2024

Accommodations Tax Funds Request Application

Organization Name: The Heritage Library Foundation

Project/Event Name: ATAX Application Heritage Library

Executive Summary

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

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

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

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

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

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

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

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

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

2024

Accommodations Tax Funds Request Application

Date Received: 08/30/2023 Time Received: 12:41 PM By: Online Submittal

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

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: The Heritage Library Foundation

Project/Event Name: ATAX Application Heritage Library

Contact Name: Barbara Catenaci Title: Executive Director

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

Email Address: director@heritagelib.org Contact Phone: 843-686-6560

Event Date: Ongoing Event Location: Various Locations

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

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

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

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

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

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

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

B. Total Number of Physical Visitors Served: 2,125

A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.

C. Total Number of Physical Residents Served: 2,647

A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.

D. Total Number of Physical Patrons Served (A+B+C=D): 13,906

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

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

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

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

B. DESCRIPTION OF OPERATIONS:

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

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

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

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

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

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

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

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

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

5. In order to comply with the State's Tourism Expenditure 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.	87	%
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.	13	%
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.

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

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

0 %

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)

Total:

100 %

- A. The Library has historically and consistently collaborated with organizations across Hilton Head Island when our missions intersect. Information including rack cards and brochures are displayed in the library. We regularly share our printed collateral with other organizations and we contribute to the creation of collateral that benefits many organizations, including but not limited to Crescendo, special rack card for the RBC Heritage and the Culture HHI Culture Trail map. We are a member of the Heritage Tourism Task Force, Beaufort County Historical Resource Consortium and a partner of the Town's Office of Cultural Affairs and Gullah Geechee Land & Cultural Preservation Task Force. In addition, we regularly collaborate with Mitchelville, Gullah Museum, HHI Land Trust, Heritage Classic Foundation, Coastal Discovery Museum, MLK Committee for Social Justice, HHI Arts Council, Gullah Celebration, WHHI, Island Rec Center, WAHHI, USCB, local K12 schools and more. Our events historically feature local artists and authors as well as providing a spotlight on our local history organizations.
- B. Heritage Library is the Island's ancestry and history research as well as the repository for Island history. We draw visitors from across the country because of collaborations and memberships in like centers and national organizations. We are one of the top 10 places in the world to research your family according to USA Today. We own, maintain, and preserve two historic sites that are listed on the National Register of Historic Places part of a local network of historic sites that are our local history.
- 7. Additional comments. (250 words or less)

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

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

C. FUNDING:

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

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

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

37%	Government Sources	30%	and Grants
2%	Corporate Support, Sponsors	11%	Membership, Dues, Subscriptions
5%	Ticket Sales, or Sales and Services	15%	Other

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

If so, please list top 3 sources and amounts.

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

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Provided: Yes

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

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2021- Previous FY 2 2022- Previous FY 1

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

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2021 - Previous FY 2 2022 - Previous FY 1

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2020 - Previous FY 2

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

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

F. MEASURING EFFECTIVENESS:

If you received 2022 or 2023 HHI ATAX funds

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

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

2. How were the ATAX 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, events and Christmas decorations at sites. The sites have been kept clean, safe and inviting for visitors and groups. Visitor numbers increased year over year. Marketing and Promotion: Additional series of "Our Storied Island" videos, print marketing, social media, website enhancements and maintenance, local TV, postcard series, QR codes, Eventbrite, radio, interpretive signs at historic sites, partner events, and printing. Marketing and promotion funds highlight what the Heritage Library has to offer and how we can enhance a visit to Hilton Head Island. We know that our use of funds has a positive impact because we see a consistent increase in tourist participation in classes, events, programs, tours and library visitors. In addition, we have experienced an increase in organizations wanting to partner with us.

