2023

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 \$118,000 in funding for 2023. This is a small decrease in total funds requested in 2022. The Library has been reviewing and updating our Strategic Plan and will refocus some incomes, adjust programming and create a long-range plan for our historic sites once the new strategic plan is confirmed (January 2023). The Library will not be making improvements to the sites (the exceptions being marketing and maintenance) until the long-range plan is completed. We are requesting an increase in marketing funding because the work that we have done in marketing is paying off including increasing our outreach and number of visitors.

The Library regularly collborates with many partners and partner organizations in many different ways. 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. As I finish this application, I am waiting for a visit from a travel blogger and video producer working on a project that is designed to engage the late teen to early 20's group in cultural tourism.

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. We are building a partner page on our website. Zion Cemetery was added to the South Carolina Liberty Trail last year and this year the Library is listed on the state's website for the 250th anniversary of the American Revolution (https://www.southcarolina250.com/genealogy/) . In turn, we will link the SC 250th Commission on our partner page. 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 informed and can participate.

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 - get in the elevator and learn something about Hilton Head's history or visit the concierge and get connected to our programs and sites.

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 environment. 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 many ways in between. Our success grows because we work with others to collaborate, communicate, cooperate and coordinate.

2023

Accommodations Tax Funds Request Application

Date Received: 09/01/2022	Time Received: 12:12 PM	A By: Online Submittal						
Applications will not be accepted if submitted after 4 pm on September 2, 2022								
A. SUMMARY OF GRANT RE	QUEST:							
ORGANIZATION NAME:	The Heritage Library I	oundation						
Project/Event Name: AT	AX Application Heritag	e Library						
Contact Name: Barbara Ca	tenaci Title:	Executive Director						
Address: 2 Corpus Christi, 29938	Suite 100, PO Box 5950	, Hilton Head Island, SC						
Email Address: director@he	eritagelib.org Contac	Phone: 843-686-6560						
Event Date: Ongoing	Event L	ocation: Various Locations						
Total Budget: \$316,100.00) Grant	Requested: \$118,000.00						

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

Total request - \$118,000 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 storms, and tree work as needed including tree trimming, treatment and removal. \$100,00000 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, interepretive signage, 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, rack card distribution, 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, contracted tour numbers, people counters, Google analytics, and social media.

- A. Total Number of Physical Tourists Served: 7,561 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: 1,113 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: 2,253 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): 10,927

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

The numbers provided above are full year ending July 31, 2022. 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 QR code clicks and categorized the remaining number based on percentages of registered visitors (tourist, visitor and resident). 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 addtional people from out of town and we cannot capture that number. We count what we can count. In addition to physical visits and participation we also are conducting on-line programming. We look at website, social media clicks, tags and posts and video views to gain insight into virtual visitors but they are not counted in the numbers presented above. Our Storied Island videos have received more than 500,000 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, maintains 6,000 books, periodicals, vertical files, CDs, DVDs,

microfilm, local research and exhibits. We present 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 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 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 five year strategic plan and will be conducting long-range planning for both historic sites. That planning will look a both income and cost based on site plans.

General Promotion: \$100,000: We will continue to add interpretive signs at the historic sites, produce print collateral, TV and radio advertising, social media messaging, and print adverstising. The website will continue to be updated and upgraded. 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 drive

visitors to our island and enhance their experience while they are here. We will work to continue with what has worked based on our numbers and create new to drive up numbers.

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 in funding means cuts in programming, marketing and site maintenance and improvements. We base our request on marketing needed to do programs, classes, events, tours and services for the coming year as well as maintenance needed at our sites. If funding is reduced, then we have to re-examine scheduled programming, outreach and maintenance schedules and make any necessary adjustments.

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 and expect that to continue over the next few years. We utilize our partner relationships to add marketing impact and grow our marketing reach. 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 significantly to that impact.

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

1 - Destination Advertising/Promotion Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.	85	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	0	%
3 - Tourism-Related Facilities Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.	15	%
4 - Tourism-Related Public Services The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.	0	%
5 - Tourist Public Transportation Tourist shuttle transportation.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
7 - Operation of Visitor Information Centers Operating visitor information centers.	0	%
Total:	100	%

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

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. Historic Holidays on Hilton Head Island will feature local artists and authors this year as well as providing a spotlight on our local history organizations.

B. Heritage Library is the Island's ancestry and history research and communication center. 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 sights 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. This past 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 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), loans (SBA EIDL) and grants. Government support is up due to COVID funding through the SBA EIDL program (a loan reported as an expense).

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

Government Sources	Private Contributions, Donations 38 and Grants
Corporate Support, 3 Sponsors	Membership, Dues, 9 Subscriptions
Ticket Sales, or Sales 4 and Services	4 Other

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

Yes ____ No <u>X</u>

If so, please list top 3 sources and amounts.

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Years Provided:

2023

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

Profit and Loss Years Provided:

2020 2021 2022

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

Balance Sheet Years Provided:

2020 2021 2022

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

IRS Form 990 or 990T Years Provided:

2019

2020

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

F. MEASURING EFFECTIVENESS:

If you received 2021 or 2022 HHI ATAX funds

- 1. List any ATAX award amounts received in 2021 and/or 2022.
 - 2019 \$55,000.00 Zion History Park
 - 2019 \$58,000.00 Heritage Library
 - 2019 \$6,946.00 History Day
 - 2020 \$65,000.00 Tourism Advertising/Promotion
 - 2020 \$50,000.00 Tourism Related Facilities
 - 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

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

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 (April - October and including Ghosts) & Myths and Historic Holidays on Hilton Head Island events) and Christmas decorations at sites. The sites have been kept clean, safe and inviting for visitors and groups. Marketing and Promotion: Additional series of "Our Storied Island" videos, print marketing, social media, website enhancements and maintenance including a partner page, 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 through classes, events, programs, tours and library visitors.

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 - 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 and our repeat customer rate is running steady at 65-70%. What we can't always measure is the exact number of vistors or tourists. Example -Mr. and Mrs. Smith live here and 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.

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:

Home Phone Number: 842-422-2171

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.	\$25,000.00	\$6,165.00	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.
		\$25,000.00	\$6,165.00	
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.	\$95,000.00	\$33,736.00	We estimate the following effectiveness of current marketing efforts: Print Marketing is reaching approximately 5.6 million people - an increase of 1 million over last year. This is due in part to our partnership with South Carolina Living Magazine. We produced 22,550 pieces of print collateral and distributed over various markets. We delivered 1.14 million emails (a 700,000 increase due in part to South Carolina Living Magazine and adding in FITS news). We utilized 600 15 second radio ads (+350) for tours, classes, and events. We increased local TV for promotion with spots on WHHI, WTOC, WSAV and WJCL resulting in 213 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 produced a reach of 10.7 million people. The VCB website has generated over 23,000 views for the Library website. Our own website generates approximately 45,000 views per month. Over 60% of our website is from visitors outside of 50 miles. We experienced 6,142 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. In addition, we are releasing the new additions to our video series in October, redesigning the partner page on our website, participating in Fish & Grits and working with other historic sites to create print and QR code messaging that creates a history trail on Hilton Head Island. We are working with local schools on the creation of QR code content. We will schedule the next series of Our Storied Island videos by November. Finally, we are in the design stage of interpretive signs for our historic sites. This will round out a total spend in this category of \$95,000.
		\$95,000.00	\$33,736.00	

"Individually we are one drop; but together we are an ocean."

– Ryunosoke Saturo

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

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

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

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

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



Heritage Library Foundation Board of Directors Meeting Minutes July 21, 2022

Meeting - Island Rec Center Community Room & ZOOM

Board Members Present: Ezra Callahan, Peter Cooper, Herb Ford, Barry Riordan, Jim Macleod, Dodi Eschenbach, Greg DeLoach, Nathaniel Jones, Luana Graves Sellars, Sarah Takacs, Iva Welton, Eric Washington and Laurette Doscher-Benfante.

Board Members Absent: Jim Robinson and Claudia Kennedy.

Meeting was called to order by Ezra Callahan at 2:02 pm with a quorum present.

The minutes from the previous meeting (July 2022) were approved.

Partner Update: Ahmad Ward, Executive Director, Historic Mitchelville Freedom Park provided an update on what was currently planned for the organization and answered questions from the Board. Mr. Ward reminded us of the upcoming October forum.

Treasurer's Report: Peter Cooper presented the Treasurer's Report (a written copy was received by Board members prior to the meeting). The Board voted to accept the report as presented. A copy is on file at the Library office. Nathaniel Jones reported that he will meet with the Peeples Family Foundation in August and will then provide us with an update on the funding that will be received this year.

Executive Director's Report: Provided in advance of the meeting.

New Business:

ATAX Application: The Board of Directors voted to approve applying for funds this coming year and directed Barbara to complete and submit the application.

Fish & Grits: the Library will get a table at the event and individual Board members will provide funding for "sponsorship" based on their determined involvement.

Portrait Donation: Iva discussed accepting a donation of Dr. Kirk that hung in the Rose Hill House and will provide Barbara with additional information.

The meeting was adjourned at 2:45 p.m.



E.I.N. 58-2332014

OFFICERS

President Ezra Callahan

Vice President Richard Thomas

Secretary Luana Graves Sellars

Treasurer Peter Cooper

BOARD OF DIRECTORS

Class of 2020

Peter Cooper Herbert Ford James Robinson Luana Graves Sellars Iva Roberts Welton

Class of 2021 Greg DeLoach Dodi Eschenbach Sarah Takacs

Class of 2022

Ezra "Cal" Callahan Nathaniel Jones Claudia Kennedy James MacLeod Barrett Riordan Richard Thomas

Executive Director Barbara Catenaci

BOARD OF ADVISORS

Bill Altstaetter Dr. Emory Campbell Earl S. Cooler Ed Dowaschinski Norman Harberger Natalie Hefter Dr. J. Brent Morris Gail Quick Dr. Larry Rowland Board of Directors Meeting July 21, 2022

Call to Order: Ezra Callahan

In Attendance: Ezra Callahan, Peter Cooper, Luana Graves Sellers, Greg DeLoach, Dodi Eschenbach, Sarah Takacs, Nathaniel Jones, James MacLeod, Barrett Riordan, Herbert Ford, Eric Washington, Laurette Doscher-Benfante, and Iva Welton. **Absent:** James Robinson and Claudia Kennedy

Resolved: The Heritage Library's 2023 proposed Accommodations Tax application be voted on for approval. The total amount of the request is \$118,000 for marketing of Library classes, tours, programs, special events and partner and collaborative programs, facilities maintenance, site enhancement and continued improvements to the website, and additional QR code projects.

Voting in favor: Callahan, Washington, Cooper, Sellers, DeLoach, Eschenbach, Takacs, Jones, Doscher-Benfante, MacLeod, Riordan, Ford, Welton **Not voting:** Robinson and Kennedy (absent) **Voting in opposition: None**

The 2023 ATAX application for marketing and site maintenance, preservation and improvement as presented at this meeting is hereby approved by vote of a quorum of the Board of Directors.

July 21, 2022

Ezra Callahan, President

July 21, 2022 Sellars, Seci

Heritage Library Budget

Income	2022	2023	2024
Unrestricted			
Individual Donations	5,000	6,000	6,000
Business Donations	3,000	3,200	3,000
Birdies for Charity	2,900	2,900	3,000
Champions for Charity	1,000	1,000	1,000
Classes, Program & 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			
Peeples Foundation	63,000	64,000	65,000
Garcia Family Foundation	5,000	5,000	5,000
Government - Restricted			
ATAX	120,000	118,000	125,000
Other Income			
Gifts In-kind	500	500	500
Miscellaneous	600	600	600
Carryover	39,000	46,600	23,650
Total Income	306,000	316,100	318,250

Expenses	2022	2023	2024
General Program Expense			
Classes, Programs & Tours	9,000	10,000	11,000
Special Programs & Events	11,000	11,000	11,000
Ft. Mitchel Repair, Maintenance & Improvements	12,500	9,000	12,000
Zion Repair, Maintenance & Improvements	12,500	9,000	12,000
Heirs Property Office	500	500	500
Volunteer Appreciation	2,000	2,500	2,500
Equipment Purchases	1,500	1,000	1,000
Equipment Maintenance	4,200	4,200	4,200
Telephone & Internet	5,000	5,000	5,000
Utilities	4,000	4,000	4,200
Marketing/Advertising	102,000	100,000	100,000
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	3,000
Travel	200	200	200
Library & OnLine Research	9,000	9,000	9,000
Janitorial Services	4,200	4,200	4,200
Website	4,800	4,800	4,800
Storage	3,500	4,000	4,200
Miscellaneous	1,000	1,000	1,000
Newsletter	2,400	2,400	2,400
History Park Planning		12,000	1,000
Professional & Financial Services			
Contracts	45,000	48,000	50,000
Bank Charges	1,000	1,000	1,200
Non-Bank Finance Charges (SBA)	9,600	9,600	12,000

Total Expenses	306,000	316,100	318,250
Legal Fees	1,000	1,000	1,000
Accounting Fees	800	1,500	1,500
Credit Card Processing Fees	2,800	2,800	3,000
Insurance Property & Liability	4,500	4,500	4,800
Insurance D&O	1,500	1,500	1,500

Revised 8/1/21 due to COVID-19 & unscheduled Ft. Mitchel Expenses

Heritage Library Foundation, Inc.

Balance Sheet Comparison

As of June 30, 2022

	TOTAL	
	AS OF JUN 30, 2022	AS OF JUN 30, 2021 (PP)
ASSETS		
Current Assets		
Bank Accounts		
Cash in Banks	258,394.82	264,936.53
Cash Register	150.00	150.00
Merchant Services	0.00	0.00
Total Bank Accounts	\$258,544.82	\$265,086.53
Accounts Receivable		
Accounts Receivable (A/R)	300.00	300.00
Total Accounts Receivable	\$300.00	\$300.00
Other Current Assets		
Book Store Inventory	4,843.22	4,763.22
Deferred Leasehold Improvements	0.00	0.00
Trade Accounts Receivable	0.00	0.00
Undeposited Funds	600.00	329.38
Total Other Current Assets	\$5,443.22	\$5,092.60
Total Current Assets	\$264,288.04	\$270,479.13
Fixed Assets		
Accumulated Depreciation	-116,268.00	-116,268.00
Furniture & Fixtures	130,139.46	124,294.32
Library Collections	188,080.88	188,080.88
Real Estate	33,666.00	33,666.00
Total Fixed Assets	\$235,618.34	\$229,773.20
Other Assets		
CFL Agency Account	589.92	1,149.55
Endowment Fund Securities - WFA	52,222.78	49,288.78
Security Deposit	2,581.00	2,581.00
Total Other Assets	\$55,393.70	\$53,019.33
TOTAL ASSETS	\$555,300.08	\$553,271.66

Heritage Library Foundation, Inc.

Balance Sheet Comparison

As of June 30, 2022

	TOTAL	
	AS OF JUN 30, 2022	AS OF JUN 30, 2021 (PP)
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Accounts Payable (A/P)	240.32	240.32
Total Accounts Payable	\$240.32	\$240.32
Credit Cards		
Pinnacle Bank CC	-5,110.60	1,448.06
South State Credit Card	0.00	0.00
Total Credit Cards	\$ -5,110.60	\$1,448.06
Other Current Liabilities		
Loans from Officers & Trustees	0.00	0.00
Pinnacle Line of Credit	0.00	0.00
Total Other Current Liabilities	\$0.00	\$0.00
Total Current Liabilities	\$ -4,870.28	\$1,688.38
Long-Term Liabilities		
SBA Loan - EIDL	108,438.00	108,438.00
Small Business Administration Loan	22,888.25	22,888.25
Total Long-Term Liabilities	\$131,326.25	\$131,326.25
Total Liabilities	\$126,455.97	\$133,014.63
Equity		
Opening Balance Equity	0.00	0.00
Permanently Restricted Net Asset	15,000.00	15,000.00
Retained Earnings	407,469.94	401,705.03
Temporary Restricted Net Asset	3,552.00	3,552.00
Net Income	2,822.17	
Total Equity	\$428,844.11	\$420,257.03
TOTAL LIABILITIES AND EQUITY	\$555,300.08	\$553,271.66

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

		Total As of Dec 31, 2020					
	As of	Dec 31, 2021	AS OT	(PY)		Change	
ASSETS				()		ge	
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

Heritage Library Foundation, Inc. Balance Sheet Comparison As of December 31, 2020

	Total				
	As of	Dec 31, 2020	As of Dec	: 31, 2019 (PP)	
ASSETS					
Current Assets					
Bank Accounts					
Cash in Banks		264,653.89		62,988.43	
Cash Register		150.00		150.00	
Merchant Services		0.00		0.00	
Total Bank Accounts	\$	264,803.89	\$	63,138.43	
Accounts Receivable					
Accounts Receivable (A/R)		300.00		300.00	
Total Accounts Receivable	\$	300.00	\$	300.00	
Other Current Assets					
Book Store Inventory		4,763.22		4,763.22	
Deferred Leasehold Improvements		0.00		0.00	
Trade Accounts Receivable		0.00		0.00	
Undeposited Funds		20.38		0.00	
Total Other Current Assets	\$	4,783.60	\$	4,763.22	
Total Current Assets	\$	269,887.49	\$	68,201.65	
Fixed Assets					
Furniture & Fixtures		15,147.32		11,227.32	
Library Collections		188,080.88		188,084.87	
Real Estate		33,666.00		33,666.00	
Total Fixed Assets	\$	236,894.20	\$	232,978.19	
Other Assets					
CFL Agency Account		1,149.55		1,159.00	
Endowment Fund Securities - WFA		34,288.78		30,512.00	
Security Deposit		2,581.00		2,581.00	
Total Other Assets	\$	38,019.33	\$	34,252.00	
TOTAL ASSETS	\$	544,801.02	\$	335,431.84	
LIABILITIES AND EQUITY					
Liabilities					
Current Liabilities					
Accounts Payable					
Accounts Payable (A/P)		240.32		240.32	
Total Accounts Payable	\$	240.32	\$	240.32	
Credit Cards					
Pinnacle Bank CC		0.00		662.67	
South State Credit Card		0.00		184.52	
Total Credit Cards	\$	0.00	\$	847.19	
Other Current Liabilities					
Loans from Officers & Trustees		0.00		0.00	

Pinnacle Line of Credit	0.00	0.00
Total Other Current Liabilities	\$ 0.00	\$ 0.00
Total Current Liabilities	\$ 240.32	\$ 1,087.51
Long-Term Liabilities		
SBA Loan - EIDL	108,900.00	
Small Business Administration Loan	22,450.49	23,600.23
Total Long-Term Liabilities	\$ 131,350.49	\$ 23,600.23
Total Liabilities	\$ 131,590.81	\$ 24,687.74
Equity		
Opening Balance Equity	0.00	0.00
Permanently Restricted Net Asset	15,000.00	15,000.00
Retained Earnings	292,192.10	223,244.98
Temporary Restricted Net Asset	3,552.00	3,552.00
Net Income	102,466.11	68,947.12
Total Equity	\$ 413,210.21	\$ 310,744.10
TOTAL LIABILITIES AND EQUITY	\$ 544,801.02	\$ 335,431.84

Tuesday, Jan 19, 2021 12:53:39 PM GMT-8 - Accrual Basis

Heritage Library Foundation, Inc.

Profit and Loss Comparison

January - June, 2022

	TOTAL	
	JAN - JUN, 2022	JAN - JUN, 2021 (PP)
Income		
Contributed Support	156,140.68	109,069.80
Earned Revenues	5,819.49	6,823.70
PayPal Sales		15.00
Total Income	\$161,960.17	\$115,908.50
GROSS PROFIT	\$161,960.17	\$115,908.50
Expenses		
Ask My Accountant		135.00
G&A Expense	67,822.94	54,839.52
General Program Expenses	82,090.80	32,942.40
Program Specific Expenses	9,224.26	13,283.00
Total Expenses	\$159,138.00	\$101,199.92
NET OPERATING INCOME	\$2,822.17	\$14,708.58
NET INCOME	\$2,822.17	\$14,708.58

Heritage Library Foundation, Inc. Profit and Loss Comparison

January - December 2021

				Total		
	Jan - Dec 2021			n - Dec 2020 (PY)		Change
Income						
Contributed Support		291,251.16		302,029.07		-10,777.91
Earned Revenues		8,238.86		25,374.39		-17,135.53
PayPal Sales		15.00		0.00		15.00
Total Income	\$	299,505.02	\$	327,403.46	-\$	27,898.44
Gross Profit	\$	299,505.02	\$	327,403.46	-\$	27,898.44
Expenses						
Ask My Accountant		135.00				135.00
G&A Expense		154,823.21		116,477.72		38,345.49
General Program Expenses		113,173.14		68,819.45		44,353.69
Program Specific Expenses		22,559.73		47,301.94		-24,742.21
Total Expenses	\$	290,691.08	\$	232,599.11	\$	58,091.97
Net Operating Income	\$	8,813.94	\$	94,804.35	-\$	85,990.41
Net Income	\$	8,813.94	\$	94,804.35	-\$	85,990.41

Contributed Support

High both years because of grants

Earned Revenues

Classes and Events in early 2020

G&A

Advertising higher in 2021

General Program

Ft. Mitchel/Zion expenses to be reimbursed Technology Work/Installation

Program Specific

More Mausoleum Work in 2020

Net Income

Would have been higher in 202 with ATAX reimbursements for Zion/Ft. Mitchel and advertising

Heritage Library Foundation, Inc. Profit and Loss

January - December 2020

	Tot	tal	
	 Jan - Dec 2020	Jan -	Dec 2019 (PY)
Income			
Contributed Support	301,230.17		269,163.25
Earned Revenues	20,728.76		40,406.95
PayPal Sales	592.00		
Total Income	\$ 322,550.93	\$	309,570.20
Gross Profit	\$ 322,550.93	\$	309,570.20
Expenses			
G&A Expense	107,740.21		125,608.58
General Program Expenses	69,206.36		87,294.09
Program Specific Expenses	46,915.03		27,720.41
Total Expenses	\$ 223,861.60	\$	240,623.08
Net Operating Income	\$ 98,689.33	\$	68,947.12
Net Income	\$ 98,689.33	\$	68,947.12

Contributed Support

Mainly ATAX grant to pay for 2019 Zion fencing. Additional grants.

