employer identification number 58-2332014

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for aggregate values and total number at end of year.

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, protection of natural habitat, preservation of open space.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

4 Number of states where property subject to conservation easement is located.

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

b Assets included in Form 990, Part X. Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	1c	1d	1e	1f
Beginning balance				
Additions during the year				
Distributions during the year				
Ending balance				

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	34,289	30,512	13,869	17,703	15,000
b Contributions	15,000	16,178			
c Net investment earnings, gains, and losses	2,934	3,777	465	(3,834)	2,703
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	52,223	34,289	30,512	13,869	17,703

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

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

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

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

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

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(i)	X
3a(ii)	X
3b	

Part VI Land, Buildings, and Equipment

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	10,550			10,550
b Buildings				
c Leasehold improvements	23,116		3,853	19,263
d Equipment	124,286		118,088	6,198
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				36,011

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, (2) SPREAD CARDS, and Total. Values shown are 784.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) SECURITY DEPOSIT, (2) LIBRARY COLLECTIONS, and Total. Values shown are 2,581 and 188,081.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) ENDOWMENT FUND SECURITIES and Total. Values shown are 52,223.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (4) AGENCY ACCOUNT, and Total. Values shown are 590.

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information.

5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
c	Add lines 4a and 4b		4c
b	Other (Describe in Part XIII.)	4b	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
3	Subtract line 2e from line 1		3
e	Add lines 2a through 2d		2e
d	Other (Describe in Part XIII.)	2d	
c	Other losses	2c	
b	Prior year adjustments	2b	
a	Donated services and use of facilities	2a	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
1	Total expenses and losses per audited financial statements		1

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
c	Add lines 4a and 4b		4c
b	Other (Describe in Part XIII.)	4b	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
3	Subtract line 2e from line 1		3
e	Add lines 2a through 2d		2e
d	Other (Describe in Part XIII.)	2d	
c	Recoveries of prior year grants	2c	
b	Donated services and use of facilities	2b	
a	Net unrealized gains (losses) on investments	2a	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
1	Total revenue, gains, and other support per audited financial statements		1

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Depreciation and Amortization

OMB No. 1545-0172

2021

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (89)

Name(s) shown on return

THE HERITAGE LIBRARY FOUNDATION

Business or activity to which this form relates

FORM 990 - 1

Identifying number

58-2332014

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		
9	Tentative deduction. Enter the smaller of line 5 or line 8		
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562		
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	4,132
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	5,673
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Return of Organization Exempt From Income Tax

2020

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

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

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

Open to Public Inspection

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: THE HERITAGE LIBRARY FOUNDATION INC. D Employer identification number: 58-2332014. E Telephone number: (843) 686-6560. G Gross receipts: \$ 324,340. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.HERITAGELIB.ORG. K Form of organization: Corporation. L Year of formation: 1997. M State of legal domicile: SC.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission: OPERATE A HISTORY AND GENEALOGY RESEARCH LIBRARY. 2-7. Governance metrics. 8-12. Revenue: 269,163 (Prior) / 302,029 (Current). 13-19. Expenses: 40,417 (Prior) / 45,000 (Current). 20-22. Net Assets or Fund Balances: 335,423 (Prior) / 537,672 (Current).

Part II Signature Block

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

Sign Here: PETER COOPER, Signature of officer, Date: 09/23/2021. PETER COOPER, TREASURER, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: Jennifer R Hall, Preparer's signature: Jennifer R Hall, Date: 09-21-2021, Check self-employed: No, PTIN: P00647809, Firm's name: Jennifer R Hall CPA LLC, Firm's address: 25 Clark Summit Drive Suite 103 Bluffton SC 29910, Firm's EIN: 843-815-3575.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OPERATE A HISTORY AND GENEALOGY RESEARCH LIBRARY

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

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

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

4a (Code:) (Expenses \$ 59,578 including grants of \$) (Revenue \$) MAINTAIN TWO HISTORICAL SITES: (1) FT. MITCHEL, A CIVIL WAR COASTAL DEFENSE BATTERY. (2) ZION CHAPEL OF EASE CEMETERY MAUSOLEUM. OVER 5500 PEOPLE VISITED THE SITES, BOTH OF WHICH WERE PLACED ON THE NATIONAL REGISTER OF HISTORIC PLACES IN 2017.