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

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

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

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

G. EXECUTIVE SUMMARY

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

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

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Signature: Barbara Catenaci

Title/Position: Executive Director

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

Email Address: director@heritagelib.org

Office Phone Number: 843-686-6560

Home Phone Number: 843-422-2171

Survey Information

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

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

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

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

Heritage Library Budget

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

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

Total Expenses	306,000	314,900	326,850
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

Profit and Loss

January - June, 2023

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

Profit and Loss

January - December 2022

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

Profit and Loss

January - December 2021

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

Balance Sheet

As of June 30, 2023

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

Balance Sheet

As of June 30, 2023

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

Balance Sheet

As of December 31, 2022

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

Balance Sheet

As of December 31, 2022

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

Heritage Library Foundation, Inc. Balance Sheet Comparison

As of December 31, 2021

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

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

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



E.I.N. 58-2332014

OFFICERS

President
Ezra Callahan
Vice President
Sarah Takacs
Secretary

Luana Graves Sellars Treasurer Peter Cooper

BOARD OF DIRECTORS

Class of 2024

Greg DeLoach Laurette Doscher Benfante Nathaniel Jones Galen Miller Sarah Takacs

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Ezra "Cal" Callahan James MacLeod Eric Washington

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Peter Cooper Richard Dekker Herbert Ford Lydia Inglett Thomas Kraft James Robinson Luana Graves-Sellars

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Barbara Catenaci

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Dee Phillips
Linda Piekut
Dr. Larry Rowland
Iva Welton

TO: Accommodations Tax Committee

FROM: Peter Cooper, Treasurer, The Heritage Library Foundation

DATE: August 21, 2023

RE: 2022 Tax Return

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

Form 8879-TE

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning

, 2021, and ending

, 20

2004

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer THE HERITAGE LIBRARY FOUNDATION_INC 58-2332014 Name and title of officer or person subject to tax COOPER, TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here > Total revenue, if any (Form 990, Part VIII, column (A), line 12) 319,300 Form 990-EZ check here . . > 28 3a Form 1120-POL check here .> Total tax (Form 1120-POL, line 22) Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here . . ▶ Form 8868 check here . . . > 5a Form 990-T check here . . . ▶ Form 4720 check here . . . ▶ 7a 8a Form 5227 check here . . . ▶ FMV of assets at end of tax year (Form 5227, Item D) 9a Form 5330 check here . . . ▶ Tax due (Form 5330, Part II, line 19) 9b Form 8038-CP check here . . ▶ Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10b 10a Part II Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or I am a person subject to tax with respect to (name Under penalties of perjury, I declare that of entity) , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize Jennifer R Hall CPA LLC to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax ▶ Date ▶ 08-30-2022 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 579710 B6753 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature▶ Date > 08-31-2022

ERO Must Retain This Form - See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