Earned Revenue

Fewer tours, lectures, events

G&A Expenses

No History Day, lower insurance, processing fees, volunteer lunch. Depreciation not figured yet

General Program Expenses

Fewer services. Library Closed

Program Specific

Zion Fencing paid in 2020

Form 8879-TE			x Exempt	Entity		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		2021, or fiscal year beginnin Do not send to	the IRS. Keep fo	•	, 20	2021
Name of filer		► Go to www.irs.gov/Fo	moory i z for the	alest momation.	EIN or SSN	
THE HERITAGE LIB	DARY FORMAS	TON THE			58-2332014	
Name and title of officer or p					00-20024	- · · · · · · · · · · · · · · · · · · ·
PETER COOPER. TR	EASURER					
Part I Type of	Return and Return	eturn Information				
CP and Form 5330 filers r 5a, 6a, 7a, 8a, 9a, or 10a	may enter dollars an below, and the amo , whichever is applie	e using this Form 8879-TE id cents. For all other forms, punt on that line for the return cable, blank (do not enter -0- than one line in Part I.	enter whole dollars being filed with thi	only. If you check the s form was blank, the	a box on line 1a, 2a, 3a n leave line 1b, 2b, 3b	a, 4a,
1a Form 990 check	here 🕨	x b Total revenue, if a	ny (Form 990, Parl	VIII, column (A), line	12) 1	b <u>319,300</u>
2a Form 990-EZ ch	eckhere 🕠 🕨 [ine 9)		b
3a Form 1120-POL	check here , 🕨 🛽	b Total tax (Form 11)	20-POL, line 22)		3	b
4a Form 990-PF ch	eckhere · ·≻ [line 5) • • • • • 4	
5a Form 8868 chec					5	
6a Form 990-T che					6	
7a Form 4720 chec					7.	
8a Form 5227 chec					8	
9a Form 5330 check 10a Form 8038-CP c	2				••••••••••••••••••••••••••••••••••••••	
		ature Authorization				0
Under penalties of perjury		I am an officer of the a	the second s			ect lo (name
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intermediate service provid acknowledgement of recei- the date of any refund. If a (direct debit) entry to the f return, and the financial in 1-888-353-4537 no later ti processing of the electron	der, transmitter, or e ipt or reason for reje- applicable, I authoriz inancial institution a istitution to debit the han 2 business day hic payment of taxes ted a personal ident	Part I above is the amount dectronic return originator (El ction of the transmission, (b) ze the U.S. Treasury and its account indicated in the tax a entry to this account. To re rs prior to the payment (settl a to receive confidential info lification number (PIN) as m	RO) to send the re the reason for an designated Finan preparation softwa voke a payment, I ement) date. I also mation necessary	turn to the IRS and to y delay in processing in cial Agent to initiate and the for payment of the must contact the U.S of authorize the financi to answer inquiries and	receive from the IRS the return or refund, at n electronic funds with federal taxes owed on Treasury Financial A al institutions involved nd resolve issues rela	(a) an nd (c) ndrawal this gent at in the led to
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am submitting this return in Providers for Business Re	n accordance with t sturns.	N, which is my signature on he requirements of Pub. 41 6				
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		- 1			_			-		OMB No. 1545-0047
Form	99	0		of Organizatio						2021
			Under section 501(c),	527, or 4947(a)(1) of the	e internal Reve	nue Code (ex	cept pri	vate foui	ndations)	
Decartm	ant of th	e Treasury		ter social security num						Open to Public
Internal I	Revenue	Service		ww.irs.gov/Form990 to	or Instructions	and the latest	Informa	ition.		inspection , 20
A Fo	r the	2021 calenda	r year, or tax year begin				and end	ing		
B Ch	eck il ap	plicable:	C Name of organizationTH	<u>e heritage libr</u>	ARY FOUNDA	TION INC			D Emplo	yer identification number
Ad Ad	dress ct	lange	Doing business as							58-2332014
Na Na	mê chai	nge	Number and street (or P.	O, box if mail is not delivered to	street address)		Room/su	ite	E leteph	one number
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			e the organization's mass	off of these alguments as		1911 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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Activities			of individuals employed in						5	0
itivi			of volunteers (estimate if r						6	100
Ac			d business revenue from F						7a	0
	h	Net unrelated	business taxable income	from Form 990-T. Part I.	line 11				7b	0
		riet unibilitiou						Prior Ye		Current Year
	8	Contributions	and grants (Part VIII, line	1h)			•	3	02,029	300,060
9			ice revenue (Part VIII, line						21,238	16,261
eur			come (Part VIII, column (A				•		1,020	2,934
Revenue	11	Other revenue	e (Part VIII, column (A), lin	nes 5, 6d, 8c, 9c, 10c, an	id 11e) • • •				53	45
inter .	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, colu	umn (A), line 12)			3;	24,340	319,300
			milar amounts paid (Part I							0
	14		to or for members (Part I)				•			0_
	15		r compensation, employee						45,000	45,000
Expenses	16a		undraising fees (Part IX, o				•			0
Sen	b	Total fundrais	ing expenses (Part IX, col	umn (D), line 25) 🛛 🕨 🔄		124,331	2201	1. 224		
Ä	17	Other expens	es (Part IX, column (A), lii	nes 11a-11d, 11f-24e)			•	1	87,600	259,502
	18	Total expense	s. Add lines 13-17 (must	equal Part IX, column (A	N), line 25) 🔹 +		•	2	32,600	304,502
	19	Revenue less	expenses. Subtract line	18 from line 12					<u>91,740</u>	14,798
58							Beg	inning of C	urrent Year	End of Year
	20	Total assets (Part X, line 16)				•	5	<u>37,672</u>	552,691
Net Assets or Fund Batances	21						•		<u>31,891</u>	132,110
Fundar 1	22		fund balances. Subtract	line 21 from line 20 🔒			•	<u> </u>	05,781_	420,581
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(202)	066 WJO_		V
	51	domestic government on Part IX, column (A), fine 1? # "Yes," complete Schedule I, Parts I and II	
		Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	
	50P	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	q
	208	Did the organization operate one or more hospital lacitities? If "Yea;" complete Schedule H eluberto Schedule H	
: -	61	الا "Yes," complete Schedule G, Part III	
		Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	(
-	X 81	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	
		Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	
	21	Part IX, column (A), lines 6 and 1 a 1 a 1 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a	
		Did the organization report a total of more than \$12,000 of expenses for professional fundraising services on	
	91	VI bra III strad , - Holder Schedule F, Parts III and IV or for eight or for eight individuals ", sey" II : Staubribhi ngieron or eonstatese	
		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1
+	12	for any foreign organizations? If she is Schedule F, Parts II and IV	
		Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	
	140	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	
		fundraising, business, investment, and program service activities outside the United States, or aggregate	
		Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	q
	BÅľ	Did the organization maintain an office, employees, or agents outside of the United States?	
+	13	ise of the organization a school of the organization a school of the organization a school of the organization and the organization an	
-	159	**************************************	
	101	Was the organization included in consolidated, independent audited tinancial statements for the tax year? If	q
-	821	Schedule D, Parts XI and XI	
	-01	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1
_ _	111	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	
		Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1
	K OLL	Did the organization report an amount for other liabilities in Part X, line 257 // "Yes," complete Schedule D, Part X	
	K PLL	reported in Part X, line 167 // "Yes," complete Schedule D, Part IX	
		Did the organization report an amount for other assats in Part X, line 15, that is 5% or more of its total assats	D
· · -	K DIT	oł its totał assets reported in Pari X, line 16? // "Yes," complete Schedule D, Pari VIII	
		Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	Э
-	911	of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VII	
	-144	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	a
\rightarrow	C BLL	complete Schedule D, Part VI	
-		Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	B
3 102	121 0358	VII, VII, IX, or X as applicable.	1911
		If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	
	< 01	or in quasi endowments? If "Yes," complete Schedule D, Part V	
		Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	
+	6	debi negoliation services? If "Yes," complete Schedule D, Part IV	
		custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	
		Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	
	(8	complete Schedule D, Part N, Iroo 31, for operation of emperial appendix inchained and ar a	
1		Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	
		The environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	i
	2	Did the organization receive or hold a conservation essement, including essements to preserve open space,	
+-,	<u> </u>		
11	(9	"Yes," complete Schedule D, Part I	

x	1	61	II The G. Belle Schedule G. Part III the G. Part and the second s	
			Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	61
	X	18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	
			Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	81
X		21	Part IX, column (A), lines 6 and 1197 11 "Yes?" Nes? " Yes?" 11 Set 1 bus 8 and (A) nmuloo, XI hes	
			Did the organization report a total of more than \$1\$ 000,21\$ that a protessional fundraising services on	21
<u> </u>		91	VI bra III and II and A start a substance of the Schedule F, Parts III and IV	
		1	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	91
X		12	for any toreign organization? If "Yes," complete Schedule F, Parts II and IV	
			Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	91
<u> </u>	+	951	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	
		46.6	Pundraising, business, investment, and program service activities outside the United States, or aggregate	
			Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	q
X		174-1	Did the organization maintain an office, employees, or agents outside of the United States?	
- <u>x</u>		BAL		
	<u> </u>	13	3 eluberto2 eleique a la contraction a la contraction de la co	13
Х		159		
			Was the organization included in consolidated, independent audited tinancial statements for the tax year? If	q
X		621	Schedule D, Parts XI and XII	
			Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	BST
X		111	the organization's liability for uncertain (ax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	
			Did the organization's separate or consolidated linancial statements for the tax year include a footnote that addresses	
	X	911	Did the organization report an amount for other liabilities in Part X, fine 25? If "Yes," complete Schedule D, Part X	0
	X	PLL		
			Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	р
	X	off	ol its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VIII	
			Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	3
X		110	ol its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VII	
			Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	P
	X	BLL	complete Schedule D, Part V hard , D eluberto S entering a second s	
			Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes,"	B
	1111	1276	VII, VIII, IX, or X as applicable.	
		12	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	11
	X	01	or in quasi endowments? If "Yes," complete Schedule D, Part V	
			Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10
X		6	debt negotiation services? If "Yes," complete Schedule D, Part IV	
			custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	
			Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	6
	x	8	complete Schedule D, Part III	
		-	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8
<u>x</u>		L	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-
		-	Did the organization receive or hold a conservation essement, including essements to preserve open space,	7
	x	9	"Yes," complete Schedule D, Part I	-
		"	1 Safe to provide advice on the distribution or investment of amounts in such funds or accounts? If * 282 " Safe advice advice on the distribution or investment of amounts in such tunds or accounts? If	
			Did the right to provide advice on the distribution or any similar funds or accounts for which advice advice and the right of provide advice on the right of the second of the right of the second of	0
<u> </u>		- <u>_</u>		9
X		g	are the organization as reaction for (a) (b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	-
1.0			Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	2
X		7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	
			Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4
X		3	candidates for public office? If "Yes," complete Schedule C, Part I	
			Did the organization engage in direct or indirect political campaign activities on behalt of or in opposition to	3
	X	5	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	5
	X	-	complete Schedules A eluberto S etermination of the second s	
			"Yes?" It is organization described in section 501(c)(s)7494 or (b(c)(c)(c) and stion)? If "Yes,"	L.
ON	ReY			
			It IV Checklist of Required Schedules	
C 906	d	PTI	Decision 1900 (2021) THE HERITAGE LIBRARY FOUNDATION INC 58-23320	пю-

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-	X	l or	er una deputera de la primera de	-
			Did the organization comply with backup withholding rules for reportable payments to vendors and	
			Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	
			Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	вľ
N	seY	<u> </u>	Check if Schedule O contains a response or note to any line in this Part V	
				heq
	x	38	19? Note: All Form 990 fillers are required to complete Schedule O.	n u
			Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	88
x		22	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	
			Did the organization conduct more than 5% of its activities through an entity that is not a related organization	28
ĸ		90	related organization?" Yes," complete Schedule R, Part V, line 2	
			Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	98
\neg		32P	controlled antity within the meaning of section 512(b)(13)? If "Yes," complete Schedule A, Part V, line S	
			ff "Yes" to line 35s, did the organization receive any payment from or engage in any transaction with a	q
K		328	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	8 <u>6</u> 5
K		34	or IV, and Part V, if enit, V has a second	
			Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule A, Part II, III,	34
K		33	sections 301.77.102 and 301.77.103 "Y *Y ** complete Schedule R, Part I	
			znotisinger Reprintion of the state of the separate sector and the organization under Regulation of the sector	33
		35	il hs۹ ,V eluberto S eterto no se	
			Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	35
		31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	34
ĸ		30	conservation contributions? If "Yes," complete Schedule M	
			Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30
\Box		56	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	56
		280	. γes, complete Schedule L, Part IV	_
_			A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? //	2
		28P 589	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	q
•		°BC	A curtent or former officer, director, trustee, key employee, creator or tounder, or substantial contributor? # "Yes," complete Schedule L, Part IV	B
ni.	ine	121125	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	Ģ
			Was the organization a party to a business transaction with one of the following parties (see Schedule L,	58
		22	persons? If "yes," complete Schedule L, Part III	00
			member, or to a 35% controlled entity (including an emptoyee thereot) or family member of any of these	
			employee, creator or founder, substantial contributor or employee thereor, a grant selection committee	
			Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	22
		56	controlled entity or tamily member or any of these persons? If "Yes," complete Schedule L, Part II	
			or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	
			Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	56
-		529	, "Yes," complete Schedule L, Part I	
			year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	
			ls the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	q
		862	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	
				528
		24 9	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	р
		240	to defease any fax-exempt bonds?	
			Did the organization maintain an escrow account other than a refunding escrow at any time during the year	э
		54P	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	q
		249	through 24d and complete Schedule K. If "No," go to line 25a	
			\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Year," answer lines 24b	
-				54a
		53	employees? If "yes," complete Schedules, tracters, tay employees, and managed and managed	
			organization's current and former officers, directors, trustees, key employees, and highest compensated	
-		52	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	53
		°0	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? If "Yes," complete Schedule I, Parts I and III	77
+	\$9 <u>,</u>		an steukisikai aitsemek vet ve at excetsisse vadto ve streve to 000 22 nertt stom tranav politsvinspio artt biO	55
1	n			
1969		6TC	Decklist of Reduired Schedules (continued)	
-•C		P L L	n 990 (2021) THE HERITAGE LIBRARY FOUNDATION INC 58-2332	uw-

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Section 501(C)(21) organizations. Did the trust, any discussified person, or mine operator engage in any If "Yes," complete Form 4720, Schedule O. X Is the organization an educational institution duplect to the section 4968 excise tax on net investment income? 91 If "Yes," see instructions and tile Form 4720, Schedule N. X **9**L Steey entigenties (a) the marked ethologies are seen to the year? o noinstantumer in 000,000,15 that poor to (a) themy and payment (a) of more than \$1,000,000,10 the original and 14P O eluberta on official and a Ford theory of the streem of the street of X BPL Did the organization receive any payments for indoor tanning services during the tax year? Enter the amount of reserves on hand 130 the organization is inoitation of the organization of the organiza **GEL** Enter the amount of reserves the organization is required to maintain by the states in which Note: See the instructions for additional information the organization must report on Schedule O. BEL Setate and many and the state of the set of Section 501(C)(29) qualified nonprofit health insurance issuers. If "Yes," anter the amount of tax-exempt interest received or accrued during the year 13P 1041301 more for more thank and the strats. Is the organization in the more form 990 in lieu of Form 10413 BSL **q**LL Gross income from other sources (Do not net amounts due or paid to other sources Gross income the model or shareholders or shareholders in the more and BTT Section 501(c)(12) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 109 Initiation fees and capital contributions included on Part VIII, line 12 BUL :netna .enoitssinsgro (V)(o)106 noitoe2 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 96 Did the sponsoring organization make any taxable distributions under section 4966? 26 Sponsoring organizations maintaining donor advised funds. 8 Sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the X If the organization received a contribution of cars, strptanes, or other vehicles, did the organization file a Form 1086-C7 • • • 42 X BL If the organization received a contribution of qualified intellectual property, did the organization file Form 8689 as required? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 4Z X Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? θĽ If "Yes," indicate the number of Forms 8282 filed during the year. PL X required to the Form \$5858 model to the second s JC Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was It "Yes," did the organization notify the donor of the value of the goods or services provided? **q**₂ X sud services provided to the payor? BL Did the organization receive a payment in excess of \$75 made parily as a contribution and parily for goods Organizations that may receive deductible contributions under section 170(c). **q**9 Selditoubeb xst for enew stilling If "Yes," did the organization include with every solicitation an express statement that such contributions or X 89 organization solicit any contributions that were not tax deductible as charitable contributions? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 20 X Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? qg X Yast the organization a party to a prohibited tax shelter transaction at any time during the tax year? BÇ See instructions for filing requirements for FinOEN Form 114, Report of Foreign Bank and Financial Accounts (FAAB). If "Yes," enter the name of the foreign country. X 85 a financial account in a foreign country (such as a bank account, securities account, or other financial account)? At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, O eluberto C no noisensigne ne ebivorq ,dC enii ol "oV" II Steey sirth to T-066 mod a belit it zert ", ze/" II **3**P X Did the organization have unrelated business gross income of \$1,000 or more during the year? 85 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X **3**P b It at least one is reported on line 2a, did the organization file all required federal employment tax returns? Statements, filed for the calendar year ending with or within the year covered by this return 0 BS xsT bns egeW to lettimenerT, C-W mro-T no betrogen seevolgme to redmun entited at Statements Regarding Other IRS Filings and Tax Compliance (continued) ON 207 V her

THE HERITAGE LIBRARY FOUNDATION INC

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Form 990 (2021)

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If "Yes," complete Form 6069.

sctivities that would result in the imposition of an excise tax under section 4361, 4952 or 4539

		PETER COOPER (843)686-6560, PO BOX 5950, HILTON HEAD ISLAND, SC 29938-5950
		State the name, address, and telephone number of the person who possesses the organization's books and records
		and financial statements available to the public during the tax year.
		Describe on Schedule O whether (and it so, how) the organization made its governing documents, conflict of interest policy,
		(O eluberto R o niskqxe) terto
		(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
		Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-N ii applicable), 990, and 990-T (Section 501(c)
		List the states with which a copy of this Form 990 is required to be filed > South Carolina
		tion C. Disciosure
	166	organization's exampt status with respect to such arrangements?
120	STATES	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the
3	요구가	It "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its
(891	with a taxable entiting the year?
1317	12 12 12 12	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement
	100	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.
	120	Other officers or key employees of the organization
x		The organization's CEO, Executive Director, or top management official
1		independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
	11000	Did the process for determining compensation of the following persons include a review and approval by
-	11	Did the organization have a written document retention and destruction policy?
-	13	Did the organisation have a written depreted and don't are as a light the organisation part of the product of t
+	150	
	-01	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
+	150	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
x	and the second	
	POL	Did the organization have a written conflict of interest policy? If "No," go to fine 13.
x	89.9.1	Describe in Schedule O the process, if any, used by the organization to review this Form 990.
-		Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?
x	401	stillistes, and branches to ensure their operations are consistent with the organization's exempt purposes?
	-	It "Yes," did the organization have written policies and procedures governing the activities of such chapters,
X		Did the organization have local chapters, branches, or attiliates?
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^		tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)
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	6	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	6 98	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "Yes," provide the names and addresses on Schedule O
	6 98	The governing body? Each or behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committeer, director, trusteer, or key employee listed in Part VII, Section A, who cannot be reached at the organization's matter or some and addresses and addresses on Schedule O
x	6 98	the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, truatee, 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 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O
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x	6 9 9	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more ambers of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? The governin
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ion A. Officers, Directors, Trustees, Key Emplo								- 46 -	
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sasuadxa	General expenses	essuedke		b, and 10b of Part VIII.
				Grants and other assistance to domestic organizations
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	and a financial state of the second	-		Benefits paid to or for members
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	42,000		000'57	trustees, and key employees
				Compensation not included above, to disqualified
				persons (as delined under section 4958(f)(1) and
				persons described in section 4958(c)(3)(B)
			-	Other salaries and wages
				Pension plan accruals and contributions (include
				• • • • • • • • • • • • • • • • • • •
				Other employee benefits
				Payroll (axes
				Fees for services (nonemployees):
				Management
				Accounting
				городина страната с страната с с с с с с с с с с с с с с с с с с
	Second States			
				Professional fundraising services. See Part IV, line 17
				seei inemegenem inemizevni
				Other. (If line 11g amount exceeds 10% of line 25, column
				(A) amount, list line 1 g expenses on Schedule O.
124.3			154'331	notionion presidente and presidente
	216'9		216'9	seznedxe eoiliO
	150'L		TSV'L	Information technology
				Royalties
				Occupancy
				Travel
				Payments of travel or entertainment expenses
				for any federal, state, or local public officials
	ULE C		012 0	
	5, 310		5,310	Conferences, conventions, and meetings
	225		233	
				Payments to affiliates
	EL9'S		2/9/9	Depreciation, depletion, and amortization
	5,630		5,630	
		STRUCTURE CONTRACTOR		Other expenses. Itemize expenses not covered
		a harden volet v		above (List miscellaneous expenses on line 24e. If
				line 24e amount exceeds 10% of line 25, column
and the second second second		a land a start and a	The second second	(A) amount, list line 24e expenses on Schedule O.)
		101'25	43'IOT	EDUCATION PROGRAM EXPENSES
		968 '95	968'95	HISTORIC PRESERVATION
	2,548		2,548	BYRK & BBOCESSING LEES
		8,128	8,128	ONLINE RESEARCH SUBSCRIPTION
				All other expenses
154'33	72,046	521'801	304,502	Total functional expenses. Add lines 1 through 24e
				Joint costs. Complete this line only if the
				organization reported in column (B) joint costs
				from a combined educational campaign and
				tundraising solicitation. Check here 🕨 🛄 if

184 V	52		of Schedule D		
			yerties, and other liabilities not included on lines 17-24). Complete Part X		
			Other liabilities (including lederal income tax, payables to related third	52	
131'356	54	168'TET	Unsecured notes and loans payable to unrelated third parties	54	
	53	1	Secured mortgages and notes payable to unrelated third parties	53	
	55		controlled entity or taminy member of any of these persons		
St. Martine		ROAD BARDERS	trustee, key employee, creator or founder, substantial contributor, or 35%		Liabilities
	1		Loans and other payables to any current or former officer, director,	55	es l
	51		Escrow or custodiat account liability. Complete Part IV of Schedule D	21	
· · · · · · · · · · · · · · · · · · ·	50			50	
	61		Deferted revenue	61	
	18		Grants payable	18	
	21		Accounts payable and accrued expenses	11	
225, 691	91	237,672	Total assets. Add lines 1 through 15 (must equal line 33)	91	
790 [°] 067	SL	299'06T	Other assets. See Part IV, line 11	51	
	14			14	
25,223	13	34,289	Investments - program-related. See Part IV, line 11	13	
065	15	05T'T	Investments - other securities. See Part IV, line 11	15	
	11			11	
TTO'9E	100	41,684	Less: accumulated depreciation 10b 1221, 941	q	
and a service	3833		basis. Complete Part VI of Schedule D 10a 157, 952		
			Land, buildings, and equipment: cost or other	60 l	
	6		Prepaid expenses and deterred charges	6	As
E18 1	8	£91,4	Inventories for sale or use	8	Assets
	L		Notes and loans receivable, net	L	0
	9		under section 4958(f)(1), and persons described in section 4958(c)(3)(8).		ļ
The second second	1	Color Color	Loans and other receivables from other disqualified persons (as defined	9	ł
	S		controlled entity or family member of any of these persons		
0.000	1000		trustee, key employee, creator or founder, substantial contributor, or 35%		
		The second second	Loans and other receivables from any current or former officer, director,	9	
300	7	300	Accounts receivable, net	4	
	3		Pledges and grants receivable, net	3	
	5		Savings and temporary cash investments	5	
268,062	1	564, 824	Cash - non-interest-bearing	L.	
End of year	1	Beginning of year			
(g)		(A)			
			Check if Schedule O contains a response or note to any line in this Part X		
4			Balance Sheet	X	heq
1 90ed \$100	1-5333	35		990 (SO	
_				53	

222, 691	33	231,672	Total liabilities and net assets/fund balances	33	
185'021	35	184'507	Total net assets or fund balances	35	Net Assets or Fund Balances
	31		Retained earnings, endowment, accumulated income, or other funds	31	As
	30		Paid-in or capital surplus, or land, building, or equipment fund	30	<u>s</u>
	53		Capital stock or trust principal, or current funds	56	0
ALC: NOT DESCRIPTION	100	STATES TO A	and complete lines 29 through 33.		<u>ה</u>
	1	A Start Reading	Organizations that do not follow FASB ASC 958, check here		ם א
000'91	58	000'ST	Net assets with donor restrictions	58	B
185'772	51	182,065	Net assets without donor restrictions	22	
	12-12-14	MULTING STATEST	and complete lines 27, 28, 32, and 33.		Ĩ
			Organizations that follow FASB ASC 958, check here 🕨 🖌		6
135, 110	56	T68'TET	Contraction of the second seco	56	
Þ8L	52		of Schedule D		
			parties, and other liabilities not included on lines 17-24). Complete Part X		
			Other liabilities (including lederal income tax, payables to related third	52	
137'356	54	168'TET	Unsecured notes and loans payable to unrelated third parties	54	
	53		Secured mortgages and notes payable to unrelated third parties	53	
	55		controlled entity or family member of any of these persons		Liabilities
Station and	1	ROLL BARASS	trustee, key employee, creator or tounder, substantial contributor, or 35%		Ì
	3		Loans and other payables to any current or former officer, director,	55	es
· · · · ·	51		Escrow or custodial account liability. Complete Part IV of Schedule D	12	
	50		Tax-exempt bond liabilities	50	
	61		Deferred revenue	61	
	18		Grants payable	18	
	21		Accounts payable and accrued expenses	21	
TC0 / 200		7/0//00		10	

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gross investment income and unrelated business taxable income (less section 511 tax) from businesses pross investment income and unrelated business taxable income (less section 511 tax) from businesses ne organization after June 30, 1975. See section 509(s)(2). (Complete Part III.)	scanied by th
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its gross investment income and unrelated business taxable income (less section 511 tax) from businesses	mont statiscent mont troaque
on that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross	oitezinegro nA 🔀 01
	. :tyistevinu
or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or	
a research organization described in section 170(b)(1)(A)(r)(A)(r)(d) a land-grant a land-grant college	
(.II hs9 etalqmod). ((v)(A)(r)(A)(r) action bedrase the function of the term of te	
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on that normally receives a substantial part of its support from a governmental unit or from the general public	
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(.II ha9 eleiqmoO) .(vi)(A)(t)(d	
on operated for the benefit of a college or university owned or operated by a governmental unit described in	ottasinagno nA 🗌 🛛 🖥
ne, city, and state:	nen s'letiqeort
ent retration operated in conjunction with a hospital described in section 170(b)(1)(A)(1)(A)(1)(A)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)	4 🗌 V medical res
Elements in the service or described in section 170(b)(1)(A)(1).	
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 (I)(A)(I)(d)011 actions in bedrase bearing a section 170(b)(I)(A)(I). 	μοο 'γοιτικό Κ 🔲 🕴
a private (oundation because it is: (For lines 1 through 12, check only one box.)	
n for Public Charity Status. (All organizations must complete this part.) See instructions.	Part Reason
BARAX FOUNDATION INC 58-2332014	THE HERITAGE LI
L Employer Identification number	Neme of the organization
▲ Go to www.irs.gov/Form990 for instructions and the latest information.	Internal Revenue Service
> Attach to Form 990 or Form 990 or Form 990 EZ.	Department of the Treasury
	(Form 990)
Public Charity Status and Public Support 2021	
	SCHEDULE A

unctionally integrated, or Type III non-functionally integrated supporting organization.	
Check this box if the organization received a written determination from the IRS that it is a Type I, Type II,	0
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.	
that is not tunctionally integrated. The organization generally must satisfy a distribution requirement and an attentioners	
(s)noitastrago behopped with noitsennos in beseted organisation operated in connection with its supported organization(s)	р
its supported organization(s) (see instructions), You must complete Part IV, Sections A, D, and E.	
Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,	Э
organization(s). You must complete Part IV, Sections A and C.	
control or management of the supporting organization vested in the same persons that control or manage the supported	
Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having	q

.