4b (Code:) (Expenses \$ 49,182 including grants of \$) (Revenue \$ 17,432) EDUCATIONAL PROGRAM EXPENSE: CONDUCTED TOURS OF FT. MITCHEL AND ZION CHAPEL OF EASE CEMETERY MAUSOLEUM AS WELL AS CONDUCTED VARIOUS CLASSES ON GENEALOGY AND LOCAL HISTORY. COLLABORATED ON A THREE DAY CHRISTMAS PROGRAM, INCLUDING A TOUR OF ZION CEMETERY, HOSTED A HALLOWEEN PROGRAM CALLED "GHOSTS AND MYTHS" AND A CHRISTMAS PROGRAM CALLED "COLONIAL CHRISTMAS" AT ZION CEMETERY. HISTORICAL BIKE TOURS WERE CONDUCTED AND A PARTNERSHIP WAS DEVELOPED WITH THE UNIVERSITY OF SOUTH CAROLINA BEAUFORT.

4c (Code:) (Expenses \$ 387 including grants of \$) (Revenue \$ 302,029) MAINTAIN BOOKS, DOCUMENTS, AND DIGITAL COLLECTIONS AND PROVIDE ONLINE ACCESS TO DATABASES FOR PUBLIC RESEARCH. SERVED 5800 RESEARCH PATRONS, PUBLISHED QUARTERLY NEWSLETTERS, PRODUCED HISTORICAL PAPERS FOR MEMBERS AND THE PUBLIC. VOLUNTEERS PROVIDED 8500 HOURS OF SERVICE.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 109,147

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

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

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

Table with 5 columns: Question ID, Question Text, Column 1, Column 2, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> South Carolina
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records -> PETER COOPER (843)686-6560, PO BOX 5950, HILTON HEAD ISLAND, SC 29938-5950

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA CATENACI EXECUTIVE DIRECTOR	40.00	X					45,000	0	0	
(2) BARRETT RIORDAN BOARD MEMBER	3.00	X					0	0	0	
(3) IVA WELTON BOARD MEMBER	5.00	X					0	0	0	
(4) SARAH O'LEARY TAKACS BOARD MEMBER	2.00	X					0	0	0	
(5) HERBERT FORD BOARD MEMBER	1.00	X					0	0	0	
(6) CLAUDIA KENNEDY HEAD LIBRARIAN	2.00	X					0	0	0	
(7) JAMES MACLEOD BOARD MEMBER	1.00	X					0	0	0	
(8) NATHANIEL JONES BOARD MEMBER	1.00	X					0	0	0	
(9) DODI ESCHENBACH BOARD MEMBER	2.00	X					0	0	0	
(10) GREG DELOACH BOARD MEMBER	5.00	X					0	0	0	
(11) JAMES ROBINSON BOARD MEMBER	3.00	X					0	0	0	
(12) PETER COOPER TREASURER	10.00			X			0	0	0	
(13) EZRA CALLAHAN PRESIDENT	15.00			X			0	0	0	
(14) RICHARD THOMAS VICE PRESIDENT	10.00			X			0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LUANA GRAVES SELLARS SECRETARY	2.00			X				0	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							45,000	0	0	0

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	18,390				
	c	Fundraising events	1c	41,567				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	112,353				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	129,719				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f ▶		302,029				
Program Service Revenue			Business Code					
	2a	PUBLISHING REVENUE	511130	2,670	2,670			
	b	LIBRARY SERVICES	519100	1,136	1,136			
	c	EDUCATIONAL PROGRAMS	611710	17,432	17,432			
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f ▶		21,238					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,020	1,020			
	4	Income from investment of tax-exempt bond proceeds . . . ▶						
	5	Royalties ▶		53	53			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
				6b	Less: rental expenses	6b		
				6c	Rental income or (loss)	6c		
				6d	Net rental income or (loss) ▶			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
				7b	Less: cost or other basis and sales expenses	7b		
				7c	Gain or (loss)	7c		
				7d	Net gain or (loss) ▶			
	8a	Gross income from fundraising events (not including \$ <u>41,567</u> of contributions reported on line 1c). See Part IV, line 18	8a					
				8b	Less: direct expenses	8b		
				8c	Net income or (loss) from fundraising events ▶			
	9a	Gross income from gaming activities, See Part IV, line 19	9a					
9b				Less: direct expenses	9b			
9c				Net income or (loss) from gaming activities ▶				
10a	Gross sales of inventory, less returns and allowances	10a						
			10b	Less: cost of goods sold	10b			
			10c	Net income or (loss) from sales of inventory ▶				
Miscellaneous Revenue			Business Code					
	11a							
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d ▶							
12	Total revenue. See instructions ▶		324,340	22,311	0	0		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	45,000		45,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12	Advertising and promotion	54,424			54,424
13	Office expenses	5,524		5,524	
14	Information technology	1,450		1,450	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,039		3,039	
20	Interest	1,082		1,082	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,121		7,121	
23	Insurance	2,508		2,508	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	EDUCATION PROGRAM EXPENSES	49,182	49,182		
b	HISTORIC PRESERVATION	59,578	59,578		
c	BANK & PROCESSING FEES	3,305		3,305	
d	ONLINE RESEARCH SUBSCRIPTION	387	387		
e	All other expenses _____				
25	Total functional expenses. Add lines 1 through 24e. .	232,600	109,147	69,029	54,424
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	63,138	1	264,824
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	300	4	300
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	4,763	8	4,763
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	157,952		
	b	Less: accumulated depreciation	116,268	10c	41,684
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,159	12	1,150
	13	Investments - program-related. See Part IV, line 11	30,512	13	34,289
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	190,666	15	190,662
16	Total assets. Add lines 1 through 15 (must equal line 33)	335,423	16	537,672	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	23,600	24	131,891
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	328	25	
	26	Total liabilities. Add lines 17 through 25	23,928	26	131,891
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	296,495	27	390,781
	28	Net assets with donor restrictions	15,000	28	15,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	311,495	32	405,781
	33	Total liabilities and net assets/fund balances	335,423	33	537,672