D		T	➤ Do not er	iter social security nu	imbers on this fo	rm as It may	be made	public.		Open to Public
		he Treasury e Service	► Go to I	www.irs.gov/Form990	for Instructions	and the latest	Informat	lon.		Inspection
			ar year, or tax year begli				and endir			, 20
		oplicable:		E HERITAGE LIE	RARY FOUNDA	TION INC			D Employ	er identification number
□ A	idress cl	hange	Doing business as							58-2332014
ĪΝ	ame cha	nde	Number and street (or P	.O. box if mail is not delivered	I to street address)		Room/suit	le e	E Telepho	ne number
=	itial retur	-	PO BOX 5950				<u> </u>			(B43) 686-6560
=		n/terminated		wince, country, and ZiP or tor	eign postal code				G Gross r	eceipts
	nended			SLAND, SC 2993					S	319,300
=		n pending	F Name and address of p	Tall Carlo				H(n) to this n	group return for	raubordinates? Yes X No
_ ~	диции	i ponong						H(b) Are all	aubordinates	Included? Yes No
	v.ava#15	nt status:	501(c)(3) 501(c) () ◀ (Insert no.)	4947(a)(1) or	527		# "No,"	attach a list.	See instructions
	ebsits:		.HERITAGELIB.ORG					H(c) Group (exemption no	umber 🕨
		ganization: X		sociation Other		L Year of format	ion: 199	7 M :	State of legal	domiclie: SC
Par		Summar								
1 641			be the organization's miss	ion or most significant	activities: OPF	CRATE A H	ISTORY	AND GE	NEALOG	Y RESEARCH
	1		DO ING DIGANESCOON O WAS	lott of thoot eight						
5		LIBRARY								
Ē						505 500		-		
Governance		Observation to	ox ▶ ☐ if the organization	n discontinued its oper:	ations or disposed	of more than 2	25% of its	net assets		
0	1									15_
ed .	3		oting members of the gove						. 4	15
8	4		dependent voting member						. 5	0
Activities &	5		of individuals employed in						. 6	
CE	6	Total numbe	of volunteers (estimate if	necessary) • • • •					-	100
-	7a	Total unrelate	ed business revenue from	Part VIII, column (C), li	ne 12 · · · ·				· 7a	0
	b	Net unrelate	d business taxable income	from Form 990-T, Part	I, line 11		1		1	0
							-	Prior Year		Current Year
	8	Contribution	s and grants (Part VIII, line	****					2,029	300,060
en	9		vice revenue (Part VIII, line					21	L,238	16,261
Revenue	10	Investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d)			•	1	L,020	2,934
Æ	11	Other reven	ue (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c,	and 11e)		·		53	45
	12		- add lines 8 through 11					324	1,340	319,300
	13		imilar amounts paid (Part							0
	14		to or for members (Part I							0_
	15		er compensation, employe		umn (A), lines 5-10	0)		4.5	5,000	45,000
a S			fundraising fees (Part IX,							0_
penses			sing expenses (Part IX, co			124,331	12911	WED VE		
Exp	17		ses (Part IX, column (A), I			<u> </u>		18	7,600	259,502
ш	18		es. Add lines 13-17 (mus						2,600	304,502
			s expenses. Subtract line						1,740	14,798
	19	Heveriue les	s expenses. Subtract line	TO TION IN THE TE				nning of Curi		End of Year
Net Assets or		Tital access	(Ded Villes 46)						7,672	552,691
9.5	20		(Part X, line 16)						1,891	132,110
47 55	21		s (Part X, line 26) or fund balances. Subtract	line 21 from line 20					5,781	420,581
			re Block	IIII ZI IIOII III ZO				40.	3, 102	1007000
Pa	rtill	Signati	clare that I have examined this re	hum including accompanying	echadulae and statem	ents, and to the be	est of my kni	owledge and	belief, it is	
true,	ır репан сопесі,	and complete. D	eclaration of preparer (other than	officer) is based on all inform	ation of which preparer	has any knowledg	je.			1 /
		,		Pata	R Comor	20-				9/1/2022
Cia			R COOPER	7,000	7				Date	
Sig		Signati	ire of officer						-	•
Her	e	_	R COOPER, TREASU	RER						
		Type o	print name and title			1				DTN
		Print/Type p	eparer's name	Preparer's signature	1	Date		Check	, 🗅 "	PTIN
Pai	d	Jennif	er R Hall	1 Symmeter &	XTU	08-31-2			mployed	P00647809
Pre	pare	Firm's name	▶ Jennife	F RCHall CPA L	LC		F	Firm's EiN 🕨	<u> </u>	
Use	Onl	y Firm's addre	ss ▶ 25 Clar	k Summit Dr St	e 103		F	Phone no.		
				n SC 29910					843-8	315-3575
May	the IR	S discuss this	return with the preparer s		uctions	<u> </u>				X Yes No