Type I. A supported organization operated, supervised, or controlled by its supported organization(s), typically by giving the 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

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 12a, 12t, and 12g.

		2 01				latal
						(3)
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For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EX.

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

upporting organization. You must complete Part IV, Sections A and B.

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

Enter the number of supported organizations

B

21

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	4 * * * *						instructions	
	. 86	inis pos sua siu	or 17b, check	,6871 ,dð1 ,sð1	, Shenil no xo	not check a b	Private toundation. If the organization did	81
П							••••••••••••••••••••••••••••••••••••••	
	neuodda	s a bnouciù a	seimenp nome	r. I ve organiz	nmstances tes	acts-and-circe	in Part VI how the organization meets the i	
	⊏xbiain	i arop nere, i	eck fuis dox si	uo 'isei seoue	smuono-bne-a	meets the tack	15 is 10% or more, and if the organization	
		100'011V9'	1801 (SI 800)	CUBCK S DOX OI	10U DID UOI12Z	IL LUG OLGSUI	10%-facts-and-circumstances test - 2020	q
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	11111	ob uere, cypia	DIS DUE XOO SIL	1991 Set Cueck II	- ดากรายทาวาเว-	pue-side i aui s	10% or more, and if the organization meets	
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%	oidt vloode	12			••••••••••••••••••••••••••••••••••••••	I DSY ,A elube	Public support percentage from 2020 Sche	91
%		14		((i) u <u>mnoo</u> ' Li			Public support percentage for 2021 (line 6,	21
/0		1.00					on C. Computation of Public Suppor	
							organization, check this box and atop here	
Ц	(c)(c)	a section purit	in lax year as				First 5 years. If the Form 990 is for the org	13
	10/14	12			···· (suc	(see justructic	Gross receipts from related activities, etc.	15
-					120100000000000000000000000000000000000	Proceeding of	Ot dguordt 7 senil bbA .trogque latoT	11
_								
							loss from the sale of capital assets	
							Other income. Do not include gain or	10
_							is regularly carried on	
							activities, whether or not the business	
							Net income from unrelated business	6
_							similar sources	
		2				1	rents, royalties, and income from	
							payments received on securities loans,	
							Gross income from interest, dividends,	8
-							Amount stroomA	L
	(t) Total	(e) 2021	(q) 5050	(c) 5019	(p) 5018	(a) 2017	dar year (or fiscal year beginning in) 🕨 📙	neleO
							no B. Total Support	Sectio
		67207622 (LINE)				C.V.S.	Public support. Subtract line 5 from line 4	9
				510 370 L S.C.			shown on line 11, column (1)	
							the amount exceeds 2% of the amount	
		Street Street		12.43 2		1000	supported organization) included on	
			A States	S. Lazdie !			governmental unit or publicly	
				A State of the		No. Com	each person (other than a	
				Sec. Sec. 1			The portion of total contributions by	S
							Children Bender Structure Content Content Content	4
							organization without charge	
							ent of timental unit to the	
							The value of services or facilities	3
					1		or expended on its behalt	
							organization's benefit and either paid to	
							Tax revenues levied for the	2
							include any "unusual grants.")	
							membership tees received. (Do not	
							Gifts, grants, contributions, and	4
_	IstoT (1)	(e) 2021	(q) 5050	(c) 5019	8102 (d)	(a) 2017	dar year (or fiscal year beginning in) ►	
							no A. Public Support	Secti
	_						Part III. If the organization fails to	
1	ebnu yilisi	up of belief n	e organizatio	Part I or if th	5, 7, or 8 of	enil no xod e	(Complete only if you checked the	
			<mark>ъпв (vi)(A)(Г</mark>)(d)071	ibed in Sect	tions Descr		TIB9
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) Total	(e) 5021	(q) 5050	(c) 5019	8102 (q)	(a) 2017	l dui gninnlged r	ear (or fiscal yea
			1	<u> </u>			Public Suppor
	(')	I here Part I	w, please co	oled beteil ete	under the te	villaup of alls to qualify	If the organizati
.II hs9	to dualify under	oelist noitszin	or if the orga	10 of Part I	e pox ou line	if you checked the	(Complete only
		(2)(s)902 noi	ribed in Sect	itions Desci	szinsprO tot elul	Support Schee
C egs9	28-53350T4		JNI	FOUNDATION	YAAAHIJ 3	THE HERITAG	rsos (066 m

				* * * * * * *		organization, check this box and atop here	-110
						First 5 years. If the Form 990 is for the org	
1'221'140	319,285	324,345	307,205	390, 174	510,137		
						Total support. (Add lines 9, 10c, 11,	
						(Explain in Part VI.) (.IV has ni nislqx3)	
						loss from the sale of capital assets	
						Other income. Do not include gain or	
						or not the business is regularly carried on	
						activities not included on tine 10b, whether	
	l					Net income trom unrelated business	
10110	20012	070/7	756	857	107'1	d0t bns s0t senil bbA	
L9L'9	2,934	J, 020	050	1034			
						acquired after June 30, 1575	
						section 511 taxes) from businesses	
					705/7	Unelated business taxable income (less	
<u>L9L'9</u>	2,934	T, 020	126	857	TOP'T	royalties, and income from similar sources	
						payments received on securities loans, rents,	
						Gross income from interest, dividends,	
1,544,379	TSE'9TE	323, 325	306,251	912'688	208,736	9 enil mont struomA	6
(t) Total	(e) 2021	(q) 5050	(c) 5019	8102 (d)	(a) 2017	tar year (or fiscal year beginning in►	
						total Support	Sectic
1,074,345		1 Self and Start	The a to be deal	A CONTRACT			
						Public support. (Subtract line 7c from	8
470,034	688'89	115,353	47,929	209,238	37,625	d7 bns s7 senil bbA	Э
						or 1% of the amount on line 13 for the year	
		1				persons that exceed the greater of \$5,000	
						received from other than disqualified	
						E bris S senil no bebuloni struomA	q
¥20'02¥	688'89	115'323	41,929	209,238	37' 625	received from disqualified persons	
						E bns ,2 ,1 senii no bebuloni struomA	еZ
544'318	TSE'9TE	323,325	306,251	976'688	508,736	Total. Add lines I through 5	9
						organization without charge	-
						ent of time lateromenant a governmental unit to the	
						The value of services or facilities	S
						or expended on its behalf	2
						organization's benefit and either paid to	
						Tax revenues levied for the	4.
							4
						Cross receipts from activities mark and the section 513	
		0.07/77	000/15	32,252	24,474	organization's tax-exempt purpose	3
131,401	16,291	51,296	880'15	30 05	VLV VG	Immission any activity that is related to the	
						sold or services performed, or facilities	_
						Gross receipts from admissions, merchandise	2
1'415' 848	300,060	302,029	569, 163	321,464	784,262	received. (Do not include any "unusual grants.")	
						Gilts, grants, contributions, and membership tees	ŀ
(I) Total	(e) 2021	(q) 5050	(c) 5019	8102 (d)	710S (B)	dar year (or fiscal year beginning in)	
						n A. Public Support	Sectic
	(*	nplete Part II	w, please coi	oled betail at	under the tes	If the organization fails to qualify	
			0				

	e neni e	198 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more							
<u>% 00.0</u>	18	18 Investment income percentage from 2020 Schedule A, Part III, line 17							
% 00.0	21	17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)							
on D. Computation of Investment Income Percentage									
% 09 59	91	16 Public support percentage from 2020 Schedule A, Part III, line 15							
69,26 %	12	15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))							
stion C. Computation of Public Support Percentage									
organization, check this box and atop here									

4noitesing the bot and stop here. The organization qualifies as a publicly supported organization ►

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

.

◄

X

q

Part III

Schedule A (Form 990) 2021

(066	mrof) A		
	901	determine whether the organization had excess business holdings.)	q
		organizations)? # "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ч
	s01		
		4943(I) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	в0
	1	Was the organization subject to the excess business holdings rules of section 4943 because of section	-0
	96	Find a disqualitied person (as demonstration allocation allocation allocation and the series of the	Э
		Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	
	96	the supporting organization had an interest? If "Yes," provide detail in Part VI.	q
		Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	ч
_	B 6	disqualmed persons; as domined in "Yes," provide detail in Part VI.	
	1.1	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	86
	204	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	~0
	8		8
		Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	0
	L	(as unith regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	
	33 77g	bid the organization provide a granty controlled motion of a substantial contributor, or a 35% controlled entity (as defined in section 4958(c)(3)(C)), a family member of a substantial controlled in section 4958(c)(3)(C)).	,
		Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	L
	9	by one or more or the filing organizations, or (iii) one supported organizations? If "year or provide defailing organizations in part VI.	
	2	by one or more of its supported organizations, (ii) individuals that are part of the charitable class benefited	
		Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	9
	A	Substitutions only. Was the substitution the result of an event beyond the organization's control?	0
	20	designated in the organization's organizing document?	-
	99	Type 1 or Type II only. Was any added or substituted supported organization part of a class already	q
		was accomplished (such as by amendment to the organizing document).	ч
	BC	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action (iii)	
		numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; the action of the	
		answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	
		Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	BB
		purposes.	
	94	(B)(2)(c)(c)(c) to the tail support to the foreign behopped organization was used exclusively for section 1 70(c)(2)(B)	
		(B)(S)(2)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)	
	10 20	Did the organization support any foreign supported organization that does not have an IRS determination	b
	04	despite being controlled or supervised by or in connection with its supported organizations.	-
	45	supported organizations? If "Yes," describe in Part VI how the organization had such control and discretion	
		Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	q
	87	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	•
		Was any supported organization not organized in the United States ("foreign supported organization")? If	84
	30	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	
		Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	Э
	3P	organization made the determination.	
	40	satistied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	
		Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	q
	BE	Ines 3b and 3c below.	
		Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	85
	5	organization was described in section 509(a)(1) or (2).	
j		under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	
		Did the organization have any supported organization that does not have an IRS determination of status	5
-	-	class or purpose, describe the designation. If historic and continuing relationship, explain.	
0		documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	
		Are all of the organization's supported organizations listed by name in the organization's governing	L.
5	9Y		
_	-01	on A. All Supporting Organizations	itos
	(· <u>A 118-</u>	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	
1910	dwoo 'i	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part	
		(Complete only If you checked a box in line 12 on Part I. II you checked box 128, Part I, complete	

Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A

Schedule A (Form 990) 2021

Schedule A (Form 990) SOS (Schedule A (Form 990) SOS (Schedule A (Form 990) SOS (Form 990) A (Fo

THE HERITAGE LIBRARY FOUNDATION INC

28-2332014

Page 4

			A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,
		41	Sevods att enil ni bedinceb nocred a to redmem ylimat A
		BLL	1 t below, the governing body of a supported organization?
	1000	100	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and
			Has the organization accepted a gift or contribution from any of the following persons?
ON	SeY		
		-	

%9e a

 - anoiterinenvO	palhogau2	Leave S goiter
 	in Part VI.	listeb ebivorq

	orovide detail in Part VI.	
OVODE OF LEADER HE DOGUOGOO HA	ered a to Annie peneritan et co v	n

Organizations	Bulhoqqus	[eqvT	Section B.
 	11 A 3 100 A 1 M	Iman o	nuord

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

supervised, or controlled the supporting organization. N how providing such benefit carried out the purposes of the supported organization(s) that operated, organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part

Section C. Type II Supporting Organizations

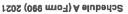
(s)uoitezinegro behoqque ent or management of the supporting organization was with the same personal to the personal or management or or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control Were a majority of the organization's directors or trustees during the tax year also a majority of the directors F

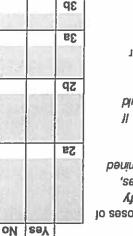
Section D. All Type III Supporting Organizations

- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 tax year, (i) a written notice describing the type and amount of support provided during the prior tax Did the organization provide to each of its supported organizations, by the last day of the title month of the Ł
- income or assets at all time set of the tax year? If "Yes," describe in Part VI the role the organization's a significant voice in the organization's investment policies and in directing the use of the organization's By reason of the relationship described in line 2, above, did the organization's supported organizations have 3 .(s)noi)szinstyo bahoqque ahi hiw qhanoilalan yorking waking na ana dha wih him na hana dha ang ang ang a hi a organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how

Section E. Type III Functionally Integrated Supporting Organizations piegen sint ni beyeld snotssinegro betroqqus.

- B Chack the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete fine 2 below.
- The organization is the parent of each of its supported organizations. Complete fine 3 below. q
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 9
- Activities Test. Answer lines 2a and 2b below. 2
- that these activities constituted substantially all of its activities. benimeleb noilsanspro ett won bas iznoilsanspro behoqquz ezoti ot eviznoqzer zew noitsainspro ent won sesory provided and the section is a solution in the sectivities all sectify the sectify the sectify the sectif the supported organization (s) to which the organization was responsive? If "Yes," then in Part VI identify Did substantially all of the organization's activities during the tax year directly further the exempt purposes of B
- Inemeviovri s'noitasinagoe ett for the organisation's esent in begagee evant. bluow (z)noitszinegro behoqquz zii tshi noitizaq z'noitszinegro ehi rot znozan ehi IV the ni nislqxa ", 26Y" involvement, one or more of the organization's supported organization(s) would have been engaged in? If Did the activities described on line 2a, above, constitute activities that, but for the organization's q
- Parent of Supported Organizations. Answer lines 3a and 3b below. ε
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or B
- ol supportation organizations?" If "Year, a construction of the role played by the organization of the played of Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each a trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.





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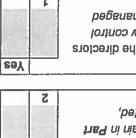
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Page 5

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			(see instructions).	
nomezinegio gnino	edus III eqy Type III supp	illy in	Check here if the current year is the organization's first as a non-functiona	2
		9	emergency temporary reduction (see instructions).	
13			Distributable Amount. Subtract line 5 from line 4, unless subject to	9
122	CONTRACTOR OF THE OWNER	9	Income tax imposed in prior year	9
		7	Enter greater of line 2 or line 3.	t
		3	Minimum asset amount for prior year (from Section B, line 8, column A)	8
563	Contraction Statistics and	5	Enter 0.85 of line 1.	5
		I I	Adjusted net income for prior year (from Section A, line 8, column A)	Ī
Current Year	Child Charles and Children and		jnuomA əldıştudirilei - Ə no	1106
		8	(8 enil of V enil bbs) truomA tezza muminiM	8
		Z	Recoveries of prior-year distributions	Z
		9	Multiply line 5 by 0.035.	9
		9	Net value of non-exempt-use assets (subtract line 4 from line 3)	g
		17	see instructions).	
			Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount	\$
		3	Subtract line 2 from line 1d.	8
		5	Acquisition indebtedness applicable to non-exempt-use assets	2
101 M (102-10-10)			(explain in detail in Part VI):	
		1	Discount claimed for blockage or other factors	Ð
		p1	Total (add lines 1a, 1b, and 1c)	p
		10	Fair market value of other non-exempt-use assets	C
	<u></u>	qL	Average monthly cash balances	q
	-2.0""	1a	Average monthly value of securities	B
			instructions for short tax year or assets held for part of year):	
			ees) stezzs ezu-tqmexe-non lis to eutsv texter ist etsgerggA	1
(B) Current Ye (optional)	(A) Prior Year		tnuomA tessA muminiM - 8 noi	156
	· · · · · · · · · · · · · · · · · · ·	8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8
		Z	Other expenses (see instructions)	2
		9	property held for production of income (see instructions)	
			of gross income or for management, conservation, or maintenance of	
			Portion of operating expenses paid or incurred for production or collection	9
		9	Depreciation and depletion	9
		4	.5 Add lines 1 through 3.	t
		3	Other gross income (see instructions)	8
		2	Recoveries of prior-year distributions	2
		L	Net short-term capital gain	ŀ
(B) Current Ye (optional)	(A) Prior Year		əmoəni iəN bəizulbA - A noi	itos
	s must complete sect		inspro porthogus All other Type III non-functionally integrated supporting organi	
			Check here if the organization satisfied the Integral Part Test as a qualifying	ſ
a MI mell of dial			V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	
5014 Pa	28-233	1.000	16 A (Form 990) 2021 THE HERITAGE LIBRARY FOUNDATION INC	

chedule A (Form 990) 20	S			
			Excess from 2021	Ð
	The Shine State State of	1 has a start of the second	Excess from 2020	р
	N Stelan I I State Wester		Excess from 2019	Э
The second shares are	a second a second a second		Excess from 2018	p
the of Charles Social			Excess from 2017	B
		Contraction of the second	Breakdown of line 7:	8
TO SERVICE AND INCOME.			and 4c.	
			Excess distributions carryover to 2022. Add lines 3j	L
			Part N. See instructions.	
			and 4b from line 1. For result greater than zero, explain in	
			Remaining underdistributions for 2021. Subtract lines 3h	9
			greater than zero, explain in Part VI. See instructions.	
	2	Allerstein Act	any. Subtract lines 3g and 4a from line 2. For result	
	2		Remaining underdistributions for years prior to 2021, it	9
	ACT (STOCKED AND A STOCKED AND		Remainder. Subtract lines 4a and 4b from line 4.	Э
	TOHON MANERSON REAL		truoms eldstudintals tS0S of beilggA	q
		SARAN TANK TRACTO	Applied to underdistributions of prior years	B
		A SALAR AND A SALAR AND A	Section D, line 7: \$	
		· 外国的市场代表的小学校的	Distributions for 2021 from	
THE PARTY AND A DESCRIPTION OF A DESCRIP			Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
A description of			Carryover from 2016 not applied (see instructions)	
and the second second second second			Applied to 2021 distributable amount	ÿ
			Applied to underdistributions of prior years	
			Total of lines 3a through 3e	
			From SOS more a through So through the first	7 8
and the second second				p
· · · · · · · · · · · · · · · · · · ·	2 2 2 1 1 0 1 0 2 0 2 0 1 0 m			-
				0
THE MERINE STREET			From 2017	P
			From 2016	8
	C AND SHILL SHIEL OF	NOVER DECEMBER	Excess distributions carryover, if any, to 2021	3
			instructions.	
			(reasonable cause required - explain in Part VI). See	
			Underdistributions, if any, for years prior to 2021	5
			Distributable amount for 2021 from Section C, line 6	Ļ
(III) Distributable S02 tot tor 202	(ii) Underdistributions Pre-2021	(I) Excess Distributions	(anoitantani ees) anoiteaollA noitudirteiO - 3 no	ltoe
	01	<u>, , , , , , , , , , , , , , , , , , , </u>	fine 8 amount to be an a smount to a smount	0
	6		Distributable amount for 2021 from Section C, line 6	6
	8		(provide details in Part VI). See instructions.	
		lsəl si uonezineblo əyi i	Distributions to attentive supported organizations to which	8
	2		Total annual distributions. Add lines 1 through 6.	2
	9		Other distributions (describe in Part VI). See instructions.	
		A THE HIS SIRIAD ADVOID	Qualified set-aside amounts (prior IRS approval required) -	9 9
		I troß of offerteb objecter	Amounts paid to acquire exempt-use assets	
	*	un Bio povio della la cono	Administrative expenses paid to accomplish exempt purp	3
		Transition of the second standing to second		2
	5		organizations, in excess of income from activity	_
			Amounts paid to perform activity that directly furthers exe	5
	1	sesodind idmex	Amounts paid to supported organizations to accomplish e	F
			ion D - Distributions	itoe
Current Year				
Current Year	(couliuna) suoiiez	uebio buinoqque (V Type III Non-Functionally Integrated 509(a)(2)	118

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		-	100	10 I P. 1	
1202	(066	шюЧ)	١A	ange	Sche

lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 111, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part IV hsq 8 ege9

	(066	สาวอา)
2	əinb	Sche

Schedule of Contributors

			Section:	Filers of:
				Organization type (check one):
2332014	-85	INC	NOITAGNUOT	YARARIJ SDATIASH SHT
ldentification number	Employer			noitssinggro edt to err.sN
		Go to www.irs.gov/Form990 for the latest information.	<	Department of the Treasury
5021		Attach to Form 990 or Form 990-PF.		viusenT all in trampered
FUUU				(Form 990)
CM8 No. 1545-0047		SCREDULE OF CONTIDUTORS		Schedule B