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	324,340
2	Total expenses (must equal Part IX, column (A), line 25)	2	232,600
3	Revenue less expenses. Subtract line 2 from line 1	3	91,740
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	311,495
5	Net unrealized gains (losses) on investments	5	2,546
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	405,781

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Employer identification number

THE HERITAGE LIBRARY FOUNDATION INC

58-2332014

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	174,655	184,262	357,464	269,163	302,029	1,287,573
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	27,650	24,474	32,252	37,088	21,296	142,760
3 Gross receipts from activities that are not an unrelated trade or business under section 513.	665					665
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	202,970	208,736	389,716	306,251	323,325	1,430,998
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . .	64,106	31,625	209,238	47,929	112,353	465,251
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	23,862					23,862
c Add lines 7a and 7b	87,968	31,625	209,238	47,929	112,353	489,113
8 Public support. (Subtract line 7c from line 6.)						941,885

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	202,970	208,736	389,716	306,251	323,325	1,430,998
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . .	1,066	1,401	458	954	1,020	4,899
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,066	1,401	458	954	1,020	4,899
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	204,036	210,137	390,174	307,205	324,345	1,435,897
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	65.60 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	65.09 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.00 %

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization THE HERITAGE LIBRARY FOUNDATION INC	Employer identification number 58-2332014
--	---

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

THE HERITAGE LIBRARY FOUNDATION INC

Employer identification number

58-2332014

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 ACCOM TAX ONE TOWN CENTER HILTON HEAD ISLAND SC 29928	\$ 112,353	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COMMUNITY FDN OF THE LOWCOUNTRY 4 NORTHRIDGE DRIVE SUITE A HILTON HEAD ISLAND SC 29926	\$ 21,450	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PEEPLS FOUNDATION PO BOX 5950 HILTON HEAD ISLAND SC 29938	\$ 56,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE CHURCH MOUSE THRIFT SHOP 78 ARROW ROAD HILTON HEAD ISLAND SC 29928	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOSE M GARCIA FOUNDATION 707 EAGLE ROCK AVENUE WEST ORANGE NJ 07052	\$ 15,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization THE HERITAGE LIBRARY FOUNDATION INC Employer identification number 58-2332014

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures, and amounts required to be reported.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	30,512	13,869	17,703	15,000	15,000
b Contributions		16,178			
c Net investment earnings, gains, and losses	3,777	465	(3,834)	2,703	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	34,289	30,512	13,869	17,703	15,000

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,550		10,550
b Buildings				
c Leasehold improvements		23,116	2,312	20,804
d Equipment		124,286	113,956	10,330
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				41,684

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CFL AGENCY ACCOUNT	1,150	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,150	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) ENDOWMENT FUND SECURITIES	34,289	FMV
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	34,289	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	2,581
(2) LIBRARY COLLECTIONS	188,081
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	190,662

Part X Other Liabilities.