Form 990 (2021) For Paperwork Reduction Act Motice, see the separate instructions. May the IRS discuss this return with the preparer shown above? See instructions Binffton SC 29910 843-818-EP8 S2 CJerk Summit Dr Ste 103 🖣 sseibbs इ'mानि Use Only ● कामका इ'कानि Jennifer RUHall Firm's EIN Preparer beyolgme-tlea EMMILLO Jennifer R Hall **60847809** 08-31-2022 bis9 Print/Iype preparers name Date etit bas eman tahq to eqyī ретек соорек, TREASURER Here Signature of officer ußis PETER COOPER ててのて true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Signature Block II haq Fund 185'021 184,204 Net assets or fund balances. Subtract line 21 from line 20 132,110 168'161 12 Assets or d Balances Total liabilities (Part X, line 26) 169'ZSS 273, FEE Total assets (Part X, line 16) 20 End of Year Beginning of Current Year 864'PI 01/16 Revenue less expenses. Subtract line 18 from line 12 61 304,502 232, 600 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 009 '481 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Expenses 209,622 Total fundraising expenses (Part IX, column (D), line 25) Professional fundraising fees (Part IX, column (A), line 11e) 0 Salaties, other compensation, employee benefits (Part IX, column (A), lines 5-10) 000'51 45,000 SL 0 Benelits paid to or for members (Part IX, column (A), line 4) ÞL ō Grants and similar amounts paid (Part IX, column (A), lines 1-3) EL 324,340 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 00E 6TE 15 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 95 23 Revenue 2,934 1,020 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,261 21,238 Program service revenue (Part VIII, line 2g) 302,029 Contributions and grants (Part VIII, line 1h) 300,005 Current Year b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **QZ** 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 Activities & Governance OOT Total number of volunteers (estimate if necessary) 9 -0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 9 Number of independent voting members of the governing body (Part VI, Iline 1b) SI Number of voting members of the governing body (Part VI, line 1a) ST Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. LIBRARY OPERATE A HISTORY AND GENEALOGY RESEARCH Brieffy describe the organization's mission or most significant activities: Summary Part X Corporation noitelbossA | IsuriT M State of legal domicile: Tee I :notiamnot to see J WWW HERITAGELIB ■ :atladeW H(c) Group examption number (E)(3)105 X (.on heani) 🕨 (Tax-exempt status: 10 (f)(B)\1464 if "No," attach a list. See instructions EOY L H(b) Are all subordinates included? Application pending Name and address of principal officer; ROY feelenbrocks tol muter quong a sirt sl. (8)H HILTON HEAD ISLAND, SC 29938-5950 muter bebnemA G Gross receipts City or town, state or province, country, and ZIP or foreign postal code betanimnef/muter lanfi PO BOX 5950 muter latin 0959-989 (E18) (seetbbs feets of betevileb fon al lism il xod .C.R 10) feetis bns tedmuM Name change E Telephone number Doing business as Address change 28-2332014 C Name of organizationTHE HERITAGE LIBRARY FOUNDATION INC Check if applicable: D Employer Identification number For the 2021 calendar year, or tax year beginning A gnibne bns ,1505 , ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service nobsequi Department of the Treasury ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Under section 501(c), 527, or 4947(s)(1) of the Internal Revenue Code (except private foundations) **1202**

Return of Organization Exempt From Income Tax

74500-2421 JON BMO

066

Form 990 (2021) THE HERITAGE LIBRARY FOUNDATION INC

28-2332014

Page 2

ON Rey

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NI	FOUNDATION	YAAABIJ	HERITAGE	ант		S) 066 mro-7

	US) 06	0 mio-		473
Х		21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	
	<u> </u>		Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	51
		20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	
X		802	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	E 02
Х		61	# Yes," complete Schedule G, Part III 4 12 2000 or green from the more than a contract of the more than the th	<i>p</i> .
			Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	61
	×	18	Part VIII, fines 1c and 8a? If "Yes," complete Schedule G, Part II	0.1
X		ļ.,,	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	81
		21	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 11e7 If "Yes," complete Schedule G, Part I See instructions	۷۲
_x	ļ	91	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	2.1
•		91	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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	3,
		3.	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	91
_x		qb1	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	
		100	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
X	-	BAL	Did the organization maintain an office, employees, or agents outside of the United States?	BAL
×		13	s the organization a school described in section 170(b)(f)(A)(ii)? If "Yes," complete Schedule E	13
<u>x</u>	 	159	"Yes" and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	
			Was the organization included in consolidated, independent audited financial statements for the tax year? If	q
<u>x</u>	 	128	Schedule D, Parls IX and XII and XIII	
			Did the organization obtain separate, Independent audited financial statements for the tax year? If "Yes," complete	ISB
<u>x</u>		111	the organization's flability 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	J
	Х	911	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	8
	Х	brr	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	
			Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	p
	Х	JIT	of its total assets reported in Part X, line 16? 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		dir	of its total assets reported in Part X, line 167 If "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	q
	x	Btr	complete Schedule D, Part VI	_
	000406	200000	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	В
			VIII, VIII, IX, or X as applicable.	
	v	0.1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Paris VI,	l1
	X	01	or in quasi endowments? If "Yes," complete Schedule D, Part Y	01
×	 	6	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10
at.		0	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt in a sequence of it was a complete Schedule D. Bad IV	
			Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	6
	х	8	complete Schedule D, Part III	•
	"		Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8
X		L	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_
		-	Did the organization receive or hold a conservation easement, including easements to preserve open space,	L
	х	9	"Yes," complete Schedule D, Part I	
			have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	
			Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	9
X		g	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	
			the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	2
Х		Þ	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)	Þ
X		3	candidates for public office? If "Yes," complete Schedule C, Part I	
			Did the organization engage in direct or indirect political campalgn activities on behalf of or in opposition to	3
	X	2	sthe organization required to complete Schedule B, Schedule of Contributors? See instructions	5
	Х	1		
			Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	L
	mm t			