Note: Only a section 501(c)(7), (8), instructions.	v (10) organization can check boxes for both the General Rule and a Special Rule. See
Check if your organization is covered	by the General Rule or a Special Rule.
	501(c)(3) taxable private foundation
	noitsbruot eterviq a sa beteet trust eldatitarts tymexenon (t)(a)7464
ㅋ 9-0 06 mюㅋ	501(c)(3) exempt private foundation
	noitissinsgro tistition
	notsbruot etaving a sa betset for taut eldaited a tymexenon (1)(s)7494
Form 990 or 990-EZ	501(c)(3) (enter number) organization
Filers of:	Section:

elufi IsteneD

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

Special Rules

2, to certify that it doesn't meet the tiling requirements of Schedule B (Form 990).	;
anit I, had the Rot 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	I
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)
totaling \$5,000 or more during the year	
General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions	
during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the	
contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received	
contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such	
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one	
—	
"A/N" in column (b) instead of the contributor name and address), il, and III.	
literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I (entering	
contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,	
For an organization described in section 501(c), (8), or (10) tiling Form 990 or 990-EZ that received from any one	
(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.	
16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or	
regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or	
K 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	

(p)	(၁)	(q)	(8)
Payroll D Complete Part II for noncash contributions.)	\$ 26,000	HILTON HEAD ISLAND SC 29938	
Berson R		PEEPLES FOUNDATION	5
(d) (d) (d)	(c) Total contributions	b, and ZiP + 4 Name, address, and ZiP + 4	(e) 'ON
(Complete Part II for noncash contributions.)	—	HILTON HEAD ISLAND SC 29928	
youcssy □ Payroll □	688'89 \$	ONE TOWN CENTER	
Bayroll ∐ Person k		TOWN OF HILTON HEAD ACCOM TAX	ī
Type of contribution (d)	(c) Total contributions	(b) Name, address, and ZIP + 4	(6) .oN
.bebee	n si esat lanoitibas ti l had to se	Contributors (see instructions). Use duplicate copie	l heq
28-2332014		RITAGE LIBRARY FOUNDATION INC	iah ah
oyer identification number	alqm3	noitszinegw	o to emst
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			a eluberto

(Complete Part II for noncash contributions.)			
- Aloncash	\$		
(d) (d)	(c) Total contributions	(b) Name, address, and ZIP + 4	(a) .oN
Person K Payroll (Complete Part II for (Complete Part II for noncash contributions.)	\$ 200	HITTON HEYD ISTYND SC 53356 91 SKRFF CHEEK DHIAE 90MNIE FOMHEK	
(d) (d) (d)	(c) Total contributions	b + 4(ک) کوme, address, and ZiP + 4	(a) .oN
Person K Payroll ((Complete Part II for noncash contributions.)	\$ 20,000	COLUMBIA SC 29201 1201 MAIN ST STE 1600	
(d) (d)	(c) Total contributions	(b) Name, address, and ZiP + 4	(a) .oN
Person K Payroll [(Complete Part II for noncash contributions.)	005'ST \$	JOSE M GRACIA FOUNDATION 707 EAGLE ROCK AVENUE MEST ORANGE NJ 07052	<u> </u>
(d) Type of contribution	(c) Total contributions	b + 4) اکمکو, عططتوی ملط ۲۱۹ م کمکور عططتوی ملط ۲۱۹	(a) .oN
Person K Payroll [] 0 Noncash 1 (or 0 Complete Part II {or	\$ 26,000	PEEPLES FOUNDATION PEEPLES FOUNDATION PEEPLES FOUNDATION	5
(d) (d)	(c) Total contributions	b, and ZIP + 4 Name, address, and ZIP + 4	(e) 'ON
(:รบอยกลมแคว บริหวามอน		97667 OS ONWIST OWTH NOLITH	

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:pequie D (Form 990) 2021	5	.066 m	rect Notice, see the Instructions for For	erwork Reduction	For Pap
	- <u>s</u>				8
	¥ 4		required to be reported under FASA B2A 95		
	, provide the	ures, or other similar assets for financial gain,		_	2
· · · · · ·	_\$ ∢		bar Form 990, Part X 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	-*				
	2 4		ig amounts relating to these items:		
1,		איניקוניסול בספבעובעי בני בפסק בע ער נכו נינוסי			
,		ich report in the revence station for the same			
	to show toods a	to report in its revenue statement and balance			q
	avand to optim		Part XIII the text of the footnote to its financi-		
		c exhibition, education, or research in furthers			
	ance sheet works	tor to report in its revenue statement and bal			Bľ
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		Part VIII Investments - Program Related.
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	065	AGENCY ACCOUNT
		3) Other
		2) Closely-held equity interests
Cost or end-of-year market value		(including name of security)
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110, See Form 990, Part X, IIne 12.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To "sey" benewars noitasinagro ent it etelomo
		Part VII Investments - Other Securities.
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			Other Assets.	
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Cost or end-of-year market value

(c) Wethod of valuation:

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		Part X Other Liabilities.
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(p) Book value	(s) Description	

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

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(a) (b) (c) (c) (c) (c) (c) (c)

(JENDOWNENT FUND SECURITIES

(e) Description of investment

	Part XIII Supplemental Information.
9	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
40	
10222	b Other (Describe in Part XIII.)
	a Investment expenses not included on Form 990, Part VIII, line 7b
	4 Amounts included on Fact IX, line S5, but not on line 1:
3	3 Subtract line a second se
	e e b Aguordi as senil bbA
2522	d Olher (Describe in Part XIII.)
	c Olher losses
	p Brior year adjustments
	B Donated services and use of facilities
	S Amounts included on line 1 but not on Form 990, Part IX, line 25:
L	Total expenses and losses per audited financial statements
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.
u la	PariXIII Reconciliation of Expenses per Audited Financial Statements With Expenses p
	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)
	c Add lines 48 and 4b
1000	b Other (Describe in Part XIII.)
-	a Investment expenses not included on Form 990, Part VIII, line 7b
	4 Amounts included on Fart VIII, line 1S, but not on line 1:
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1283	d Other (Describe in Part XIII.)
	c Hecoveries of prior year grants
ŀ	p Donated services and use of facilities
-	a Net unrealized gains (losses) on investments or stream seving the second seco
	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
L	1 Total revenue, gains, and other support per audited financial statements
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.
11อน 1	
ES-8	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per
	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per
	4C 59 59

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.

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	e fundraiser is to be	aements under which th	age of theus	draisers) pur	nut) seititne to slau	bivibni bisq teedigid 0	It entitell ", seY" II	q
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		s. Check all that apply.	eitivitas gniw	à oi the follo	ns houortt sbrut be	the organization raise	Indicate whether	1
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	•••••		act line 7 from line 1, colum	Net gaming income summary. Subtr	8
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				Other direct expenses	S
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(d) Total gaming (add col. (a) through col. (c))	(c) Other gaming	 (b) Pull tabs/instant (b) Pull tabs/instant (c) Pull tabs/instant 	oõuia (a)	_	
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	 Υ, lìne 19, οr reported π 	s" on Form 990, Part I/	10 from line 3, column (d) Anization answered "Ye	Net income summary. Subtract line Gaming. Complete if the org	LL.
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Internal Revenue Service

Department of the Treasury

Supplemental Information to Form 990 or 990-EX

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tification number	Employer iden
Inspection	
2021	
2008 No. 1545-0047	

28-5335014

THE HERITAGE LIBRARY FOUNDATION INC. notissinsgro entro emsN

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

THE BOYRD OF DIRECTORS HAS DELEGATED THE DUTIES OF MANAGEMENT OF THE HERITAGE LIBRARY

FOUNDATION TO EXECUTIVE DIRECTOR BARBARA CATENACI AS AN INDEPENDENT CONTRACTOR.

OS. 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.

Form 4562 (2021)					parate instructions.	Act Notice, see se	berwork Reduction	For Par			
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Form 8879-EO		e Signature Authorization Exempt Organization	1	OMB No. 1545-0047
		aginning, and ending	ŀ	
Department of the Treasury	247-2121 - 22104	and to the IRS. Keep for your records.		2020
Internal Revenue Service	► Go to www.irs.go	v/Form8879EO for the latest information.		
Name of exempt organization or po	rison subject to tax		Taxpayer identifica	tion number
	ARY FOUNDATION INC		58-2332014	
Name and title of officer or person				
PETER COOPER, TRE				
	eturn and Return Informatio			
		879-EO and enter the applicable amount, if any, fi		
		he amount on that line for the return being filed s applicable, blank (do not enter -0-). But, if you		
	le applicable line below. Do not comp		emered -0- on u	le
1a Form 990 check here				
2a Form 990-EZ check h	ere b D b Total revenue, il any (re	orm 990, Part VIII, column (A), line 12)		b <u>324,340</u>
3a Form 1120-POL chec	k bere	y (Form 990-EZ, line 9)		b
4a Form 990-PF check h		stment Income (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here		8868, line 3c).		
6a Form 990-T check her		-T. Part III, line 4)		
7a Form 4720 check here		0, Part III, line 1)		
Part II Declaratio	in and Signature Authorizat	on of Officer or Person Subject to T	ax	
Under penalties of perjury,		the above organization or 🔲 I am a person su		espect to
(name of organization)		and that I have and that I have a second seco	ve examined a cr	עסט
	n and accompanying schedules and s	tatements, and, to the best of my knowledge and	belief, they are	
		art I above is the amount shown on the copy of th		
		r electronic return originator (ERO) to send the r		
		ason for rejection of the transmission, (b) the re		
		f applicable, I authorize the U.S. Treasury and it		
		/ to the financial institution account indicated in th		
		the financial institution to debit the entry to this a		
		888-353-4537 no later than 2 business days pric		•
		d in the processing of the electronic payment of sissues related to the payment. I have selected a		
		m and, if applicable, the consent to electronic fur		
		in and, it applicable, the consent to electronic ful	ius withorawai.	
PIN: check one box only				
X I authorize Jenn:	ifer R Hall CPA LLC	to enter my PIN 09709	as my signature	a
<u> </u>	ERO firm name	Enter five numbers, but		•
on the tax year 202	O plantronicolly filed rotym. If they are	do not enter all zeros		
state agency(ies) re	egulating charities as part of the IRS I disclosure consent screen.	dicated within this return that a copy of the return Fed/State program, I also authorize the aforemen	is being filed with the second s	:h a nter my
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regulating charities	as part of the IRS Fed/State program	, I will enter my PIN on the return's disclosure co	insent screen.	,
Signature of officer or person subject	a lo tax 🕨	Dale 🕨	08-29-202	1
	on and Authentication		00-23-202.	<u> </u>
ERO's EFIN/PIN. Enter you	ur six-digit electronic filing identificatio	 N		
	your five-digit self-selected PIN.	5797	10 86753	
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I certify that the above rume	ric entry is my PIN which is my sizes	ture on the 2020 electronically filed return indicat		
that I am submitting this ret	um in accordance with the requireme	nts of Pub. 4163, Modernized e-File (MeF) Infor	eu above. I conil	m
IRS e-file Providers for Bus	iness Returns.		mator for Autro	nikou (
ERO's signature		Date 🕨	08-29-2023	<u>L</u>
	ERO Must Poto	in This Form - See Instructions		
		to the IRS Unless Requested To D	0.50	
For Paperwork Reduction	Act Notice, see instructions.	te ine inte enites nequested TOD		Form 8879-EO (2020)
EEA	-			- Sill 0073-EO (2020)

_	0	90	Detum	of Organization E		Eucos Inc		Tau		OMB No. 1545-0047
Form	9	90	Keturn	of Organization Ex	xempt	From Inc	ome	lax		2020
			Under section 501(c)	, 527, or 4947(a)(1) of the Inte	ernal Reve	nue Code (ex	cept pr	ivate found	ations)	2020
Denad	ment o	f the Treasury	Do not er	nter social security numbers	s on this fo	rm as it may	be mac	le public.		Open to Public
		nue Service	► Go to	www.irs.gov/Form990 for in	structions	and the late	st infor	mation.		Inspection
A F	or the	e 2020 calend	ar year, or tax year begi	nning		, 2020, a	nd end	ling		, 20
Bo	heck if	applicable:	C Name of organizatior	HE HERITAGE LIBRARY	FOUNDA!	TION INC			D Emplo	over identification number
	ddress	ress change Doing business as 5					58-2332014			
N	ame ch	ange	Number and street (or F	P.O. box if mail is not delivered to street	address)		Room/s	uite	E Telept	ione number
_ h	itial ret	al return PO BOX 5950					(843) 686-6560			
F	inal reti	I return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross re					receipts			
	mende	d return	HILTON HEAD I	SLAND, SC 29938-595	0				s	324,340
	pplicati	on pending	F Name and address of p	rincipal officer:				H(a) is this a g	proup return fi	or subordinates? Yes X No
								H(b) Are all s	ubordinate	s included? Ves No
<u>I 7</u>	ax-exer	mpt status: 🗙	501(c)(3) 501(c) () 🗲 (insert no.) 🗌 4947(a)(1	1) or	527		tf "No,"	atlach a lisi	t. See instructions
J W	ebsite	: ► WWW	.HERITAGELIB.ORG					H(c) Group e	exemption r	number 🕨
K F	orm of a	organization: X	Corporation Trust As	sociation 🔲 Other 🕨		L Year of formati	on: 19	97 M S	itate of lega	al domicile: SC
Par	tI	Summar	/							
	1	Briefly descri	be the organization's miss	sion or most significant activitie	es: OPE	RATE A HI	STORY	AND GE	NEALO	GY RESEARCH
	ĺ	LIBRARY								
900			25				AL N			
nai						4	10			
Governance	2	Check this bo	🗴 🕨 🗌 if the organizatio	n discontinued its operations o	r disposed	of more than	25% of	its net asset	s.	
	3	Number of vo	ting members of the gov	erning body (Part VI, line 1a)					3	15
Activities &	4	Number of in	dependent voting membe	rs of the governing body (Part	VI, line 1b)				4	15
itie	5			n calendar year 2020 (Part V,		ALL		A 1997	1	0
cţ.	6			necessary)			Constant State	1		•
4	7a			Part VIII, column (C), line 12					7a	0
	Ь	Net unrelated	l business taxable income	e from Form 990-T, Part I, line	11	· · · · · · ·			7b	0
					V			Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line	:1h)			. 🕅	269	,163	302,029
9	9			e 2g)					,454	21,238
Revenue	10			A), lines 3, 4, and 7d)					954	1,020
Re	11	Other revenue	e (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and 11e)					53
	12	Total revenue	- add lines 8 through 11	(must equal Part VIII) column (A), line 12)		,	309	,571	324,340
	13	Grants and si	milar amounts paid (Part	IX; column (A), lines 1-3)						0
	14									0
	15	Salaries, othe	r compensation, employed	e benefits (Part IX, column (A)	, lines 5-10)	,	40	,417	45,000
Expenses			Indraising fees (Part IX, column (A), line 11e)				-		0	
ben	b	Total fundrais	ing expenses (Part IX, co	lumo (D), line 25) 🕨		54,424	1102000			
ă	17	Other expens	es (Part IX, column (A), li	nes 11a-11d, 11f-24e)				199	,455	187,600
	18			equal Part IX, column (A), line				239	,872	232,600
	19	Revenue less	expenses, Subtract line	18 from line 12		<u>.</u>		69	, 699	91,740
10							Begl	nning of Curre	nt Year	End of Year
Net Assets or Fund Balances	20							335	,423	537,672
A De	21							23	,928	131,891
	22			line 21 from line 20				311	,495	405,781
Par		Signatur								
Under Irue, c	penalti prreci, a	es of perjury. I decl and complete. Decl	are that I have examined this retu aration of preparer (other than off	m, including accompanying schedules a icer) is based on all information of which	and statements h prenarer has	s, and to the best of any knowledge	f my know	vledge and beli	ef, it is	
						ony knowledge.				·····
Ciam.			COOPER							
Sign		Signature	of officer						Date	
Here			COOPER, TREASUR	ER						
		/	int name and title					,		
		Print/Type prep		Preparer's signature		Date		Check	ii F	PTIN
Paid		Jennifer R Hall D8-29-2021 self-employed						P00647809		
Ргер				R Hall CPA LLC			F	irm's EIN 🕨		
Use	Unly	Firm's address		Summit Drive Suite	103		P	hone no.		
				SC 29910						15-3575
				own above? (see instructions)		<u></u> .				XYes No
For Pa	perw	ork Reductio	n Act Notice, see the se	parate instructions.						Form 990 (2020)

Form	n 990 (2020) THE HERITAGE LIBRARY FOUNDATION INC	58-2332014	Page 2
Pa	art 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
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes 🕅	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,	
	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		ION
	CHAPEL OF EASE CEMETERY MAUSOLEUM. OVER 5500 PEOPLE VISITED THE SITES, BOTH		
	ON THE NATIONAL REGISTER OF HISTORIC PLACES IN 2017.		
4 b	(Code:) (Expenses \$ 49,182 including grants of \$) (Revenue	\$ 17,4	32)
	EDUCATIONAL PROGRAM EXPENSE: CONDUCTED TOURS OF FT. MITCHEL AND ZION CHAPEL	OF EASE CEMETE	RY
	MAUSOLEUM AS WELL AS CONDUCTED VARIOUS CLASSES ON GENEALOGY AND LOCAL HISTOR	Y. COLLABORATE	DONA
	THREE DAY CHRISTMAS PROGRAM, INCLUDING A TOUR OF ZION CEMETERY, HOSTED A HAL		CALLED
	"GHOSTS AND MYTHS" AND, A CHRISTMAS PROGRAM CALLED "COLONIAL CHRISTMAS" AT ZI		
	HISTORICAL BIKE TOURS WERE CONDUCTED AND A PARTNERSHIP WAS DEVELOPED WITH TH	E UNIVERSITY O	F SOUTH
	CAROLINA BEAUFORT.		
4c	(Code:) (Expenses \$387 including grants of \$) (Revenue	\$302,02	
	MAINTAIN BOOKS, DOCUMENTS, AND DIGITAL COLLECTIONS AND PROVIDE ONLINE ACCESS		FOR
	PUBLIC RESEARCH. SERVED 5800 RESEARCH PATRONS, PUBLISHED QUARTERLY NEWSLETTED		
	HISTORICAL PAPERS FOR MEMBERS AND THE PUBLIC. VOLUNTEERS PROVIDED 8500 HOURS	OF SERVICE.	
4d			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 109,147		
EEA		Form 99	0 (2020)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		
	complete Schedule A	1	x
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		
	candidates for public office? If "Yes," complete Schedule C, Part I	3	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		
	"Yes," complete Schedule D, Part I	6	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		
	complete Schedule D, Part III	8	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.		
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		
	complete Schedule D, Part VI	11a	x
	b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	116	
,	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	x
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x
(Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>	
		11f	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>	
	Schedule D, Parts XI and XII	12a	
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	
b			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		•
_	If "Yes," complete Schedule G, Part III	19	
20 a		20a	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

21

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Form 990 (2020) THE HERITAGE LIBRARY FOUNDATION INC Part IV **Checklist of Required Schedules**

58-2332014

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Yes

Pa	Int IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			<u> </u>
		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	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? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	0.5		
20		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part.II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, drector, 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? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	21	_	<u>x</u>
20		5.11		
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			243213
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		1	
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23	-+	<u>~</u>
••	conservation contributions? If "Yes," complete Schedule M.			
24	Did the eccentration liquidate there is a liquidate schedule M2			<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N. Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	24		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		<u>x</u>
Ь	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization?If "Yes," complete Schedule R, Part V, line 2	36		х
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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			<u> </u>
	19? Note: All Form 990 filers are required to complete Schedule O.	20		
Par		38	x	
Fdi				r
-	Check if Schedule O contains a response or note to any line in this Part V		• •	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		T	
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
		10	1	

Form 990 (2020) THE HERITAGE LIBRARY FOUNDATION INC

58-2332014 Page 4

	1990 (2020) THE HERITAGE LIBRARY FOUNDATION INC 58-23:	32014	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		-	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		hereb	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		x
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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			1
	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		х
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	. 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			
u	and services provided to the payor?	. 7a		v
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			X
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· • 7b		
C				
-1	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>
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		12331	
	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions fincluded on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	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		1.16	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?			x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	. 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 4968 excise tax on net investment income?	. 16		x
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020)

	990 (2020) THE HERITAGE LIBRARY FOUNDATION INC 58-23320	14	F	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			<u>. X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			2 1 1 1 1
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2		x
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?	3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
Ь	Each committee with authority to act on behalf of the governing body2	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	х	
b	If "Yes," did the organization have written policies and procedures governing the aclivities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		x
13	Did the organization have a written whisteblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
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?	11-1-1-		
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			8
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?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			0.000
	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?	16b		_
Seci	tion 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,			
	Own website Another's website I Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PETER COOPER (843) 686-6560, PO BOX 5950, HILTON HEAD ISLAND, SC 29938-5950			

Form 990 (202	0) THE HERITAGE LIBRARY FOUNDATION INC	58-2332014	Page 7			
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, 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 t	ax 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.