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

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

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

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

		(a) Event #1 <u>ANNU APPEAL</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	26,857		26,857
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	26,857		26,857
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				26,857

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

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

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

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

THE HERITAGE LIBRARY FOUNDATION INC

Employer identification number

58-2332014

01. Management duties delegation (Part VI, line 3)

THE BOARD OF DIRECTORS HAS DELEGATED THE DUTIES OF MANAGEMENT OF THE HERITAGE LIBRARY
FOUNDATION TO EXECUTIVE DIRECTOR BARBARA CATENACI AS AN INDEPENDENT CONTRACTOR.

02. Member election for additional members (Part VI, line 7a)

THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERS OF THE ORGANIZATION.

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

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY IN WHICH OFFICERS AND DIRECTORS
ARE REQUIRED TO DISCLOSE INTERESTS THAT GIVE RISE TO CONFLICTS.

04. CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD OF DIRECTORS INTERVIEWED, REVIEWED, AND APPROVED THE COMPENSATION FOR THE
EXECUTIVE DIRECTOR.

05. Governing documents, etc, available to public (Part VI, line 19)

FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment
Sequence No. **179**

Name(s) shown on return THE HERITAGE LIBRARY FOUNDATION	Business or activity to which this form relates FORM 990 - 1	Identifying number 58-2332014
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Part I Election To Expense Certain Property Under Section 179

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

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions		14
15	Property subject to section 168(f)(1) election		15
16	Other depreciation (including ACRS)		16 1,541

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020		17 4,796
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	3,920	5	HY	200 DB	784
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions		22 7,121
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE HERITAGE LIBRARY FOUNDATION INC	Taxpayer identification number (TIN) 58-2332014
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 5950	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HILTON HEAD ISLAND SC 29938-5950	

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

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► **PETER COOPER, PO BOX 5950 HILTON HEAD ISLAND SC 29938-5950**

Telephone No.► **843-686-6560** 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, 20 21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20 20 or
► tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
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.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

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

**IRS e-file Signature Authorization
for an Exempt Organization**

Department of the Treasury
Internal Revenue Service

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

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2020

Name of exempt organization or person subject to tax THE HERITAGE LIBRARY FOUNDATION INC	Taxpayer identification number 58-2332014
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Name and title of officer or person subject to tax

PETER COOPER, TREASURER

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	324,340
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

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

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Jennifer R Hall CPA LLC to enter my PIN 09709 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax ▶ _____ Date ▶ **08-29-2021**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **579710 86753**
Do not enter all zeros

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

ERO's signature ▶ _____ Date ▶ **10-19-2021**

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

For Paperwork Reduction Act Notice, see instructions.

990

Overflow Statement

2020
Page 1

Name(s) as shown on return

FEIN

THE HERITAGE LIBRARY FOUNDATION INC

58-2332014

<u>Description</u>	<u>Amount</u>
FOUNDATIONS/TRUSTS	\$ 118,719
BARGAIN BOX	1,000
CFL	10,000
Total:	\$ 129,719

<u>Description</u>	<u>Amount</u>
ANNUAL MEETING	\$ 1,132
MEETINGS AND EVENTS	675
VOLUNTEER APPRECIATION	1,232
Total:	\$ 3,039

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Management & General
For your records only

2020

PAGE 1

Name(s) as shown on return

Social security number/EIN

THE HERITAGE LIBRARY FOUNDATION INC

58-2332014

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	FIXED ASSETS	01012010	105,378		100.00			105,378	5		0	105,378		105,378	
1	LAND	01012010	10,050		100.00				0	NDA					
2	SERVER	09162019	14,988		100.00			14,988	5	200 DB HY	32	2,998	4,796	7,794	4,796
3	LEASEHOLD IMPROVEMENT	01012019	23,116		100.00			23,116	15	SL HY	6.667	771	1,541	2,312	1,541
4	COMPUTER	02112020	3,920		100.00			3,920	5	200 DB HY	20		784	784	784
Totals			157,452					147,402				109,147	7,121	116,268	7,121

Land Amount 10,050
Net Depreciable Cost 147,402

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

7,121

ST ADJ:

Next Year's Depreciation Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

THE HERITAGE LIBRARY FOUNDATION INC

58-2332014

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	FIXED ASSETS	01-01-2010	105,378	M	5	
MGT	1	SERVER	09-16-2019	14,988	M	5	2,878
MGT	1	LEASEHOLD IMPROVEMENTS	01-01-2019	23,116	SL	15	1,541
MGT	1	COMPUTER	02-11-2020	3,920	M	5	1,254
		TOTAL					5,673



E.I.N. 58-2332014

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Vice President
Sarah Takacs
Secretary
Luana Graves Sellars
Treasurer
Peter Cooper