Page 4

Form 990 (2021) THE HERITAGE LIBRARY FOUNDATION INC

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	X	1c	Sahanniw exing of agninniw (gnildmag) gnimag eldehogen	
		100.20	Did the organization comply with backup withholding rules for reportable payments to vendors and	Э
		Tay.	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	q
	1625		Enter the number reported in Box 3 of Form 1096. Enter -0 - if not applicable	Bľ
ON	Yes			
\top	• •		Check if Schedule O contains a response or note to any line in this Part V	
ш				haq
	Х	38	19? Note: All Form 990 filers are required to complete Schedule O.	
			Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	38
X		128	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	35
Х		36	related organization? If "Yes," complete Schedule A, Part V, line 2	
			Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36
		32P	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	
			If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	q
×		328	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	358
Х		34	or IV, and Part V, line 1	
		**	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule A, Part II, III,	34
×	-	33	sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	•
	{	00	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33
×		35	complete Schedule N, Part II	
-		"	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	35
X	 	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31
X		30	conservation contributions? If "Yes," complete Schedule M	10
••		00	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualitied	30
Х		58	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	50
X		280	"Yes," complete Schedule L, Part IV	06
•		-80	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	5
X		28b	A Samily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	
X		BBS		q
A		PBC	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV	В
	inen	STATE OF		6
	0.333	360	Part IV instructions, for applicable filling thresholds, conditions, and exceptions):	-
X		72	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	28
•		26	member, or to a 35% controlled entity (including an employee thereot) or family member of any of these persons? If "Yes," complete Schedule L, Part III	
			employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	
50			Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	72
X		56	controlled entity or (amily 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
х		22P	If "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?	
			Is the organization aware that it engaged in an excess benefit transaction with a disqualitied person in a prior	q
X		BGS	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	
			Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	258
		249	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	р
		24c	or delease any tax-exampt bonds the contract of the contract o	
			Did the organization maintain an escrow account other than a refunding escrow at any time during the year	9
		54P	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	q
Х		S48		
			\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	
			Did the organization have a tax-exempt boot lesure with an outstanding principal amount of more than	SAR
Х		53	employees? If "Yes," complete Schedule	
Í	- 1	<u> </u>	organization's current and former officers, directors, frustees, key employees, and highest compensated	
			Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	23
Х		22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	
			Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	55
DN	\$9 <u>X</u>			