		(C) Position (do not check more than one box, unless person is both an officer and a director/truste6)				(D). Reportable componsation from the		
(A)	(6)						(E)	(F)
Name and tille	Average hours per week						Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	or director	Instituional Inuside	ukey employee	Pormer Phohest compensated amployee.	organization (W-2/1090-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) BARBARA CATENACI	40.00							
EXECUTIVE DIRECTOR		x				45,000	0	0
(2) BARRETT RIORDAN BOARD MEMBER	3.00	x				0	0	0
(3) IVA WELTON BOARD MEMBER		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	<u>2.0</u> 0	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		×			0	0	0
(13)EZRA CALLAHAN PRESIDENT	15.00		x			0	0	0
(14)RICHARD THOMAS VICE PRESIDENT	10.00		x			0	0	0
EEA			- 92 - 1	0.00	2. St. 19	0.000	7 Ed. 20 V	Form 990 (2020)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (C) Position (A) (B) (D) (E) (F) (do not check more than one Average Name and title Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation officer and a director/trustee) of other from the from related compensation per week organization organizations from the (list any 2 (W-2/1099-MISC) (W-2/1099-MISC) employee organization and nstitutional trustee ley employee lighest compensated hours for director related organizations related organizations Inuside helow dotted line) (15)LUANA GRAVES SELLARS 2.00 SECRETARY Х 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 Total (add lines 1b and 1c) d 45,000 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 reportable compensation from the organization 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual 3 X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 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? If "Yes," complete Schedule J for such person 5 x Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) **(B)** (C) Name and business address **Description of services** Compensation

THE HERITAGE LIBRARY FOUNDATION INC

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

58-2332014

Page 8

Form 990 (2020)

(Construction)	90 (2020) THE HERITAGE LIBRARY	FOUNDATION	INC		58-23320)14 Page 9
Part	VIII Statement of Revenue					
	Check if Schedule O contains a response or not	te to any line in this	s Part VIII			
			(A) Total <i>r</i> evenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512514
	1a Federated campaigns 1a			Real Providence of		
40 . m	b Membership dues	18,390				
Contributions, Gifts, Grants and Other Similar Amounts	c Fundraising events	41,567		with the second second		
บัติ	d Related organizations					
iffs ir A	e Government grants (contributions) 1e	112,353				
9 ju 11 ju	f All other contributions, gifts, grants,					
tion r Si	and similar amounts not included above 1f	129,719			i - Ve-n 1	
a de de	g Noncash contributions included in					
ont d C	lines 1a-1f	\$				
0ā	h Total. Add lines 1a-1f		302,029			
		Business Code				
m	2a PUBLISHING REVENUE 5	11130	2,670	2,670		· · · · · · · · · · · ·
	b LIBRARY SERVICES 5	19100	1,136	1,136	/	· · · · · · · · · · · · · · · · · · ·
Ser	c EDUCATIONAL PROGRAMS	11710	17,432	17,432		
Program Service Revenue	d			. 11		
- Ege	e			1 1		
Č.	f All other program service revenue			101		
	g Total. Add lines 2a-2f		21,238			
	3 Investment income (including dividends, interest, and					
	other similar amounts)	All	1,020	1,020		
	4 Income from investment of tax-exempt bond procee	the state of the s		1	<u>.</u>	
	5 Royalties	Marine .	53	53		
	(i) Real	(ii) Petsonal				
	6a Gross rents 6a		1			1.01.01
	b Less: rental expenses 6b	1				
	c Rental income or (loss) 6c	Ciclia I				
	d Net rental income or (loss)	Territoria.				
	7a Gross amount from (i) Securities	(i) Other				1 N
	sales of assets other than inventory 7a					il's and a second
	b Less: cost or other basis				STREET STREET	1,216, 1
۵	and sales expenses					
n.	c Gain or (loss)					
Nex 1	d Net gain or (loss)			4. 17		
Other Revenu	8a Gross income from fundraising		0414-31		N	12 12 1 10
- Š	events (not including \$41,567				× 11,77	
Ŭ	of contributions reported on line			HELESSIN L		
	1c). See Part IV, line 18 8a			an incorrect		
	b Less: direct expenses 8b		Stand Reality			
		►				
	9a Gross income from gaming		and the second second	and the second		
	activities, See Part IV, line 19 9a			100 100 100 M		
	b Less: direct expenses 9b		See. August			
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less	1	A MARKA TO THE		ME. DIT	
	returns and allowances 10a		L ELE LA M			
	b Less: cost of goods sold 10b				35100	
	c Net income or (loss) from sales of inventory					
		Business Code				
S	11a					
	b					
Miscellanous Revenue	C					
N N N	d All other revenue					
	e Total. Add lines 11a-11d			-11		
	12 Total revenue. See instructions		324.340	22.311	0	0

Form 990 (2020) Part IX St

020) THE HERITAGE LIBRARY FOUNDATION INC Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all of	columns. All other orga	anizations must comple	ate 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,	(A)	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				o dia 1
8	Pension plan accruals and contributions (include	n hanna an			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	4			
а	Management		1 1 62		
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		1		
4.0	(A) amount, list line 11g expenses on Schedule O.)	Page 1			
12	Advertising and promotion	54,424			54,424
13	Office expenses	5,524		5,524	
14 15	Information technology	1,450		1,450	
15	Royalties				
17					
18	Travel				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2 020			
20		3,039		3,039	
21	Payments to affiliates	1,002		1,082	
22	Depreciation, depletion, and amortization	7,121		7 101	
23	Insurance	2,508		7,121	
24	Other expenses. Itemize expenses not covered	2,300		2,508	
	above (List miscellaneous expenses on line 24e, If				20 BAN 10 BAN
	line 24e amount exceeds 10% of line 25, column		2.8		1911
	(A) amount list line 24e expenses on Schedule O.)				
а	EDUCATION PROGRAM EXPENSES	49,182	49,182		
Ь	HISTORIC PRESERVATION	59,578	59,578		
C	BANK & PROCESSING FEES	3,305		3,305	
d	ONLINE RESEARCH SUBSCRIPTION	387	387		
е	All other expenses		,	10	
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 I if				
_	following SOP 98-2 (ASC 958-720)				

	990 (2		5	9-2332014	4 Page 11
Par	tΧ	Balance Sheet			5.22
		Check if Schedule O contains a response or note to any line in this Part X			[
		NARAN MARA DUPATAN TEARATE AL ARAK ANARA ANA PERENA ANTI PERENA ANTI PERENA ANTA ANARAN ANTA ANARAN ANTI PERENA	(A)		(B)
			Beginning of year		End of year
	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,		and the second	
		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			
	1	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
cn.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	4,763	8	4,763
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other	1 - 1 K & K &		
		basis. Complete Part VI of Schedule D 10a 157,952			
	b	Less: accumulated depreciation 10b 116,268	44,885	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	
1	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
	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	
ŝ	22	Loans and other payables to any current or former officer, director,			
iiiti		trustee, key employee, creator or founder, substantial/contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
- 1	23	Secured mortgages and notes payable to unrelated third partles		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
		Organizations that follow FASB ASC 958, check here			
្ត្		and complete.lines 27, 28, 32, and 33.			
Š	27	Net assets without donor restrictions	296,495	27	390,781
3ala	28	Net assets with donor restrictions	15,000	28	15,000
۳ <u>و</u>		Organizations that do not:follow FASB ASC 958, check here			
2		and complete lines 29 through 33.			
Ъ	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	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
EEA					Form 990 (2020)

Form 990 (2020)

		8-233201	4	Pa	age 12
Pa	rt 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)			324,	
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))			311,	495
5	Net unrealized gains (losses) on investments				546
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments	8			
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))	10		405,	781
Pa	rt XII Financial Statements and Reporting	·			
	Check if Schedule O contains a response or note to any line in this Part XII				.П
				Yes	No
1	Accounting method used to prepare the Form 990: 🔲 Cash 🛛 🖾 Accrual 🔲 Other				1 - 8
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	—		150	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			15-150	1
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				S.
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		100		5
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	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?		2c		
	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?		3a		х
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 Schedüle O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2020)

SCHEDULE A Public (ublic Chari	rity Status and Public Support				OM8 No. 1545-0047		
(For	n 9	0 or 990-EZ)			lon is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trus					
			Complete if the organia		t 2020 Open to Public					
		l of the Treasury venue Service	► Go		ch to Form 990 or Form form990 for instruction		latest info	rmation.	Inspection	
		e organization						Employer Identifica		
THE	H	RITAGE LIE	RARY FOUNDATIC	N INC				58-23320	14	
Pa	rt I	Reason	for Public Charit	y Status. (All o	organizations must	complete	e this par	t.) See instruction	ns.	
	Ē				s 1 through 12, check or	•	•			
 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990 or 990-EZ).) 										
2	Ц				•					
3 4	Н				on described in section					
4	Ц		e, city, and state:	srated in conjunction	on with a hospital descri	Dea in sec		λ(T)(A)(iii). Enter the		
5	П		· · · · · · · · · · · · · · · · · · ·	efit of a college or	university owned or oper	ated by a	novernmen	tal unit described in		
•	-)(1)(A)(iv). (Complete	-		biod by d	9010111101			
6		•			unit described in sectior	170(b)(1))(A)(v).			
7	$\overline{\Box}$		÷	+	t of its support from a go			m the general public		
		described in s	ection 170(b)(1)(A)(vi	i). (Complete Part	ll.)					
8		A community t	rust described in sect	ion 170(b)(1)(A)(v	i). (Complete Part II.)					
9		An agricultural	research organization	n described in sect	tion 170(b)(1)(A)(ix) ope	erated in c	onjunction	with a land-grant coll	ege	
			a non-land-grant colle	ege of agriculture (see instructions). Enter th	ne name, c	ity, and stat	e of the college or		
	5.0	University:				100	1	1	··	
10	X				3 1/3% of its support from	A 1910	and the second se	ALC: NO.	S	
					subject to certain except	ALC: NO.				
					siness taxable income () section 509(a)(2). (Con	Concession and the second	(b) (0.5)	rom Dusinesses		
11	П				test for public safety. Se	and the second s	And and the other distances of the local dist			
12	Ы			-	the benefit of, to perform		A STATE OF		35	
					bed in section 509(a)(1)	1000 V 100	544 - TOUR			
					ne type of supporting or	ALCONTRACTOR		State of the second sec	• •	
	а				ised, or controlled by its					
					appoint or elect a majo				•	
		supporting	organization. You mu	ist complete Part	IV, Sections A and B.					
	Ь				in connection w					
				Accession in the second s	on vested in the same pe	ersons that	control or n	nanage the supported	İ	
			n(s). You must comp							
	С		ALC: 1	A REAL PROPERTY AND A REAL	anization operated in co				vith,	
	d	_	ALL	A CONTRACT A	u must complete Part I	-				
	u		And a second sec	Access Access Access	g organization operated renerally must satisfy a d			· · · ·		
			the second second	- Annual - Annual -	e Part IV, Sections A a			it and an attentiveness	•	
	е				determination from the II			Type II. Type III		
					ntegrated supporting org			. ypa n, typa n		
	f		ALCON COMPANY	· · · · · · · · · · · · · · · · · · ·						
	g	Provide the follo	owing information about	t the supported or	ganization(s).				L==	
	()	Name of supported	organization	(ii) EIN	(iil) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of	
					(described on lines 1-10 above (see instructions))	listed in you docum	r governing	support (see instructions)	other support (see instructions)	
						ļ		,		
						Yes	No			
(A)							[]			
(8)										
					<u> </u>	<u> </u>				
(C)										
(D)										
(D)										
(E)										

	dule A (Form 990 or 990-EZ) 2020 THE HERIT ITTII Support Schedule for Organiz (Complete only if you checked th		ibed in Sect	ions 170(b)([,]			(vi)
	Part III. If the organization fails to						iny anact
Se	ction A. Public Support				<u> </u>		
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(0) 2011	(0) 2010	(0) 2010	(0/ 2020	ill rotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to		1				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
×	each person (other than a				3.7		
	governmental unit or publicly				A		
	supported organization) included on			122			
	line 1 that exceeds 2% of the amount			1	11 .		
	shown on line 11, column (f)				a la		
6	Public support. Subtract line 5 from line 4				1.1.1		
-	tion B. Total Support			the second secon	and the	I	
	endar year (or fiscal year beginning in)►	(a) 2016	_(b) 2017 🥼	(ਫੋ))2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	<u>[a] 2010</u>	_10/2011	10/12010			(i) rotai
8	Gross income from interest, dividends,		7 4 1			/	
U	payments received on securities loans,		12				
	rents, royalties, and income from		1				
	similar sources				Ť		
•	Net income from unrelated business						
9				9			
	activities, whether or not the business				2.		
40	is regularly carried on	A COMPANY					
10	Other income. Do not include gain or	1 1					
	loss from the sale of capital assets	1 11					
	(Explain in Part VI.)	and had	0				
	Total support. Add lines 7 through 10.	to the state of the state				40	
	Gross receipts from related activities, etc. (se First five years. If the Form 990 is for the or						
13							
Sor	organization, check this box and stop here ition C. Computation of Public Suppor	d'Dereentere					· · · · · ►
	Public support percentage for 2020 (line 6, c			column (f))		14	
	Public support percentage from 2019 Schedu					14	<u>%</u>
	33 1/3% support test - 2020. If the organiza						
Tua	box and stop here. The organization qualifie						
h							
	33 1/3% support test - 2019. If the organization and stop here. The organization and						
17-	this box and stop here. The organization qua 10%-facts-and-circumstances test - 2020.						
110		-					
	10% or more, and if the organization meets the Part VI how the organization meets the facts						
la la	organization	· · · · · · · · · ·	· · · · · · · · ·	 		· · · · · · · · · ·	▶ []
IJ	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization me						
	in Part VI how the organization meets the fac						
10	organization						•••• ⊔
18	Private foundation. If the organization did n						
EEA	instructions		• • • • • • • •	• <u>•</u> ••••••	• • • • • • • • •		· · · · ▶

Schedule A (Form	990	or (990-EZI	2020

-		AGE LIBRARI			<u>`````````````````````````````````````</u>	20-23201	la Pagelo
Pa	Int III Support Schedule for Organi						
	(Complete only if you checked						der Part II.
_	If the organization fails to qualif	y under the te	sts listed belo	ow, please co	mplete Part I	l.)	
	ction A. Public Support						
Cal	endar 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						8
	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					, i i i i i i i i i i i i i i i i i i i	
	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
	Amounts included on lines 1, 2, and 3	202,970	200,730	303,71,0	300,231	323,323	1,450,550
7 a	received from disqualified persons	64.100	21 625	209,238	17 020	110 353	465 051
Ь	Amounts included on lines 2 and 3	64,106	31,625	209,238	47,929	112,353	465,251
U	received from other than disqualified			61	10 13		
					1 1		
	persons that exceed the greater of \$5,000			00			
	or 1% of the amount on line 13 for the year	23,862				/	23,862
	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.)		1 1		-		941,885
	tion B. Total Support						
	endar 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,		N. 1				
	payments received on securities loans, rents,	1 11					
	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			5 I I I I I I I I I I I I I I I I I I I			
	acquired after June 30, 1975						
	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						
2	Other income. Do not include gain or					39-07	
	loss from the sale of capital assets						
	(Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)	204,036	210,137	390,174	307,205	324,345	1,435,897
	First 5 years. If the Form 990 is for the orga				ax year as a se	ction 501(c)(3)	2,100,007
	organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Suppor	rt Percentage			<u> </u>	<u> </u>	
	Public support percentage for 2020 (line 8, c			column (ft)		15	65.60 %
	Public support percentage from 2019 Sched					16	
	tion D. Computation of Investment Inc			* * * * * * * * *	• • • • • • •	10	65.09 %
	Investment income percentage for 2020 (line				(0)	17	0.00.0/
8	Investment income percentage from 2029 (inte	s roc, column (i shodulo A. Dost		ie 15, column (0.00 %
						18	0.00 %
JU	33 1/3% support tests - 2020. If the organiz	auon did not Ch		1 line 14, and li	ne 15 is more l	nan 33 1/3%, a	
Н	17 is not more than 33 1/3%, check this box	and stop here.	i ne organizat	ion qualifies as	a publicly sup	ported organiza	ation ► 🔀
D	33 1/3% support tests - 2019. If the organiz	ation did not ch	eck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	3 1/3%, and
	line 18 is not more than 33 1/3%, check this	pox and stop h	ere. The organ	nization qualifie	is as a publicly	supported orga	anization 🕨 🔲
	Private foundation. If the organization did n	ot check a box	on line 14, 19a	a, or 19b, checl	k this box and a	see instructions	· · · · ► 🚺
EEA						Schedule & (Earn	990 or 990-F7) 2020

THE HERITAGE LIBRARY FOUNDATION INC

58-2332014

Page 3

EEA

Schedule A (Form 990 or 990-EZ) 2020

		-2332014	Page 4
Par	t IV Supporting Organizations		
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I,	•	
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12		•
See	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and co	mpiele Part v	<u>.)</u>
380	tion A. All Supporting Organizations	T	Yes No
1	Are all of the organization's supported organizations listed by name in the organization's governing	Summer a	163 140
'	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.	1	species sectores.
2	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 support	orted	
	organization was described in section 509(a)(1) or (2).	2	
39	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," and		
34	lines 3b and 3c below.	3a 3a	Statistics Statistics
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6)		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	and	
	organization made the determination.	3b	
~	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)		
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	(2)(D) 3C	
40			
-4d	Was any supported organization not organized in the United States ("foreign supported organization")? If		
Ŀ	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a	171-17
a	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	7.1	
	despite being controlled or supervised by or in connection with its supported organizations.	4b	_
С	Did the organization support any foreign supported organization that does not have an IRS determination		an 1
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization u		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)	(B)	
	purposes.	4c	
5a	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 El		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such ac		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the a	ction	
	was accomplished (such as by amendment to the organizing document).	5a	
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?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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 benefi		
	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? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contrib		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled en		2
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
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))? If "Yes," provide detail in Part VI .	9a	Part and a street of
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? If "Yes," provide detail in Part VI.	9b	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene		
÷	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	90	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		
	supporting organizations)? If "Yes," answer 10b below.	40-	
ь		10a	10004
U	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.)	4.01	POST MEETING
		<u> 106 </u>	
EEA	So	hedule A (Form 990 or	r 990-EZ) 2020

Schee	tule A (Form 990 or 990-EZ) 2020 THE HERITAGE LIBRARY FOUNDATION INC 58-2	332014	F	Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in line 11a above?	11b		
c	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		1000	
0	detail in Part VI.	11c		
500	tion B. Type I Supporting Organizations		V	No
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		140	1.17
	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)	. d		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support		3	
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Par	+		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Page 10
Sec	tion C. Type II Supporting Organizations			
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
·	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			-
	the supported organization(s).	1		1
Sec	tion D. All Type III Supporting Organizations			
		A	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1		1-1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pr	ior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	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	J 🚺		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	:		-
	a significant voice in the organization's investment policies and in directing the use of the organization's	1.0		
	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.	3		
Sec	tion 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 instruc	tions)	•
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmen	l entity (see ir		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes o	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			15-1
	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 determine that these activities constituted substantially all of its activities.	0		(ř
	mar mose delivitos constitutor substantidity di UERS delivities.	E Za	. 1	

- 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer 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? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a 3b

2b

Pa 1	Type III Non-Functionally Integrated 509(a)(3) Supporting Org Check here if the organization satisfied the Integral Part Test as a qualifying t instructions. All other Type III non-functionally integrated supporting organiz	rust	on Nov. 20, 1970 (expla	
Sec	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		14C
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		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	16		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d	a land	
	Discount claimed for blockage or other factors	1	the first	2 KS 10 K 10 K
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		·
iec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line B, 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	Check here if the current year is the organization's first as a non-functionally in	atori	rated Type III supporting	organization

Schedule A (Form 990 or 990-EZ) 2020

_	tule A (Form 990 or 990-EZ) 2020 THE HERITAGE LIBRARY FOUR				2014 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3	 Supporting Organi 	zations (continue)	<u>d)</u>	
Se	ction D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		\square	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pa	rovide 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	e organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	- Charles Charles - Charle		10	
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio: Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		~	12.25	
2					
	(reasonable cause required - explain in Part VI). See		1 4		
	instructions.			- 11	
3	Excess distributions carryover, if any, to 2020	AC	and the second second		
	From 2015		10 10		
	From 2016	1000	AT 11 .		
	From 2017				
100000-0010-001	From 2018	11 11 V			and the second
	From 2019		N. Comment	-	E ALL TIME OF S
	Total of lines 3a through 3e			1	
	Applied to underdistributions of prior years		(A. 199		
	Applied to 2020 distributable amount			1	
<u> </u>			and the second second	-	() isoan ()
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f		and a second second	+	
4	Distributions for 2020 from	subs.			
-	Section D, line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			-	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j			-	
	and 4c.				
8				-	
_	Evenes from 2016			-	
-	Europe from 2047				
	Europe from 2010				
_	Evenes from 2040				
	Evenes from 2020			-	
	Excess from 2020				
EEA			5	ichedu	Ile A (Form 990 or 990-EZ) 2020

Schedule A (Forr	n 990 or 990-E2) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
<u>.</u>	

Scl	hedı	ile B
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or 990-PF)

(Form 990, 990-EZ,

OMB No. 1545-0047

1		Attac	h to	Form	990,	Form	990-E	EZ, or	r Form	990-Pf	τ.
►	G	io to I	www	v.lrs.g	ov/F	orm99	0 for	the is	atest i	nforma	tion.

Schedule of Contributors

20

Employer identification number

58-2332014

Department of the Treasury
Internal Revenue Service
No

Name of the organization

THE	HERITAGE	LIBRARY	FOUNDATION	INC

Organization	type	(check	one):
- gameanen	190	foundate	011071

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

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

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

General Rule

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 IL See instructions for determining a contributor's total contributions.

Special Rules

- X For an organization described in section 501(b)(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).

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

EEA

	Schedule B	(Form 990,	990-EZ, o	r 990-PF)	(2020)
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Name of organization

THE HERITAGE LIBRARY FOUNDATION INC.

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

Part	Contributors (see instructions). Use duplicate copies of i	Part I if additional space is n	eeded.
(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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	COMMUNITY FDN OF THE LOWCOUNTRY 4 NORTHRIDGE DRIVE SUITE A HILTON HEAD ISLAND SC 29926	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(č) Total contributions	(d) Type of contribution
3	PEEPLES FOUNDATION PO BOX 5950 HILTON HEAD ISLAND SC 29938	\$ 56,400	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	THE CHURCH MOUSE THRIFT SHOP 78 ARROW ROAD HILTON HEAD ISLAND SC 29928	\$35,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	JOSE M GARCIA FOUNDATION 707 EAGLE ROCK AVENUE WEST ORANGE NJ 07052	\$15,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person D Payroll D Noncash D (Complete Part II for noncash contributions.)

Employer identification number 58-2332014

sci	HEDULE D	l Supplemen	tal Financial Statements		OMB No. 1545-0047
	rm 990)		ganization answered "Yes" on Form 990,		2020
`	8		10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	•	2020
Depa	iment of the Treasury		Attach to Form 990.		Open to Public
Intern	al Revenue Service	► Go to www.irs.gov/Forms	990 for instructions and the latest information		Inspection
	of the organization			Employer Identificatio	
		RARY FOUNDATION INC	unds or Other Similar Funds or Acco	<u>58-233201</u>	4
Гd		if the organization answered "Yes" on		unta.	
	Complete	in the organization bitswered res on	(a) Donor advised funds	(b) Funds a	and other accounts
1	Total number at er	nd of year	1		
2		f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	tend of year			
5		on inform all donors and donor advisors in w	-		
			on's exclusive legal control?		. 🗌 Yes 🗶 No
6	-		visors in writing that grant funds can be used		
	· · · · · · · · · · · · · · · · · · ·	purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose		. 🗌 Yes 🕅 No
Pa		vation Easements.	<u> </u>		
1.0		e if the organization answered "Yes" or	n Form 990. Part IV. line 7.		
1		ervation easements held by the organizatio	distance being	7	
		f land for public use (e.g., recreation or edu		a historically import	tant land area
	Protection of n	atural habitat	Preservation of	a certified historic s	structure
	Preservation o	f open space			
2	Complete lines 2a th	prough 2d if the organization held a qualified	conservation contribution in the form of a co	onservation	
		ist day of the tax year.			the End of the Tax Year
a					
Ь					······································
c d		vation easements on a certified historic struct vation easements included in (c) acquired at	ture included in (a)	. <u>2c</u>	
u				2d	
3			ased, extinguished, or terminated by the org		
	tax year 🕨		· · · · · · · · · · · · · · · · · · ·		
4	Number of states v	where property subject to conservation ease	ment is located		
5	Does the organizat	ion have a written policy regarding the perio	dic monitoring, inspection, handling of		
			olds?		
6	Staff and volunteer	hours devoted to monitoring, inspecting, has	dling of violations, and enforcing conservati	on easements durin	g the year
_	•				
7		is incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation e	asements during the	e year
8	► \$	infine comparent reported on line 2(d) shows	satisfy the requirements of section 170(h)(4	VDVO	
D	and section 170(h)		sausiy me requirements of section 170(n)(4		. 🏾 Yes 🗌 No
9			n easements in its revenue and expense stat		
-		and the second sec	to the organization's financial statements th		
		ounting for conservation easements.			
Pa	rt III Organiz	zations Maintaining Collections	of Art, Historical Treasures, or O	ther Similar As	ssets.
		e if the organization answered "Yes" o			<u> </u>
1a			, not to report in its revenue statement and b		
		-	c exhibition, education, or research in further	ance of public	
		Part XIII the text of the footnote to its finance			
b			, to report in its revenue statement and balan		
			xhibition, education, or research in furtherand	ce of public service,	
		g amounts relating to these items: fed on Form 990. Part VIII, line 1		⊾ ¢	
	(ii) Assets includer	d in Form 990 Part X		···· • • • • •	
2			ures, or other similar assets for financial gain		
-		required to be reported under FASB ASC 9		og prævide tre	
а			· · · · · · · · · · · · · · · · · · ·	· · · · · ► \$	
b	Assets included in I	Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	<u></u> ►\$	
For F		on Act Notice, see the Instructions for For			hedule D (Form 990) 2020