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Laurette Doscher Benfante
Nathaniel Jones
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Sarah Takacs

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James Robinson
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Board of Directors
Resolution: 2024 Accommodations Tax Application: Approval to Submit
July 27, 2023

Members Present: Ezra Callahan, Peter Cooper, Sarah Takacs, Greg DeLoach, Laurette Doscher-Benfante, Galen Miller, James MacLeod, James Robinson, Herbert Ford, Richard Dekker

Members Absent: Luana Graves Sellars, Lydia Inglett, Nathaniel Jones, Thomas Kraft, Eric Washington

Resolved: The Heritage Library Foundation, Inc. will submit an application for Accommodations Tax Funding through the Town of Hilton Head Island. Total amount of the request will be \$135,000 for the promotion of classes, tours, forums, programs, historic sites, ancestry research, and events and the maintenance and preservation of Zion Chapel of Ease Cemetery and Fort Mitchel historic sites.

Voting in favor: Callahan, Cooper, Takacs, DeLoach, Doscher-Benfante, Miller, MacLeod, Robinson, Ford, Dekker

Voting in favor by proxy: Kraft, Graves Sellars

Voting in opposition: None

Voting in opposition by proxy: None

July 28, 2023

Ezra Callahan, President

July 28, 2023

Luana Graves Sellars, Secretary

The Heritage Library Foundation
 2023 Application: Effectiveness Measurement

TOPIC	PLAN	BUDGET	ACTUAL	RESULTS
Tourism Related Facilities	Maintain and improve historic sites in a manner that will attract visitors, provide a safe and enjoyable experience, grow the Library's tour Program and enhance Hilton Head Island's image as a premiere destination.	\$18,000.00	\$5,203.00	Maintenance of our sites is ongoing and done by professional, local landscape companies. Tree inspections, trimming, treatments and removals are done regularly. In addition, the sites are decorated for events and holidays. The majority of the work will be done in the last quarter due to tour and event scheduling. We expect to use the full amount allocated by the end of the year.
		\$18,000.00	\$5,203.00	
TOPIC	PLAN	BUDGET	ACTUAL	RESULTS
Tourism Advertising & Promotion	Inform tourists and visitors of library classes, events, tours and programs through print media, television, radio, video and social media. Build partnerships that expand outreach and increase visitor and tourist participation and promote Hilton Head Island as a premiere destination.	\$100,000.00	\$45,893.00	We estimate the following effectiveness of current marketing efforts: Print Marketing is reaching approximately 6.5 million people - an increase of 900,000 over last year. This is due in part to our partnership with South Carolina Living Magazine. We produced 28,000 pieces of print collateral and distributed over various markets. We delivered 1.62 million emails (a 480,000 increase) with a 57% average engagement (up 3% over last year). We utilized 600 15 second radio ads (+350) for tours, classes, and events. We increased local TV for promotion with spots on WHHI, WTOG, WSAV and WJCL resulting in 286 TV spots with an average viewer audience of 100,000 per segment. We also utilize Facebook (our own page and that of partners), our website, Culture HHI website, and partner websites. Our social media numbers with the "Our Storied Island" videos and "The Name Project" produced a reach of 12.7 million people. The full video of "The Name Project" will be shown at up to 2 film festivals this year and next. The VCB website has generated 28,000 views for the Library website. Our own website generates approximately 45,000 views per month. Over 60% of our website views are from visitors outside of 50 miles. We experienced 6,446, clicks to Eventbrite. Marketing (print, social, TV, & radio) for upcoming events will utilize a large part of our allocated funding. This includes - Ghosts & Myths and Historic Holidays on Hilton Head Island (October and November event dates). We participated in and promoted 12 partner events. We created QR code content with local schools. We will schedule the next series of Our Storied Island videos by November. And will add a 2 nd video in The Name Project series. We are participating in and marketing the Town's 360/40 celebration. Finally, we continue to add interpretive signs at our historic sites. This will round out a total spend in this category of \$100,000.
		\$100,000.00	\$45,893.00	

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

DEPARTMENT OF THE TREASURY

Date: **FEB 27 2002**

HERITAGE LIBRARY FOUNDATION INC
32 OFFICE PARK RD STE 300
HILTON HEAD ISLAND, SC 29928-0000

Employer Identification Number:
58-2332014
DLN:
17053033772002
Contact Person:
FRANCIS E BERNHARDT ID# 31258
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
FEBRUARY 1998
Addendum Applies:
NO

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)