E	E	A

Sche		BRARY FOUNDATION I				58-233			age 2
Pa	rt III Organizations Maintaining C	Collections of Art, His	storical	Freasure s	, or Oth	er Similar A	Assets (c	ontin	ued)
3	Using the organization's acquisition, accession,	and other records, check ar	y of the foll	owing that m	ake signifi	cant use of its			
	collection items (check all that apply):		-		Ū				
а	X Public exhibition	Ь		or exchange	nrograms				
b	X Scholarly research	6		or exercise					
		6							
c	X Preservation for future generations								
4	Provide a description of the organization's colle	ctions and explain how they	further the	organization	s exempt p	ourpose in Part			
	XIII.								
5	During the year, did the organization solicit or re						_	_	
_	assets to be sold to raise funds rather than to b		organization	n's collection	?		🗌 Ye	s 🗌	No
Pa	rt IV Escrow and Custodial Arrang								
	Complete if the organization ar	nswered "Yes" on Forr	n 990, Pa	art IV, line	9, or rep	ported an an	nount on	Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian of	or other intermediary for con	tributions or	r other assets	s not				
							🗌 Ye	sП	No
b	If "Yes," explain the arrangement in Part XIII an								
	a res, expansive unangementari at An an	a complete the following too	NG +			A	mount		
-	Paginging balance				1	^	moun		
C									
d	Additions during the year				1000				
е	Distributions during the year								
f	Ending balance				Contraction of the local division of the loc				
2 a	Did the organization include an amount on Form								No
b	If "Yes," explain the arrangement in Part XIII. Cl	heck here if the explanation	has been pi	ovided on Pr	art XIII .			. 🗆	
Pa	rt V Endowment Funds.		-	10 1					
	Complete if the organization ar	nswered "Yes" on Forr	n 990, Pa	art IV, line	10.				
		an doministration	nor year	(c) Two year	and the second se	d) Three years bac	k (a) Fou	r years b	ack
1a	Beginning of year balance		13,869	the second se	,7.03	15,00		15,0	
b	Contributions		16,178		100	15,00	<u> </u>	10,0	500
		N COL	10,1/0				<u> </u>		
С	Net investment earnings, gains, and		NA.						
	losses	3,777	465,	(3	,834)	2,70	3		
d	Grants or scholarships		1				-	10	
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses	AN IN IN							
g	End of year balance	34,289	30,512	13	,869	17,70	3	15,0	000
2	Provide the estimated percentage of the current	The second se		A	1000 000 0000				
a	Board designated or quasi-endowment	%							
h	Permanent endowment %								
	Term endowment								
С		110000							
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possessi	on of the organization that ar	e held and	administered	for the				
	organization by:							Yes	No
	(i) Unrelated organizations						. <u>3a(i)</u>	x	
	(ii) Related organizations						. 3a(ii)		х
Ь	If "Yes" on line 3a(ii), are the related organizatio	ons listed as required on Sch	edule R?.						
4	Describe in Part XIII the intended uses of the or						· · · · · ·		
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization an		000 Da	vt IV, line	110 50	a Form 000	Dart V II	no 10	
									1.
	Description of property	(a) Cost or other basis		r other basis		cumulated	(d) Bool	k value	
		(investment)		other)	depr	reciation			
1a	Land	•		10,550				10,5	<u>50</u>
b	Buildings	•							
C	Leasehold improvements	•		23,116		2,312		20,8	304
d	Equipment		1	124,286		113,956		10,3	
е	Other			· · · · ·					
Tota	. Add lines 1a through 1e. (Column (d) must equ		n (B), line	10c.)				41,6	
EEA							Schedule D (I		
							- acreaule D (*	~orm 99/	VIZUZU

Schedule D (Form 990) 2020

Schedule D (Form		TION INC	58-	-2332014	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	ie 11b. See Forn	n 990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Book value		c) Method of valuation or end-of-year market v	
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other					
	ENCY ACCOUNT	1,150	FMV		
(B)		1			
(C)		1			
(D)		1			
(E)					
(F)					
(G)					
(H)	· ·				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	1,150		520 5	
Part VIII	Investments - Program Related.		1		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11c. See Form	990. Part X.	line 13.
-					
	(a) Description of investment	(b) Book value		 Method of valuation or end-of-year market valuation 	
(IENDOWNE	ENT FUND SECURITIES	34,289	FMV	and or your manual m	5100
(2)	MI FORD SECONITIES	54,203	E PAV		
(3)		A 1000	- Canada		
(4)			A State		
(5)					
		100 100 100	time tout		
(6)		- 10 - 10 - V			
(7)	tin t		Ch.		
(8)	Vin Vin		VIIIA		
(9) Total (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.).	24.000			CONTRACTOR OF
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.).	34,289			
	Complete if the organization answered "Yes" on For	m 000 Port IV lin	a 11d. Saa Form	000 Dad V	line 15
		nirəso, Partiv, im	e Tiu. See Fuili	1	TWO IS NOT THE OWNER WHEN PERSONNEL
/400000 T	(a) Description			(b) Boo	
	Y DEPOSIT				2,581
	COLLECTIONS				188,081
(3)					
(4)					
(5)					
(6)		19.11.13. H			
(7)		-			
(8)					
(9)					
I otal. (Columi	(b) must equal Form 990, Part X, col. (B) line 15.).				190,662
Part X	Other Liabilities.				
	Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, lin	e 11e or 11f. Se	e Form 990, P	'art X,
1.	(a) Description of liability (b) Book	value			
(1) Federal in	ncome taxes				011
(2CREDIT	CARDS				
(3)					
(4)					18,110,11
(5)					
(6)					
(7)					
(8)					
(9)		1.5.5.5			
and the second se	b) must equal Form 990, Part X, col. (B) line 25.) .				
	uncertain tax positions. In Part XIII, provide the text of the footnote to	o the organization's fina	ncial statements that	reports the	
	-	-			

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.

Sched	ule D (Form 990) 2020 THE HERITAGE LIBRARY FOUNDATION INC	58-2332014	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	10 12	
ь	Donated services and use of facilities	-	
-	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	-1 1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			
_	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b	-1 - 1	
b			
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Pal	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		_
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII,)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Par	t XIII Supplemental Information.	0.07	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
			· · · · · · · · · · · · · · · · · · ·
S			
			<u> </u>
-			
-			
-			
-			

(Form 990 or 990-EZ) Complete if the organization enswerd "Yes" on Form 990, Part V. line 17, 18, or 19, or 19 use 10, 186 5a. 2020 Department of the Trasury Income that 95,000 or Form 990 eZ, this 5a. Department of the Trasury <	SCHEDULE G	Supplemen	tal Informatio	n Regard	ling Fund	raising or Ga	ming Act	ivities	OMB No. 1545-0047
Department of the Trassury ► Attach to Form 990 or Form 990-EZ. Copent to Public Instructions and the latest information. Copent to Public Instructions and public Instructions and the latest information. Copent to Public Instructions and public Instructions and public Instru	(Form 990 or 990-EZ)	Complete						if the	2020
Name of the organization Employer Identification number THE_HERITAGE_LIBRARY_FOUNDATION_INC 58-2332014 Part11 Fundralsing Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Internet and email solicitations f c Phone solicitations g 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundratising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Did fundraiser have control of contributions? (iv) Amount paid to (or retained by) organization 1 Yes No (iv) Amount paid to (or retained by) organization (vi) Amount paid to (or retained by) organization 1 Yes No (vi) Amount paid to (or retained by) organization (vi) Amount paid to (or retained by) organization (vi) Amount paid to (or retaine		⊳G	Attach to Form 990 or Form 990-EZ.						
Part II Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e 5 Internet and email solicitations f 6 Phone solicitations g 7 Indereson solicitations g 8 Option solicitations g 9 Special fundraising events In-person solicitations 9 Special fundraising services? Yes 1 Inderest end address of individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have cushy or control of contributions? (v) Amount paid to (or retained by) fundraiser listed in col. (i)) 1 Yes No Yes No Indicate in activity (v) Amount paid to (or etained by) fundraiser listed in col. (i)) (vi) Amount paid to (or etained by) fundraiser listed in col. (ii) (vi) Amount paid to (or etained by) fundraiser listed in col. (ii) (vi) Amount paid to (or								Employer Ide	
Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities, Check all that apply, a Mail solicitations e b Internet and email solicitations f c Phone solicitations g d In-person solicitations g 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b Infinity fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) 1 Yes No 1 Indicater No Indicater No 1 Yes No Yes No Indicater by) (or retained by) organization (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (v) Amount paid to (or retained by) (or retained by) organization 1 Yes No Individual (vi) Amount paid to (or retained by) (organization <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply, a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g No 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity fundraiser listed in col. (i) (v) Amount paid to (or retained by) organization 1 Yes No Yes No Indicate No (v) Amount paid to (or retained by) organization 1 Yes No Yes No Indicate No Indicate No Indicate No 2 N						wered "Yes" or	n Form 99	0, Part IV	line 17.
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g No 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual (ii) Activity (iii) Did fundraiser have (iv) Gross receipts from activity fundraiser listed in col. (i) (vi) Arnount paid to (or retained by) organization 1 Yes No Image: No Image: No 1 Yes No Image: No Image: No 1 Yes No Image: No Image: No 2 Image: No Image: No Image: No Image: No 3 Image: No Image: No Image: No Image: No						ies. Check all that	apoly		
c Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid Individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of Individual (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser isted in col. (i) (v) Amount paid to (or retained by) fundraiser isted in col. (ii) (vi) Amount paid to contributions? 1 Yes No Yes No 1 Yes No Yes (iii) Activity 3 Yes No Yes Yes		organization rates	a longo neogra	•					
d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid Individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of Individual or entity (iii) Activity (iii) Did fundraiser have custody or control of contributions? (v) Amount paid to (or retained by) from activity (v) Amount paid to (or retained by) from activity 1 Yes No Yes No Yes No 3 Yes No Yes No	b 🔲 Internet and email	solicitations		f 🗌 S	Solicitation of	government grant	S		
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col. (i) (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) (or granization) 1 Yes No Yes No Yes Yes Yes 3 Yes No Yes Yes Yes Yes Yes Yes	Ξ.			g 🗌 🤅	Special fundr	aising events			
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col. (i) 1 2 3			oral agreement wi	th any individ	lual <i>li</i> ncludia	a officers director	s tructoos		
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) 1 Yes No (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) 2 Yes No (v) Amount paid (or retained by) fundraiser listed in col. (i) 3 (v) Amount paid (v) Amount paid (or retained by) fundraiser listed in col. (v) Amount paid (or retained by) fundraiser listed in col. (v) Amount paid (or retained by) fundraiser listed in col. (v) Amount paid (or retained by) fundraiser listed in col. (v) Amount paid (or retained by) organization	-		+	+				Пх	es 🗌 No
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) 1 Yes No Yes No Yes Yes <td< td=""><td></td><td></td><td></td><td></td><td>•</td><td>-</td><td></td><td></td><td></td></td<>					•	-			
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Contributions? (iv) Gross receipts from activity (or retained by) fundraiser listed in col. (i) 1 Yes No 2 3 Image: State of the state of	compensated at leas	t \$5,000 by the or	rganization.						
(i) Name and address of Individual or entity (fundraiser) (ii) Activity (iii) Contributions? (iv) Gross receipts from activity (or retained by) fundraiser listed in col. (i) 1 Yes No 2 3							(y) Amr	unt paid to	T
1 2 3 1			(il) Activity	custody or	control of		(or ret fundrais	ained by) er listed in	(or retained by)
2 3				Yes	No				
3	1					A			_
	2	0		,	_	10		2	
4	3								
	4				× .	N.			
5	5								
6	6								
7	7			14					
8	8			10					
9	9								
10	10		11					_	
		0 0							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	and the second	the organization i	registered or lice	nsed to soli	· · · · ►	ans or has been no	tified it is ov	omot from	
registration or licensing.			a registered of nee	511360 10 30in		ins of has been no	uneu it 15 GA		
									·
			·						

-	nt II	Fundraising Events. Com		answered "Yes" on Fo	rm 990, Part IV, line 18,	-
		than \$15,000 of fundraising gross receipts greater than		d gross income on Forn	n 990-EZ, lines 1 and 6t	. List events with
			(a) Event #1 ANNU APPEAL	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	26,857			26,857
Ľ	2	Less: Contributions				
	3	Gross income (line 1 minus				
_		líne 2)	26,857			26,857
	4	Cash prizes				
	5	Noncash prizes				
suses	6	Rent/facility costs				
Exp	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses		<u> </u>		
	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
Pa	rt II	- · ·		Yes" on Form 990, Par	IV, line 19, or reported	more than
		\$15,000 on Form 990-EZ,	line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue		1		
ŝ	2	Cash prizes				
xpenses	3	Noncash prizes	OI	P		
Direct Ex	4	Rent/facility costs	10			
	5	Other direct expenses				
	6	Volunteer labor	Yes%	□ Yes% □ No	□ Yes % □ No	
	7	Direct expense summary, Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subt	ract line 7 from line 1, colur	nn (d)		
9	Ent	er the state(s) in which the organizat	ion conducts daming activit	ies:		
a b	ls ti	ne organization licensed to conduct g	aming activities in each of	these states?		Yes 🗌 No
						<u>.</u>
10-	10/-	to any of the exercise tests and	iconces replied	a second to the second		
10a b		re any of the organization's gaming I /es," explain:	icenses revoked, suspende	-	-	Yes 🗋 No

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest Information.

OMB No. 1545-0047 2020 Open to Public inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

THE HERITAGE LIBRARY FOUNDATION INC

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.

Form	4562			eciation						-	OMB No. 1545-01	72
			Incida	► Attach te			open	<i>¥</i>			2020	
	ment of the Treasury Revenue Service (99)		Go to www.irs.g		-		the late	st info	rmation.		Attachment Sequence No. 17	9
Name(s) shown on return				1	r activity to whic					fying number	
THE	HERITAGE LIB	RARY FOUND	DATION		FOR	<u>4 990 - 1</u>	1			58-	-2332014	
Par	t Election	To Expens	se Certain Pr	operty Und	ler Sect	ion 179						
	Note: If	you have any	listed property	, complete Pa	art V befo	ore you cor	nplete	Part I.				
1	Maximum amount (*								ļ	
2	Total cost of sectio				*					2		
3	Threshold cost of s									3		
4 5	Reduction in limitat							• • •	* * * * * *	4		
э	Dollar limitation for	-					-					
6	separately, see ins	(a) Description of p		* * * * * * * *		business use on				5		_
		(a) Description of p	порену		(D) COSI (Dosiness ose ou		10) Elected cost			
7	Listed property. En	ter the amount i	irom line 29			7	,					
8	Total elected cost of									8	1	
9	Tentative deduction									9		
10	Carryover of disallo	wed deduction	from line 13 of yo	our 2019 Form 4	4562					10		
11	Business income li	mitation. Enter t	he smaller of bus	siness income (not less ti	han zero) or	line 5. S	ee inst	ructions	11		
12	Section 179 expension					n line 11. 🦸				12		
13	Carryover of disallo				the second se	- F 📣	13		1			
	Don't use Part II o									-		_
Par			n Allowance		and the second se		the second se		listed proper	ty. Se	a instructions.)	<u> </u>
14	Special depreciatio											
46	during the tax year.									14		_
	Property subject to Other depresention									15		
Par	Other depreciation		on (Don't inc							16	L,:	541
			on pontine		ection A	Concernant of the second se	10113.7					_
17	MACRS deductions	for assets plac	ed in service in t							17	A .	796
	If you are electing t			and the second s	-							150
	asset accounts, che			ALL ALL			-					
	Section	B - Assets F	Placediin, Serv	ice During 2	020'Tax	Year Usin	g the G	ener	al Depreciat	ion S	/stem	_
	(a) Classification of pr	yhado	(b) Month and year placed in service	(ĉ) Basis for de (butiness/hvest onlyisee instru	ment use	(d) Recovery period	(e) Conv	vention	(f) Method	(g) (Depreciation deduction	n
19a	3-year property			N V								
b	5-year property	1			3,920	5	HY		200 DB			784
C	7-year property		0						·	-		
	10-year property	-				[<u> </u>					
	15-year property		2 22									
	20-year property	-										
	25-year property Residential rental		V			25 yrs.			S/L	<u> </u>		
	property			-		27.5 yrs.	I	M M	S/L			
	Nonresidential real					27.5 yrs. 39 yrs.	-	M	S/L S/L	<u> </u>		
	property		<u> </u>			00 yi3.	<u> </u>	M	S/L	-		
19. – CI	and the second se	- Assets Pla	ced in Service	During 2020) Tax Ye	ar Usino ti			e Depreciat	ion S	vstem	
20a	Class life	0							S/L			
b	12-year					12 yrs.			S/L			
С	30-year					30 yrs.	м	м	S/L			
	10-year					40 yrs.	M	М	S/L			_
Part		ry (See instr										
	isted property. Ent									21		
	Fotal. Add amounts											
ا م	tere and on the app	ropriate lines of	f your return. Part	nerships and S	corporati	ons - see ins	structions	<u>.</u>		22	7,1	21
	For assets shown all											
	ortion of the basis a	autioutable to s	ection 263A cost	<u> </u>			23					

Form	8868	

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

Department of the Treasury Internal Revenue Service

(Rev. January 2020)

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

Enter the Retum Code for the return that this application is for (file a separate application for each return) . 0 1

Application	Return	Application	Return
Is For	Code	Is For	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

FAX No. -Telephone No ► 843-686-6560 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 a list with the names and TINs of all members the extension is for. 11-15 , 20 21 , to file the exempt organization return for 1 I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 20 20 or tax year beginning. , 20 , 20 _____, and ending If the tax year entered in line 1 is for less than 12 months, check reason: 🔲 Initial return 📋 Final return 2 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

**						
a	ny nonrefundable credits. See instructions.	3a	\$			
b II	this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
e	stimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$			
c B	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					
u	sing EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$			
Cautio	aution: 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					

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

Form 8868 (Rev. 1-2020)

EEA

instructions.

For Paperwork Reduction	Act Notice, see instructions.			Form 8879-EO (2020)
	Do Not Submit This Form to th	s Form - See Instructions ie IRS Unless Requested To I	Do So	
ERO's signature	EBO Much Datain Thi	Dale >	08-29-202	
IRS e-file Providers for Bus	siness Returns.			
that I am submitting this re	turn in accordance with the requirements of P	•		
I certify that the above num	eric entry is my PIN, which is my signature on	the 2020 electronically filed return indic	ated above. I con	firm
			Do not en	ter all zeros
	your five-digit self-selected PIN.	579	710 86753	l
	ur six-digit electronic filing identification			
Signature of officer or person subjection	citotax > ion and Authentication	Dale 🕨	08-29-202	.1
	as part of the IRS Fed/State program, I will e			r
	reson subject to lax with respect to the organiza return. If I have indicated within this return that			
		den familieren Otto		1000
PIN on the return s	disclosure consent screen.	o program, i also autionze tre altrette		ani ing
	0 electronically filed return. If'l have indicated egulating charities as part of the IRS Fed/Stat			
		do not enter all zeros		
X I authorize Jenn	ifer R Hali CPA LLC	to enter my PIN 09709 Enter five numbers, but	_ as my signatur	e
			*	
PiN: check one box only				
	as my signature for the electronic return and,		-	
· ·	essary to answer inquiries and resolve issues			
	he U.S. Treasury Financial Agent at 1-888-35. thorize the financial institutions involved in the			ι
	federal taxes owed on this return, and the fina	Automatica Automatica		
Agent to initiate an electron	nic funds withdrawal (direct debit) entry to the	Inancial institution account indicated in t	he tax preparatio	n
	fund, and (c) the date of any refund. If applic	A NUMBER OF		
	nediate service provider, transmitter, or electro an acknowledgement of receipt or reason for			
	. I further declare that the amount in Part I abo			
	n and accompanying schedules and statemen	is, and, to the best of my knowledge and	d belief, they are	
(name of organization)		, (EIN) and that I ha		
Under penalties of perjury,		ve organization or an a person s		respect to
	on and Signature Authorization of			
6a Form 990-T check her 7a Form 4720 check here		III, line 4)		
5a Form 8868 check here	_	Ne 3c)		
4a Form 990-PF check h	_	ncome (Form 990-PF, Part VI, line 5)		
3a Form 1120-POL chec	_	OL, line 22)		
2a Form 990-EZ check h		990-EZ, line 9)		
1a Form 990 check here		, Part VIII, column (A), line 12)	1	b 324,340
	e applicable line below. Do not complete mo		remered -o- on a	
	2a, 3a, 4a, 5a, 6a, or 7a, below, and the amou 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applica			
Check the box for the return	n for which you are using this Form 8879-EO a	and enter the applicable amount, if any,	from the return. If	you
Part I Type of R	eturn and Return Information (Wh			
PETER COOPER, TRE	•			
THE HERITAGE LIBR Name and title of officer or person	ARY FOUNDATION INC		58-2332014	
Name of exempt organization or pe	·		Taxpayer identifica	
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form	8879EO for the latest information.		
- 115		e IRS. Keep for your records.		2020
Form 00/9-EU	For calendar year 2020, or fiscal year beginning		-	
Form 8879-EO		ature Authorization mpt Organization		OMB No. 1545-0047
			1	

Form	990 Return of Organization Exempt From Income Tax January 2020) Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)						
(Rev, J	anuary 2020)	oundation	os) 2019 Open to Public				
	ent of the Treasu Revenue Service	b a to see the second for the test we have and the intert into			Inspection		
-		alendar year, or tax year beginning , 2019, and			, 20		
	neck if applicable:	C Name of organizationTHE HERITAGE LIBRARY FOUNDATION INC		D En	nployer identification number		
-	dress change	Doing business as			58-2332014		
	ama changa		otive Vrioc	E To	lephone number		
-	tial return	PO BOX 5950			(843) 686-6560		
T Fir	nal return/terminal			GG	ross receipts		
An	nended return	HILTON HEAD ISLAND, SC 29938-5950		5	309,5		
Ap	plication pending	F Name and address of principal officer:	H(a) is	this a group reli	un for subordinales? Yes X		
			H(b) A	re all subordi	nates included? Yes		
I Ta	x-exempt status	X 501(c)(3) 501(c) () ◀ (insertino.) 4947(a)(1) or 527	if	"No," attach	a list. (see instructions)		
J We	ebsite: >	WWW.HERITAGELIB.ORG	H(c) (Group exemp	In number		
K Fa	rm of organization	n 🕱 Corporation 🗋 Trust 🗋 Association 🗋 Other 🕨 🕴 L. Year of formation.	1997	M State of	legal domicile. SC		
Par	tl Sum	imary					
Activities & Governance	2 Check	this box ► the organization discontinued its operations or disposed of more than 25%	of its net as	1	7		
oð		er of voting members of the governing body (Part VI, line 1a)		3			
es	A CONTRACTOR OF	er of independent voting members of the governing body (Part VI, line 1b)	*****	4			
ivit	1	umber of individuals employed in calendar year 2019 (Part V, line 2a)		5			
Act	State State of the	umber of volunteers (estimate if necessary)		6			
	1	nrelated business revenue from Part VIII, column (C), line 12		7:			
	b Net uni	related business taxable income from Form 990-T, line 39		71			
	0 0	utions and arouts (Dart VIII Franch)	Prior		Current Year		
e		utions and grants (Part VIII, line 1h)		357,46			
Revenue	and the second se	m service revenue (Part VIII, line 2g)		30,97			
Sev		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,023			
-		wenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,27			
		and similar amounts paid (Part IX, column (A), lines 1-3)		390,73	9 309,5		
	14 Benefit	s paid to or for members (Part IX, column (A), line 4)					
		s, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,000	40,4		
nses		ional fundraising fees (Part IX, column (A), line 11e)		5,000	40,4		
ben	and the second second	ndraising expenses (Part IX, column (D), line 25) 63,709		-			
Exper	17 Other e	xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)		452,143	3 199,4		
	18 Total ex	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		457,143			
	19 Revenu	le less expenses. Subtract line 18 from line 12		(66,404			
Sec			Beginning of				
Net Assets or Fund Balances		sets (Part X, line 16) • • • • • • • • • • • • • • • • • • •		293,919	335,42		
ndB		bilities (Part X, line 26)		51,810	23,9		
	22 Net ass	ets or fund balances. Subtract line 21 from line 20	1	242,109	311,4		
Part	II Sigr	nature Block			311,4		
Under p	rect, and comple	y, I declare that I have examined this return, including accompanying schedules and statements, and to the bast of my te. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	knowledge and	belief, it is			
	1.	ETER COOPER Peter & Cooper			07/14/2020		
Sign	1 400	ignature of officer			Date		
Here		ETER COOPER, TREASURER					
	The second secon	pe préparer's name Date Date			DTM		
Paid		Strong la P Han		eck [] i	PTIN		
Prepa	arer Firm's r	D7-14-2020		I-employed	P00647809		
Use (3	Summeror A marr Gra bic	Firm's EIN				
	· · · · · ·	ddress > 337 Buckwalter Pl Blvd Ste 201 Bluffton SC 29910	Phone no.	6.12			
	IDS discuss	this solute with the second state of the secon	-	and the second sec	-815-3575		
May the	INO DISCUSS	this return with the preparer shown above? (see instructions)			· · · · X Yes N		

	1990 (2019) THE HERITAGE LIBRARY FOUNDATION INC 58-2332014 Page 2
га	rt III Statement of Program Service Accomplishments
4	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 X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? • • • • • • • • • • • • • • • • • • •
4	If "Yes," describe these changes on Schedule O. 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 \$ 58,853 including grants of \$) (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 SOUT.
	CAROLINA BEAUFORT.
4b	(Code:) (Expenses \$48,558 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.
4c	(Code:) (Expenses \$2,941 including grants of \$) (Revenue \$)
	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.
	Other program convises (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 110,352
EEA	Form 990 (2019)
EA	Form 990 (2019)

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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.			
а				
	complete Schedule D, Part VI	11a	х	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>x</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	44.0		
A	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	x	
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>x</u>	
f		116	X	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ·····	11f		v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u>x</u>
120	Schedule D, Parts XI and XII	12a		x
b				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · ·	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		<u>x</u>
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2019) THE HERITAGE LIBRARY FOUNDATION INC

58-2332014

Page 3

_		233201	4	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)				
		-		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	· · · _	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	· · · L	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a · · · · · · · · · · · · · · · · · · ·	[24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	[;	24b		
с	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		
d	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? If "Yes," complete Schedule L, Part I		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	F	200		X
20					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		26		
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	· · ·	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	· · · [;	28a	Х	<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	· · · [;	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	· · · [:	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	· · · L	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				<u> </u>
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	F			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	F	335		<u> </u>
50	related organization? If "Yes," complete Schedule R, Part V, line 2		36		
27			30		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	· · · -	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	Х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	· · · ·	•••		┯┷┷┷
		F		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ••••••••••••••••••••••••••••••••••••	3			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable ••••••••••••••••••••••••••••••••••••	0			
С					
	reportable gaming (gambling) winnings to prize winners?	· · · 1	1c	х	

Page 4

Form 990 (2019)

	990 (2019) THE HERITAGE LIBRARY FOUNDATION INC 58-23320)14	P	age 5
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	04		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3a 5	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		x
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	50		<u> </u>
ча	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		v
b	If "Yes," enter the name of the foreign country	-+a		x
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •			
е	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		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation 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 ••••••• 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			
40-	against amounts due or received from them.) · · · · · · · · · · · · · · · · · · ·	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	154		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	-		
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	14a		^
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		<u> </u>
	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 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form	990 (2019) THE HERITAGE LIBRARY FOUNDATION INC 58-23		4	Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	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
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15			
	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 1b	15			
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?	· · [2		x
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?		3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		x
6	Did the organization have members or stockholders?		6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		<u> </u>		
74	one or more members of the governing body?		7a	v	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		<i>1</i> a	х	
U		.	7b		
0			10		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
_	the year by the following:				
a	The governing body?	-	8a	x	
a	Each committee with authority to act on behalf of the governing body?	· · ⊢ ٬	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		_		
<u>Soc</u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	••	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	· · 1	0a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		0b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	· · 1	1a		х
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		2a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	· · 1	2b		x
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	· · 1	2c		x
13	Did the organization have a written whistleblower policy?	· · [′	13		x
14	Did the organization have a written document retention and destruction policy?	··L	14		x
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	· · 1	5a	х	
b	Other officers or key employees of the organization	· · 1	5b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
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?	• • 1	6a		х
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?	• • 1	6b		
Sec	tion C. Disclosure	<u> </u>			
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.				
	Own website Another's website X Upon request Other (<i>explain on Schedule O</i>)				
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				
	TITLE COMPANY TO BOAR STORY MILLOW MEND TOLLAD, BO 25550 5550				

Form 990 (201	9) THE HERITAGE LIBRARY FOUNDATION INC	58-2332014	Page 7				
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated Employee	s, 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.

		(C) Position								
(A)	(B)			(D)	(E)	(F)				
Name and title	Average	`				nan one s both ar		Reportable	Reportable	Estimated amount
	hours			•		/trustee)		compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	Ind or	Ins	Office	Ke	em	Fo	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	lividu direc	tituti	îcer	y en	ploy	Former	,		related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee e				
	below	uste	trust		ee	npen				
	dotted line)	Φ	ee			Highest compensated employee				
						<u>а</u>				
(1) BARBARA CATENACI	40.00									
EXECUTIVE DIRECTOR		х						40,417	0	0
(2) GREG_DELOACH	<u>5.00</u>									
BOARD MEMBER		х						0	0	0
(3) DODI_ESCHENBACH	<u>2.0</u> 0									
BOARD MEMBER		х						0	0	0
(4) JAMES ROBINSON	<u>3.00</u>									
BOARD MEMBER		х						0	0	0
(5) SARAH_O'LEARY_TAKACS	<u>2.0</u> 0									
BOARD MEMBER		х						0	0	0
(6) IVA WELTON	<u>5.00</u>									
BOARD MEMBER		х						0	0	0
(7) BARRETT RIORDAN	<u>3.00</u>									
BOARD MEMBER		х						0	0	0
(8) HERBERT FORD	<u> 1 .00</u>									
BOARD MEMBER		х						0	0	0
(9) <u>NATHANIEL JONES</u>	<u> 1 .00</u>									
BOARD MEMBER		х						0	0	0
(10) JAMES MACLEOD	<u>1.0</u> 0									
BOARD MEMBER		х						0	0	0
(11)CLAUDIA KENNEDY	<u> 2 .0</u> 0									
HEAD LIBRARIAN		х						0	0	0
(12)EZRA_CALLAHAN	15.00									
PRESIDENT				х				0	0	0
(13)PETER_COOPER	<u> </u>									
TREASURER				х				0	0	0
(14)LUANA_GRAVES_SELLARS	<u> 2 .00</u>									
SECRETARY				х				0	0	0
EEA										Form 990 (2019)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (A) (D) (E) (F) (B) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of othe officer and a director/trustee) from related compensation from the per week organization organizations from the (list any 9 Officer Forme (W-2/1099-MISC) Institutional trustee (W-2/1099-MISC) organization and Individual trustee employee Key employee Highest compensated hours for director related organizations related organizations below dotted line) (15)RICHARD THOMAS 10.00 VICE PRESIDENT 0 0 х 0 (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1h Subtotal Total from continuation sheets to Part VII, Section A С Total (add lines 1b and 1c) d 0 40,417 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 Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual 3 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? If "Yes," complete Schedule J for such individual 4 х 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 х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation

THE HERITAGE LIBRARY FOUNDATION INC

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

58-2332014

Page 8

Form 990 (2019)

		Check if Schedule O co	main	saresponse						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
<i>(</i>)	b	Membership dues · · ·			1b	22,490				
Contributions, Giffs, Grants and Other Similar Amounts	c	Fundraising events			1c	83,420				
ษัฏ	d	Related organizations .			1d	00,420	-			
fts,	Ĩ	Government grants (contr			1e	64 241	-			
ij ai	6				le	64,341	-			
Sim	T	All other contributions, gift	-							
utio		and similar amounts not in			1f	98,912	-			
đ	g	Noncash contributions inc								
and		lines 1a-1f · · · · ·			1g	\$ 512				
0.0	h	Total. Add lines 1a-1f	•••		•••	· · · · · · •	269,163			
						Business Code				
e	2a	PUBLISHING REVENU	JE			511130	2,365	2,365		
۳. Z	b	LIBRARY SERVICES				519100	513	513		
Se	c	EDUCATIONAL PROGR	AMS			611710	36,576	36,576		
a m	d									
Program Service Revenue	e									
5 2	f	All other program service re	evenu	Je						
_	1	Total. Add lines 2a-2f					39,454			
		Investment income (includi					55,454			
	3	other similar amounts)	ng ak	videnas, inte	rest, a	and 	954	954		
	4	Income from investment of					334	334		
	5	Royalties · · · · · · · ·		-	-					
	1	Royalles	· · ·							
		0		(i) Real		(ii) Personal	-			
		Gross rents					-			
	1	Less: rental expenses · ·					-			
	1	Rental income or (loss)	6c							
	d	Net rental income or (loss)	· · ·			· · · · · · •				
	7a	Gross amount from		(i) Securitie	es	(ii) Other				
		sales of assets								
	ь	other than inventory Less: cost or other basis	7a							
anı		and sales expenses · ·	7b							
Revenue	c	Gain or (loss) • • • • •	7c							
	d	Net gain or (loss) • • • •								
ler	8a	Gross income from fundrais	sing							
đ		events (not including \$		83,420						
		of contributions reported or	n line							
		1c). See Part IV, line 18			8a	1				
	ь	Less: direct expenses			86)				
	1	Net income or (loss) from fr								
	1	Gross income from gaming								
	1	activities, See Part IV, line			9a					
	h	Less: direct expenses			96		-			
	1									
		Net income or (loss) from g		ig activities	· · ·	···· ►				
	10a	Gross sales of inventory, le			10					
	.	returns and allowances .			10a		-			
	1	Less: cost of goods sold			10					
	C	Net income or (loss) from s	sales	of inventory	<u>· ·</u>	· · · · · · •				
						Business Code				
e	11a									
nu	b									
eve	c									
Miscellanous Revenue	d	All other revenue								
2	е	Total. Add lines 11a-11d								

Form 990 (2019)

Part VIII

58-2332014 Page 9

<u>.......</u>.....

THE	HERITAGE	LIBRARY	FOUNDATION	INC
Statement of F	levenue			

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

2019) THE HERITAGE LIBRARY FOUNDATION INC 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 n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising					
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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 · · · · · · · · · · · ·	40,417		40,417						
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	-									
11	Fees for services (nonemployees): Management									
a ⊾										
b	Accounting	400		400						
C d										
d	Professional fundraising services. See Part IV, line 17									
e f	Investment management fees	15		16						
	Other. (If line 11g amount exceeds 10% of line 25, column	15		15						
g	(A) amount, list line 11g expenses on Schedule O.)									
12	Advertising and promotion	63,709			63,709					
13	Office expenses	5,747		5,747	03,709					
14	Information technology	2,497		2,497						
15	Royalties · · · · · · · · · · · · · · · · · · ·	2,497		2,491						
16										
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	2,319		2,319	·					
20		547		547						
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •									
22	Depreciation, depletion, and amortization	3,769		3,769						
23	Insurance	4,427		4,427						
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.)									
а	EDUCATION PROGRAM EXPENSES	58,853	58,853							
b	HISTORIC PRESERVATION	48,558	48,558							
С	BANK & PROCESSING FEES	5,673		5,673						
d	ONLINE RESEARCH SUBSCRIPTION	2,941	2,941							
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e · · ·	239,872	110,352	65,811	63,709					
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 🕨 🗌 if									
	following SOP 98-2 (ASC 958-720)									

58-2332014

Page	1	1
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Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any li	ne in ti	nis Part X • • • • •			· · · · · · · · · [
					(A) Beginning of year		(B)
	1	Cash - non-interest-bearing			8 8 7	1	End of year
	2	Savings and temporary cash investments		L	50,968	2	63,138
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			200	4	200
	5	Loans and other receivables from any current or former of			300	-	300
	5	trustee, key employee, creator or founder, substantial con					
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified perso				5	
	Ŭ	under section 4958(f)(1)), and persons described in section	•			6	
	7					7	
ets	8	Inventories for sale or use		-	4 250	8	4 762
Assets	9				4,352	9	4,763
4	10a	Land, buildings, and equipment: cost or other			23,116	3	
	iva	basis. Complete Part VI of Schedule D	102	154,032			
	b	Less: accumulated depreciation		109,147	10,050	10c	44,885
	11	Investments - publicly traded securities			10,050	11	44,005
	12				670	12	1,159
	13				13,869	13	30,512
	14	Intangible assets			13,003	14	50,512
	15	Other assets. See Part IV, line 11 ••••••			190,594	15	190,666
	16	Total assets. Add lines 1 through 15 (must equal line 33)			293,919	16	335,423
	17	Accounts payable and accrued expenses			2307525	17	335,125
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	[20		
	21	Escrow or custodial account liability. Complete Part IV of S	Schedu	ule D · · · · · · ·		21	
Se	22	Loans and other payables to any current or former officer,					
Liabilities		trustee, key employee, creator or founder, substantial con	tributo	r, or 35%			
iabi		controlled entity or family member of any of these persons	5			22	
	23	Secured mortgages and notes payable to unrelated third p	oarties	[23	
	24	Unsecured notes and loans payable to unrelated third par	ties	[51,810	24	23,600
	25	Other liabilities (including federal income tax, payables to	related	l third			
		parties, and other liabilities not included on lines 17-24). C	omple	te Part X			
		of Schedule D				25	328
	26	Total liabilities. Add lines 17 through 25			51,810	26	23,928
		Organizations that follow FASB ASC 958, check here	►	x			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			227,109	27	296,495
Ва	28	Net assets with donor restrictions			15,000	28	15,000
pu		Organizations that do not follow FASB ASC 958, chec	k here				
ቻ		and complete lines 29 through 33.					
s ol	29	Capital Clock of the philopal, of Carton failed				29	
set	30	Paid-in or capital surplus, or land, building, or equipment f		• • • • • • • • • • • •		30	
As	31	Retained earnings, endowment, accumulated income, or				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		-	242,109	32	311,495
	33	Total liabilities and net assets/fund balances	• • •		293,919	33	335,423

EEA

Form 990 (2019)

Form	990 (2019) THE HERITAGE LIBRARY FOUNDATION INC	58-23	32014		Pa	age 12
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			· 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	•• 1		3	09,	571
2	Total expenses (must equal Part IX, column (A), line 25)	•• 2		2	39,	872
3	Revenue less expenses. Subtract line 2 from line 1	3			69,	699
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	• • 4	4		242,109	
5	Net unrealized gains (losses) on investments	5	5		(313)
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		3	11,	495
Pa	rt 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: 🗌 Cash 🛛 🕱 Accrual 🗌 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?		2	2a		х
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	2b		х
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	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?			2c		
	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?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		F			- 22
			:	3b		
EEA				orm 9	90 (2	2019)

-	- ^	
E	ΕP	

SCHEDU	JLE A
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Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the org		Complete if the organ	ization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2019	
(Form 990 or 990-EZ) Department of the Treasury			Atta	Open to Public					
		of the Treasury enue Service	►	Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection
		e organization		<u> </u>				Employer identificati	on number
THE	HE	RITAGE LIB	RARY FOUNDATION	N INC				58-2332014	ı
Pa					ganizations must co	omplete	this part		-
The	ordar	1			1 through 12, check only			,	
1	ň	-			ies described in section 1	,	.)(i).		
2	Π				nedule E (Form 990 or 99		-/(-/-		
3	Н				escribed in section 170(b	, ,			
4	Н	•		•	vith a hospital described in			(iiii) Enter the	
-			•	ica in conjunction w	nin a nospital described in	Section 1	/ U(D)(I)(A)		
5	hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
5		-		-	iversity owned of operate	u by a yov	emmentai		
6			(1)(A)(iv). (Complete Pa		described in section 470				
6	Н			-	described in section 170(the second sublic	
7		•	•		of its support from a gove	rnmental u	nit of from	the general public	
			ction 170(b)(1)(A)(vi).	· · /					
8	Н		ust described in sectior						
9					170(b)(1)(A)(ix) operated				
			a non-land-grant colleg	e of agriculture (se	e instructions). Enter the	name, city,	and state	of the college or	
		university:							
10	х	-	•	. ,	1/3% of its support from c				
		•		•	bject to certain exception				
					iness taxable income (les		511 tax) fro	m businesses	
			-		tion 509(a)(2). (Complete	,			
11	Ц	•	•	•	for public safety. See sec	•			
12		An organizatior	organized and operate	ed exclusively for th	e benefit of, to perform th	e functions	s of, or to c	arry out the purposes	
		of one or more	publicly supported orga	nizations described	in section 509(a)(1) or se	ection 509	(a)(2) . See	section 509(a)(3).	
		Check the box	in lines 12a through 12	d that describes the	type of supporting organ	ization and	complete	lines 12e, 12f, and 12g.	
	а	∐ Type I.As	upporting organization of	operated, supervise	d, or controlled by its supp	orted orga	nization(s),	typically by giving	
		the support	ed organization(s) the	power to regularly a	ppoint or elect a majority	of the dire	ctors or tru	stees of the	
		supporting	organization. You mus	t complete Part IV,	Sections A and B.				
	b	Type II. As	supporting organization	supervised or contro	olled in connection with its	supported	organizatio	on(s), by having	
		control or r	nanagement of the sup	porting organizatior	n vested in the same pers	ons that co	ontrol or ma	anage the supported	
		organizatio	n(s). You must comple	ete Part IV, Sectior	is A and C.				
	С	Type III fur	nctionally integrated.	A supporting organiz	zation operated in connec	tion with, a	nd function	ally integrated with,	
		its supporte	d organization(s) (see i	nstructions). You m	ust complete Part IV, Se	ections A,	D, and E.		
	d	Type III no	n-functionally integra	ted. A supporting or	ganization operated in co	nnection w	ith its supp	orted organization(s)	
		that is not f	unctionally integrated.	The organization ge	nerally must satisfy a dist	tribution red	quirement	and an attentiveness	
		requiremer	t (see instructions). Yo	u must complete P	art IV, Sections A and D	, and Part	ν.		
	е	Check this	box if the organization	received a written d	letermination from the IRS	S that it is a	a Type I, Ty	rpe II, Type III	
		functionally	integrated, or Type III	non-functionally inte	egrated supporting organi	zation.			
	f	Enter the numb	er of supported organiz	ations					
	g	Provide the follo	owing information abou	t the supported org	anization(s).				
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the or	rganization	(v) Amount of monetary	(vi) Amount of
			-		(described on lines 1-10	listed in you	• •	support (see	other support (see
					above (see instructions))	docum	ent?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota									

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

	dule A (Form 990 or 990-EZ) 2019 THE HERIT	AGE LIBRAR	Y FOUNDATIO	N INC		58-233201	
Pa	rt II Support Schedule for Organiza						
	(Complete only if you checked th				-		ify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	ction A. Public Support					<u>. </u>	
	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") • • • • •						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f) • • • • • •						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	-	_				
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (see		,			12	
13	First five years. If the Form 990 is for the org	·	, ,				·
	organization, check this box and stop here						· · · · ▶ 🗌
See	ction C. Computation of Public Support	rt Percentag	е				
	Public support percentage for 2019 (line 6, c					14	%
	Public support percentage from 2018 Sched					15	%
168	33 1/3% support test - 2019. If the organizat						
L	box and stop here . The organization qualifies	• •	•••				
Ľ	33 1/3% support test - 2018. If the organizat						
17~	this box and stop here . The organization qua 10%-facts-and-circumstances test - 2019 .	-	• • • •	-			
1/a		-					
	10% or more, and if the organization meets the				•		
	Part VI how the organization meets the "facts organization						
L	organization						
Ľ	15 is 10% or more, and if the organization me	•					
	Explain in Part VI how the organization meet					•	
	supported organization					-	·
18	Private foundation. If the organization did no						🗆
10	instructions						► □
							··· * L

 Image: Support Schedule for Organizations Described in Section 509(a)(2)
 The HERITAGE LIBRARY FOUNDATION INC
 58-2332014
 Page

 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.
 Page

 If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,		, p			
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) = 0.00	(,	(0) = 0	(4) = 0.10	(0) = 0 + 0	
	received. (Do not include any "unusual grants.")	111,488	174,655	184,262	357,464	269,163	1,097,032
2	Gross receipts from admissions, merchandise	111,400	1/4/000	104,202	337,404	205,105	
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	28,072	27,650	24,474	32,252	37,088	149,536
3	Gross receipts from activities that are not an	20,072	27,050	23,3/3	52,252	57,000	149,550
-	unrelated trade or business under section 513	2,095	665				2,760
4	Tax revenues levied for the	2,000	005				2,700
	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	141,655	202,970	208,736	389,716	306,251	1,249,328
	Amounts included on lines 1, 2, and 3	111,000		2007700		300/202	
	received from disqualified persons	30,897	64,106	31,625	209,238	47,929	383,795
b	Amounts included on lines 2 and 3			, 020			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	25,426	23,862				49,288
С	Add lines 7a and 7b	56,323	87,968	31,625	209,238	47,929	433,083
8	Public support. (Subtract line 7c from	, i i i i i i i i i i i i i i i i i i i					
	line 6.)						816,245
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	141,655	202,970	208,736	389,716	306,251	1,249,328
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources •••	833	1,066	1,401	458	954	4,712
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	833	1,066	1,401	458	954	4,712
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.)	142,488	204,036		390,174	307,205	1,254,040
14	First five years. If the Form 990 is for the org				•		
50	organization, check this box and stop here ction C. Computation of Public Support				• • • • • • • •		· · · · ► 🗋
15	Public support percentage for 2019 (line 8, c			column (f))		15	<u> </u>
16						16	65.09 %
16 Public support percentage from 2018 Schedule A, Part III, line 15							
17	Investment income percentage for 2019 (line			e 13. column (f		17	0.00 %
18	Investment income percentage from 2018 Sc				,	18	0.00 %
	33 1/3% support tests - 2019. If the organiza						
	17 is not more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2018. If the organiza	•	-			-	
	line 18 is not more than 33 1/3%, check this b						
20	Private foundation. If the organization did no	•	-				
EEA	<u> </u>		,,			Schedule A (Form 9	

	THE HERITAGE LIBRARY FOUNDATION INC 58-233	2014	F	age 4
Par				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I,	•	Э	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	Part V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
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.	1		
2	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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	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.	3c		
4a	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 (b) and (c) below.	4a		
b	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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? If "Yes," provide detail in Part VI.	6		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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))? If "Yes," provide detail in Part VI .	9a		
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? If "Yes," provide detail in Part VI.	9b		
С	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? If "Yes," provide detail in Part VI.	9c		
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)? If "Yes," answer 10b below.	10a		
b	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.)	10b		
EEA	Schedule	A (Form 990	or 990-E	Z) 2019

	ule A (Form 990 or 990-E2) 2019 THE HERITAGE LIBRARY FOUNDATION INC 58-2332014		P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		Vee	Na
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>.</u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tay year also a majority of the directors		res	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
200	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. All Type in Supporting Organizations		Yes	No
4	Did the ergenization provide to each of its supported organizations, by the last day of the fifth month of the		res	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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

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

3h Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

3

Schedule A (Form 990 or 990-EZ) 2019 THE HERITAGE LIBRARY FOUNDATION INC

Page 5

Yes No

Schedule A (Form 990 or 990-EZ) 2019 THE HERITAGE LIBRARY FOUNDATION INC		58-233	32014 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org 1 Check here if the organization satisfied the Integral Part Test as a qualifying tr			in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiza			,
			(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		,
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally instructions).	integr	ated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

Schedu	Ille A (Form 990 or 990-EZ) 2019 THE HERITAGE LIBRARY FOUR t V Type III Non-Functionally Integrated 509(a)(3	NDATION INC	58-233 zations (continued)	2014 Page 7
	tion D - Distributions	, capporting organi		Current Year
-1	Amounto noid to supported organizations to accomplish even	ant numaca		
1 2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exempt			
2	organizations, in excess of income from activity	purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets	s of supported organizati		
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	ive	
Ũ	(provide details in Part VI). See instructions.	organization is respons		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019		-	
			Cohod	ulo A (Earm 000 ar 000 E7) 2010

EEA

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization		Employer identification number
THE HERITAGE LIBRARY F	COUNDATION INC	58-2332014
Organization type (check one):		
Filers of:	Section:	

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

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

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

General Rule

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

Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. EEA Name of organization

Employer identification number

THE HERITAGE LIBRARY FOUNDATION INC

58-2332014

Part I	rt 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	\$ <u>47,929</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2	COMMUNITY FDN OF THE LOWCOUNTRY <u>4 NORTHRIDGE DRIVE SUITE A</u> <u>HILTON HEAD ISLAND, SC 29926</u>	\$42,210	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3	PEEPLES FOUNDATION PO BOX 5950 HILTON HEAD ISLAND, SC 29938	\$52,200	Person x Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_4	BROOKVIEW GARDENS 707 EAGLE ROCK AVENUE WEST ORANGE, NJ 07052	\$ <u>15,500</u>	Person x Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
5	THE CHURCH MOUSE THRIFT SHOP 78 ARROW ROAD HILTON HEAD ISLAND, SC 29928	\$ <u>35,000</u>	Person Image: Complete Noncash Image: Complete (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

SCHEDULE D	
(Form 990)	

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.

OMB No. 1545-0047

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20		Э

Open to Public Inspection

ment of the Treasury
 I Revenue Service

►

Go to www.irs.gov/Fe	orm990 for instruction	ons and the lates	t information.

Employer identification number
E9-000014

THE	HERITAGE LIBRARY FOUNDATION INC	58-2332014
Pa	rt 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.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year ••••••••••••••••••••••••••••••••••••	
2	Aggregate value of contributions to (during year) · · · · ·	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year • • • • • • • • • • • • • • • • • • •	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	···· Yes 🗶 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
Da	conferring impermissible private benefit?	···· Yes 🗶 No
Pa	Int II Conservation Easements.	
<u> </u>	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).	
		torically important land area
		tified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservat	
_	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C J		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	24
•		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
4	tax year 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	
Ŭ	violations, and enforcement of the conservation easements it holds?	···· Ves 🗆 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ease	
·		chiefts during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easemer	nts during the year
-		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement,	and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that desc	cribes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r 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 s	heet 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.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance shee	t works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu	ublic service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	· · · • \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	de the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	· · · ▶ \$

	Ile D (Form 990) 2019 THE HERITAGE L					58-233	-		Page 2
Pa	t III Organizations Maintaining						ssets (C	ontini	ued)
3	Using the organization's acquisition, accession	n, and other records, c	heck any of the follow	wing that mak	e signific	ant use of its			
	collection items (check all that apply):								
а	X Public exhibition		d 🗌 Loan	or exchange p	rograms	3			
b	X Scholarly research		e 🗌 Other		-				
с	Reservation for future generations								-
4	Provide a description of the organization's coll	ections and explain ho	w they further the or	nanization's ex	empt pi	irnose in Part			
	XIII.			gamzatorio	(ompt pt				
5	During the year, did the organization solicit or	raccive denotions of a	rt bistorical traceuro	o or other sim	ilor				
5	assets to be sold to raise funds rather than to		-					es 🗌	No
Da	t IV Escrow and Custodial Arra		or the organizations	conection?			•	-5	
Fa	Complete if the organization		on Form 000 Dr	ort IV/ line () or ro	norted on om	ount on	Earm	
		answered les	011 F01111 990, Fa	art iv, inte s	<i>,</i> 0116	poneu an an		FUIII	I
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodia						_	-	-
	included on Form 990, Part X?				• • •		•••∐Y	es	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follow	<i>i</i> ng table:						
						A	mount		
С	Beginning balance ••••••••				1c	:			
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on For	rm 990. Part X. line 21	. for escrow or custo	dial account li	abilitv?		. Ye	es	No
b	If "Yes," explain the arrangement in Part XIII. (, ,	,		,			. Ē	ī
Pa									-
	Complete if the organization	answered "Yes"	on Form 990, Pa	art IV, line ²	10.				
	- 1 5	(a) Current year	(b) Prior year	(c) Two years		(d) Three years back	((0) Eo	ur years	back
1a	Beginning of year balance			., ,					
		13,869	17,703	15	,000	15,00	0	15,	000
b		16,178							
С	Net investment earnings, gains, and								
	losses · · · · · · · · · · · · · · · · · ·	465	(3,834)	2	,703				
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs • • • • • • • • • • • • • • • • • • •								
f	Administrative expenses •••••								
g	End of year balance	30,512	13,869	17	703	15,00	0	15,	000
2	Provide the estimated percentage of the curre	nt year end balance (li	ine 1g, column (a)) he	eld as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment	%							
с	Term endowment %								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
3a	Are there endowment funds not in the possess		n that are held and ad	dministered fo	r the				
	organization by:							Yes	No
	(i) Unrelated organizations ••••••						· 3a(i		
	(ii) Related organizations								
h.	() 0						· 3a(ii	/	X
b	If "Yes" on line 3a(ii), are the related organizati	•					- 3b		
4	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equip		ient tunas.						
ra			on Form 000 Dr	ort IV line	110 6	oo Eorm 000	Dort V I	ina 1	0
	Complete if the organization								
	Description of property	(a) Cost or othe		or other basis		Accumulated	(d) Bo	ok value	
		(investme	ent) (i	other)	de	epreciation			
1a	Land	••		10,550				10,	550
b	Buildings	••							
с	Leasehold improvements	•••		23,116				23,	116
d	Equipment		:	120,366		109,147		11,	219
е	Other								
Tota	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X, o	column (B), line 10c.)			►		44,	885

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 THE HERITAGE LIBRARY FOUNDAT	TION INC	58-2332014 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 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		
(ACFL AGENCY ACCOUNT	1,159	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	1,159	

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
(1ENDOWMENT FUND SECURITIES	30,512	FMV
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) · · · · · ▶	30,512	

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
(1SECURITY DEPOSIT	2,581
(2LIBRARY COLLECTIONS	188,085
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	190,666

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	328
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) → ▶	328

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

Sched	ule D (Form 990) 2019 THE HERITAGE LIBRARY FOUNDATION INC	58-2332014	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · · · · ·		
b	Donated services and use of facilities ••••••••••••••••••••••••••••••••••••		
С	Recoveries of prior year grants ••••••••••••••••••••••••••••••••••••		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	- I	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities ••••••••••••••••••••••••••••••••••••		
b	Prior year adjustments ••••••••••••••••••••••••••••••••••••		
C	Other losses • • • • • • • • • • • • • • • • • •		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.	5	

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; Also complete this part to provide any additional information.

SCHEDULE G	Supplemer	ntal Informatio	on Regard	ing Fund	raising or Gan	ning Act	ivities 🗌	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		organization ente	red more than tach to Form §	1 \$15,000 on F 990 or Form 9	90, Part IV, line 17, 18 Form 990-EZ, line 6a. 90-EZ. I the latest informatic		the	2019 Open to Public Inspection
Name of the organization		j					Employer ide	ntification number
THE HERITAGE LIBR	ARY FOUNDAT	ION INC					58-23	32014
			ne organiz	ation ansv	wered "Yes" on	Form 99		
Form 990-E	Z filers are not	required to com	plete this p	art.				
1 Indicate whether the	organization raise	ed funds through ar	ny of the follow	wing activitie	s. Check all that app	oly.		
a 🗌 Mail solicitations			e 🗌 S	Solicitation of	non-government gra	ants		
b 🗌 Internet and email	solicitations		f 🗌 S	Solicitation of	government grants			
c Phone solicitations	3		g 🗌 S	special fundra	aising events			
d 🔄 In-person solicitati	ons							
2a Did the organization h	nave a written or	oral agreement wit	n any individu	al (including	officers, directors, tr	rustees,	_	_
or key employees liste	ed in Form 990, I	Part VII) or entity in	connection w	ith professio	nal fundraising serv	ices?	Y Y	es 🗌 No
b If "Yes," list the 10 hig	hest paid individ	uals or entities (fun	draisers) purs	suant to agre	ements under which	n the fundra	iser is to be	
compensated at least	\$5,000 by the o	rganization.						
								1
(i) Name and address or entity (fundrai		(ii) Activity	(iii) Did fund custody or contribu	control of	(iv) Gross receipts from activity	(or retained by) (or retained		(vi) Amount paid to (or retained by) organization
			Yes	No			.,	
1								
2								
3								
4								
5								
6								
7								
8								
9			<u>}</u>					
10								
Total	the organization	is registered or lice		· · · · ►	s or has been notifie	ed it is exer	npt from	

		G (Form 990 or 990-EZ) 2019 THE	HERITAGE LIBRARY	FOUNDATION INC	58-	-2332014 Page 2
Pa	rt II					
		than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and 6b	. List events with
		gross receipts greater than				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNU APPEAL		NONE	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts • • • • • • • • •				
£	2	Less: Contributions				
	2 3	Gross income (line 1 minus				
	3					
	4	Cash prizes				
	-					
	5	Noncash prizes				
		-				
se	6	Rent/facility costs • • • • • • •				
ense						
Direct Expenses	7	Food and beverages • • • • • •				
ect						
Dire	8	Entertainment				
	9	Other direct expenses • • • • •				
	10	Direct expense summers, Add lines	through Q in column (d)			
	11	Direct expense summary. Add lines 4 Net income summary. Subtract line 5	• • • •			
Pa	rt II					ore than
		\$15,000 on Form 990-EZ,		,	, , , ,	
-			(a) Diago	(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Seve						
<u> </u>	1	Gross revenue • • • • • • • • •				
S	2	Cash prizes				
ense	2	Neurosch aufers				
ďX	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Dire	-					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor • • • • • • • • • • • • • • • • • • •	No	No	No	
		·				
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, colum	n (d) • • • • • • • • • • • •		
9		ter the state(s) in which the organization				<u> </u>
a		the organization licensed to conduct g	-	nese states?		···· Yes 📋 No
b) It"	No," explain:				
10a	W	ere any of the organization's gaming lie	censes revoked suspender	. or terminated during the ta	ax vear?	···· Yes 🗌 No
b		Yes," explain:				
		·				

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2019

Attach to Form 990 or Form 990-EZ.

Open To Public

	Go to	www.irs.gov/For	77990 fo	r instruc	tions and	the lates						ion		
ganization								Employer ide	ntificatio	n numb	er			
Excess Benef	it Transactions	(section 501(c	c)(3), se	ction 50	01(c)(4), a	and 501	(c)(29) orga	anizations	only).					
Complete if the	e organization a	nswered "Yes"	on Forr	m 990, l	Part IV, lir	<u>1e 25a (</u>	or 25b, or F	orm 990-	EZ, Pa	art V, I	ine 40)b.		
		(b) Relationship bet	ween disqu	alified pers	on and		() 5					(d) Cor	ected?	
a) Name of disqualified per	son	0	rganization	1			(c) Desc	cription of trans	action			Yes	No	
										•				
										\$				
r the amount of tax, if	r any, on line 2, abo	ove, reimbursed k	by the ore	ganizatio	n					\$				
Loans to and/	or From Intoro	stad Parsans												
			on Forr	m 990-F	-7 Part V	/ line 3	8a or Form	990 Part	IV lin	e 26' i	or if th	e		
								000, i uit	· •,	0 20,				
-														
e of interested person			1 2 2			-	(f) Balance of	aue (g) Ir	(g) In default?					
		loan	organi	ization?	p						committee?			
			То	From	-			Yes	No	Yes	No	Yes	No	
						. 🕨 🤋	\$							
		•												
Complete if th	e organization a	answered "Yes'	" on Foi	rm 990,	Part IV, I	ine 27.								
me of interested person	(b) Relations	hip between interested	d (c)	Amount of	assistance	(0	1) Type of assista	ance	(4	e) Purpo	se of ass	istance		
	person a	and the organization												
						<u> </u>								
						1								
	Excess Benef Complete if the a) Name of disqualified per r the amount of tax in r section 4958 • • • r the amount of tax, if Loans to and/ Complete if the organization re e of interested person	ITAGE LIBRARY FOUNDATION Excess Benefit Transactions Complete if the organization a a) Name of disqualified person a) Name of disqualified person r the amount of tax incurred by the organization a resction 4958 r the amount of tax, if any, on line 2, about the organization a organization reported an amount of tax, if any, on line 2, about the organization reported an amount of interested person (b) Relationship with organization Grants or Assistance Benefic Complete if the organization me of interested person (b) Relationship with organization	ITAGE LIBRARY FOUNDATION INC Excess Benefit Transactions (section 501(c Complete if the organization answered "Yes" a) Name of disqualified person (b) Relationship bet a) Name of disqualified person (c) Relationship bet (c) Relationship the (c) Relationship (c) Relation manage r the amount of tax incurred by the organization manage r section 4958 Loans to and/or From Interested Persons. Complete if the organization answered "Yes" organization reported an amount on Form 99 a of interested person (b) Relationship (c) Purpose of (b) Relationship (c) Purpose of (c) Interested person (c) Purpose	ganization ITAGE LIBRARY FOUNDATION INC Excess Benefit Transactions (section 501(c)(3), secomplete if the organization answered "Yes" on Formation and the organization answered "Yes" on Formation (b) Relationship between disquared organization and the organization managers or discomplete if the organization answered "Yes" on Formorganization reported an amount on Form 990, Part Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Formorganization reported an amount on Form 990, Part a of interested person (b) Relationship with organization answered "Yes" on Formorganization reported an amount on Form 990, Part a of interested person (b) Relationship with organization answered "Yes" on Formorganization reported an amount on Form 990, Part a of interested person (b) Relationship with organization (c) Purpose of loan Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Formorganization To To (b) Relationship with organization (c) Purpose of loan (d) Loan Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Formorganization To Mathematical person (b) Relationship between interested Person Formorganization answered "Yes" on Formorganization To	granization ITAGE LIBRARY FOUNDATION INC Excess Benefit Transactions (section 501(c)(3), section 50 Complete if the organization answered "Yes" on Form 990, 1 a) Name of disqualified person (b) Relationship between disqualified person organization r the amount of tax incurred by the organization managers or disqualified person r the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-E organization reported an amount on Form 990, Part X, line 9 a of interested person (b) Relationship with organization with organization (c) Purpose of loan with organization (d) Loan to or from the organization? To From Starts or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, me of interested person (b) Relationship (c) Purpose of loan (c) Amount of form the organization (d) Loan to or from the organization? To From Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, me of interested person	ganization ITAGE LIBRARY FOUNDATION INC Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), a Complete if the organization answered "Yes" on Form 990, Part IV, lin (b) Relationship between disqualified person and organization (b) Relationship between disqualified person and organization a) Name of disqualified person (b) Relationship between disqualified person and organization a) Name of disqualified person (b) Relationship between disqualified persons du r section 4958 r the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, organization reported an amount on Form 990, Part X, line 5, 6, or 22 a of interested person (b) Relationship (c) Purpose of loan (d) Loan to or from the organization? (e) Or from the organization? To From To From Image: State organization? To From Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, I Image: State organization answered "Yes" on Form 990, Part IV, I Manual Image: State organization answered	granization ITAGE LIBRARY FOUNDATION INC Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a (b) Relationship between disqualified person and organization a) Name of disqualified person (b) Relationship between disqualified person and organization organization a) Name of disqualified person (b) Relationship between disqualified persons and organization organization (c) Prepare of disqualified persons during the yr section 4958 c r the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 36 organization reported an amount on Form 990, Part X, line 5, 6, or 22. a of interested person (b) Relationship (c) Purpose of from the organization? with organization (c) Purpose of loan (d) Loan to or granization? (e) Original principal amount organization (b) Relationship (c) Purpose of from the organization? (c) To From (c) Original principal amount (c) To From (c) Original principal amount (c) Congineer if the organization answered "Yes" on Form 990, Part IV, line 27. Grants or Assistance Benefi	granization ITAGE LIBRARY FOUNDATION INC Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) org: Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or F a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Desc a) Name of disqualified person (c) Desc (c) Desc (c) Desc r the amount of tax incurred by the organization managers or disqualified persons during the year r section 4958 (c) Desc (c) Desc Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form organization reported an amount on Form 990, Part X, line 5, 6, or 22. (d) Loan to r from the organization (e) Purpose of loan (d) Desc (d) Orignal principal amount (f) Balance or from the organization a of interested person (b) Relationship between of loan (c) Purpose of loan (d) Loan to r from the organization (f) Balance of from the organization? (f) Balance of from the organization?	granization Employer ide ITAGE LIBRARY FOUNDATION INC 58–2332 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990- a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of trans a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of trans r the amount of tax incurred by the organization managers or disqualified persons during the year r section 4958 r the amount of tax, if any, on line 2, above, reimbursed by the organization Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part organization reported an amount on Form 990, Part X, line 5, 6, or 22. b of interested person (b) Relationship with organization? (d) Loan to or from the organization? (f) Balance due (g) In with organization? r to interested person (b) Relationship with organization? To From Yes granization reported an amount on Form 990, Part X, line 5, 6, or 22. (g) In with organization? (g) In principal amount (f) Balance due (g) In principal amount granization (b) Relationship between interested Persons. S S Grants or Assista	Image: spanness in the spannes	Image: content of the amount of tax incurred by the organization managers or disqualified person and organization of tax incurred by the organization managers or disqualified person and organization Employer identification answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, I a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction the amount of tax incurred by the organization managers or disqualified persons during the year s \$	ganzation Employer identification number TTACE LIBRARY FOUNDATION INC 58-2332014 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40 a) Name of disqualified person (b) Relationsip between disqualified person and organization (c) Description of transaction (b) Relationsip between disqualified persons during the year (c) Description of transaction \$ r the amount of tax, if any, on line 2, above, reimbursed by the organization \$ \$ \$ Loans to and/or From Interested Persons. Complete if the organization namewered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if th organization reported an amount on Form 990, Part X, line 5, 6, or 22. a of interested person (b) Relationship (c) Furpose of transaction (d) Lant to a principal amount (f) Balance due (g) In defaul? (b) Approved by baad or commerce? vict interested person (b) Relationship (c) Furpose of to from the organization (f) Default (f) Default? (b) Approved by baad or commerce? Vers No Yes No Yes No Interested person (g) In defaul? (f) Approved by Card to commerce? (g) In defaul?	Bainzation Employer identification number TTAGE LIBRARY FOUNDATION INC 68-2332014 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Yes a) Name of disqualified person (c) Description of transaction Yes (d) Type of assistance a) Name of disqualified person (c) Description of transaction Yes (d) Approved (f) Yes a) Name of disqualified person (c) Description of transaction Yes (f) Provided (f) Yes (f) Yes a) Name of disqualified persons (f) Relationship between disqualified persons during the year Yes S (f) Provided (f) Yes (f)	

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

(5)

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 THE HERITAGE LIBRARY FOUNDATION INC Part IV

Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				Yes	No
(1) RICHARD THOMAS	OFFICER	6,368	TOURS	x	
(2)					
(3)					
(4)					
(5)					
Part V Supplemental Information. Provide additional information formation	r responses to questions	on Schedule L (see	instructions).		

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Page 2

<u>58-2332014</u>

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2019 Open to Public Inspection

Employer identification number

THE HERITAGE LIBRARY FOUNDATION INC

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.

Form	4562

Depreciation and Amortization (Including Information on Listed Property)

Form	1002		(Includii	ng Informa	tion on	Listed	Pro	perty)				2019
Depart	ment of the Treasury	Attach to your tax return.							Attachment			
	Revenue Service (99)	► G	o to www.irs.gov	//Form4562 fo	r instruction	ons and	the la	atest informat	tion.			Sequence No. 179
Name(s) shown on return				Business or	activity to v	vhich tł	his form relates			Identif	ying number
THE	HERITAGE LIB					. 990 ·					58-	2332014
Pai	rt I Election	n To Expense	e Certain Pro	operty Und	er Secti	on 179)					
	Note: If	you have any li	sted property,	complete Pa	rt V befor	e you c	ompl	lete Part I.				
1	Maximum amount ((see instructions)								••	1	
2	Total cost of section	n 179 property pla	aced in service (s	ee instructions	s)						2	
3	Threshold cost of s										3	
4	Reduction in limitat	ion. Subtract line	3 from line 2. If z	ero or less, en	ter -0- •						4	
5	Dollar limitation for											
	separately, see inst	ructions · · ·									5	
6		(a) Description of pro			(b) Cost (b							
		()										
7	Listed property. Ent	er the amount fro	om line 29 · ·				7					
8	Total elected cost of						<u> </u>				8	
9	Tentative deduction										9	
10	Carryover of disallo										10	
11	Business income li		-							•••	11	
	Section 179 expens										12	
12	,					ine II.	•••			•••	12	
13	Carryover of disallo			,				13				
Pa	Don't use Part II or		n Allowance			iation	(D-		inted me			in a tru ationa)
	-	-					•		isted pr	openy	/. See	instructions.)
14	Special depreciatio											
	during the tax year.										14	
15	Property subject to										15	
16	Other depreciation									••	16	
Pai		S Depreciation	on (Don't inc			ee instru	uctio	ns.)				
				S	ection A							
17	MACRS deductions	s for assets place	ed in service in tax	k years beginni	ing before 2	2019 •				••	17	
18	If you are electing t	o group any asse	ets placed in servi	ice during the t	ax year into	one or	more	general		_		
	asset accounts, che	eck here · ·							🕨			
	Section	n B - Assets P	laced in Servi	ce During 2	019 Tax `	Year Us	ing	the Genera	l Depre	ciatio	on Sy	stem
			(b) Month and year	(c) Basis for de		(d) Reco	verv					
	(a) Classification of p	property	placed in service	(business/inves only-see instr		period		(e) Convention	(f) Met	hod	(g) I	Depreciation deduction
19a	3-year property											
b	5-year property				14,988		5	НҮ	200	DB		2,998
с	7-year property											
d	10-year property											
е	15-year property				23,116	1	.5	НҮ	SL			771
f	20-year property				20/110							
g						25 yr:			S/	1		
 h						27.5 y		MM	S/			
	property					27.5 y		MM	S/			
	Nonresidential real								S/			
I						39 yr:	».	MM	5/ S/			
	property Section C		ced in Service	During 2010	9 Tax Vor	 ar Hein4	n tha	MM Altornative			n 91	stom
		- ASSELS FIAL	eu in Service				y uie	Allemative			лэу	Stern
<u>20a</u>	Class life						\rightarrow		S/			
b	,				12 yrs. S/L							
C	30-year			30 yrs. MM S/L								
d	40-year					40 yr:	S.	MM	S/	L		
Pai	t IV Summa	ary (See instru	uctions.)									
21	Listed property. En	ter amount from	line 28 • • •						• • •	21		
22	Total. Add amounts	s from line 12, line	es 14 through 17,	lines 19 and 20) in column	(g), and	line 2	1. Enter				
	here and on the ap	propriate lines of	your return. Partr	nerships and S	corporatio	ns - see	instru	ictions		22		3,769
23	For assets shown a	above and placed	l in service during	the current ye	ar, enter th	e						
	portion of the basis	attributable to se	ection 263A costs				23					

OMB No. 1545-0172

DEPARTMENT OF THE TREASURY

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

Date: FEB 2 7 2002

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

Employer	Identification	Number:	
58-23320	014		
DLN:			
17053033	3772002		
Contact I	Person:		
FRANCIS	E BERNHARDT	ID#	31258
	Celephone Number	c:	
(877) 82	29-5500		
Our Lette	er Dated:		
	JARY 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.