	S) 066 m	EV.		V 3
			If "Yes," complete Form 6069.	
		71	activities that would result in the imposition of an excise tax under section 4952 or 4952 or 4952 or 4953	
			Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4
		E 70	If "Yes," complete Form 4720, Schedule O.	
X		91		
		345	If "Yes," see instructions and tile Form 4720, Schedule M.	
K		91	excess parachute payment(s) during the year?	
			to notissenumer in 000,000,ft nsrft erom to (a)frientysq no xst 0364 frolices eff to tobject notissins gro eff al	9
		14P	· · · · · · · · · · · O eluberto? no notisnativa na ebivorq ", ol/" il f stnemysq eserti troqet ot 057 mto-1 a beliti ti zert ", ze/" il	q
X		BAL	Did the organization receive any payments for indoor fanning services during the tax year.	B
	5508 8	128	Enter the amount of reserves on hand	5
	19 30		the organization is licensed to issue qualified the state of the second	
		97	Enter the amount of reserves the organization is required to maintain by the states in which	q
	1-000	40	Note: See the instructions for additional information the organization must report on Schedule O.	
	1 6	BET	st the organization licensed to last equalitied the arith plans in more than one state?	6
		Series .	Section 501(c)(29) qualitied nonprofit health insurance issuers.	
			If "Yes," enter the amount of tax-exempt interest received or accrued during the year	q
-	1	128	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	8
000	District of	2000	against amounts due or received from them.)	
			Gross income from other sources (Do not net amounts due or paid to other sources	q
	100		Gross income from members or shareholders	E
			Section 501(c)(12) organizations. Enter:	
	6556	TO V	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0
	1300	183	Initialion fees and capital contributions included on Part VIII, line 12	
			Section 501(c)(7) organizations. Enter:	•
52	STATES A	96	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	c
7	_	86 80	Did the sponsoring organization make any taxable distributions under section 4965.	E
n	anes in	-0	Sponsoring organizations maintaining donor advised funds. Did the consocion experience maintaining descripe descriped descriped descriped descriped descriped descriped descriped described describ	
	0,250	8	sponsoring organization have excess business holdings at any time during the year?	
100		a		
	area la	111	If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	
		44		ų
	1 23	57	If the organization received a contribution of qualitied intellectual property, did the organization file Form 8699 as required?	6
	_	17	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	ļ
	- 1	97	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	8
		-	If "Yes," indicate the number of Forms 8282 filed during the year	p
	;	٦٥	SSSS mro-T elit of beninper	
4			Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	3
-		94	If "Yes," did the organization notify the donor of the value of the goods or services provided?	q
		BT	and services provided to the payor?	
		183	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	8
3			Organizations that may receive deductible contributions under section 170(c).	
1	10	9	giffs were not tax deductible?	
			If "Yes," did the organization include with every solicitation an express statement that such contributions or	q
	E	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	E
		20	11 "Yes" to line 5a or 5b, did the organization file Form 8886-T?	3
	C	25	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	q
		99	• • • • • • • • • • • • • • • • • • •	B
	100		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
1000			If "Yes," enter the name of the foreign country ▶	q
1	E	Вþ	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,	8
1	0	36	O eluberto? no noisenstaxe na ebivora, all "No" to line 3b, "No" to line 3b, or this is tilled a Form 990-T for this year? If "No line 3b, or	q
1	_	38	Did the organization have unretated business gross income of \$1,000 or more during the year?	B
10		1000	Note: If the sum of lines it and 2a is greater than 250, you may be required to e-file. See instructions.	
7	0	21	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	q
			Statements, filled for the calendar year ending with or within the year covered by this return	•
	3.34	13.6	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	BS
	30 30	100		

				8 Did the organization contemporaneously document the meetings held or written actions undertaken during	
	٩Ł			stockholders, or persons other than the governing body?	
		[Are any governance decisions of the organization reserved to (or subject to approval by) members,	
	BY			one or more members of the governing body?	
	_			7a Did the organization have members, atockholders, or other persons who had the power to elect or appoint	
-	9				
-		<i></i>			
	S			5 Did the organization become aware during the year of a significant diversion of the organization's assets?	
	Þ		• • •	A Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?	
۱ ۱	3		• • •	supervision of officers, directors, or trustees, or key employees to a management company or other person?	
				3 Did the organization delegate control over management duties customarily performed by or under the direct	
	2			any other officer, director, trustee, or key employee?	
	NI KE			2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	
		SI	10	b Enter the number of voting members included in line 1a, above, who are independent	
	18			committee, explain on Schedule O.	
13	2211			if the governing body delegated broad authority to an executive committee or similar	
77	4.77			If there are material differences in voting rights among members of the governing body, or	
M	123	ST	Bľ		
	1	31	81	st say xst and to bre end is vbod gninnervog ent to shedmen on into hor manner in End	
^ [
				Section A. Governing Body and Management	
•				Check if Schedule O contains a response or note to any line in this Part VI	
		.snoilousli e	O. See	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	
	"0N"	B 101 bns , wok	9 9 9 2 4	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	
		58-23320		Form 990 (2021) THE HERITAGE LIBRARY FOUNDATION INC	

			Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5
Х		6		_
			9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	
	X	d8	b Each committee with authority to act on behalf of the governing body?	
	Х	88		

the year by the following:

17		165	organization's exempt status with respect to such arrangements?	
	15000	FUE	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	
			If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	
K		891	with a taxable entity during the year?	
81		RESERVE	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.	
		12p	Other officers or key employees of the organization	
	Х	158	The organization's CEO, Executive Director, or top management official	
	PER	5837	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
Part I	1900	1269	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?	Þ
7.1		13	Did the organization have a written whistleblower policy?	ε
		15c		
			Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	0
		15P	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	
	X	RSI	Did the organization have a written conflict of interest policy? If "No," go to line 13	
		MAN	Describe in Schedule O the process, it any, used by the organization to review this Form 990.	
	Х	Bil	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	Bľ
7	Х	100	stilliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	
			If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	q
7	Х	BO1	Did the organization have local chapters, branches, or affiliates?	B0 (
V	Yes			

List the states with which a copy of this Form 990 is required to be filled	41
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)	Br
(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
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Describe on Schedule O whether (and it so, how) the organization made its governing documents, conflict of interest policy,	61
and financial statements available to the public during the tax year.	

Form 990 (2021)

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	Compensated Employees	ey Employees, Highest	, Trustees, K	Directors	of Officers,	Compensation	IIV haq
7 egs ^c	28-2332014	INC	NOITAGNUO	LIBRARY E	HERITAGE	EHT (Form 990 (2021

 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

organization's tax year.

- List all of the organization's current officers, directors, frustees (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, it any. See instructions for definition of "key employee."

EEV

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
 who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than
- \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than
- \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Form 990 (2021)									<u>.</u>	7 M M
0	0	0				X			}	VICE PRESIDENT
									00 0T	(14)SARAH O'LEARY TAKACS
0	0	0			\top	Х			İ	PRESIDENT
			İ						00'ST	(13)EZBY CYTTYHYN
0	0	0	\vdash	1	1-	X	+-	1		ABAUSABAT
									00 0T	(12) PETER COOPER
0	0	0	+	+	+	+	+	X		BOARD MEMBER
									00'E	[1]) TAMES ROBINSON
0	0	0	\vdash	+	+	+	╫	X		BOARD MEMBER
-									00.2	(10) GREG DELOACH
0	0	0	╫		+	-	╫	×		давмам охуон
•	"								2.00	(a) DODI EZCHENBYCH
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0	0	45,000						X		EXECUTIVE DIRECTOR
						<u> </u>	_		00.01	(1) BARBARA CATENACI
				l _B						
				Highest compensated employee			0		(enil bettob	
				E E	g		Tust	15 10	woled	
				E .	Joy	Ì	E	E P	enoliszlnegro	
anoitazinagno batalan	1099-NEC	1089-NEC)	Jan J	loye	Key employee	ļ,	Institutional Irustee	Individual trustee or director	betalen	
organization and	1088-WIZC\	1089-WIZC\	Former	동	Key	Officer	Inst	# P	not study	
erit mont	\S-W enotasinagro	\S-W) notasinagro	F	<u> </u>	<u> </u>	<u> </u>	<u> </u>		Yns fell)	
ol other	compensation betaler mort	compensation and mont		(១៩)៩៧៤	noloe	1 & Cli	ons 16	ottice	hours per week	
tnuome betamite3	eldshoqeR	noqeR eldshoqeR		(do not check more than one box, unless person is both an officer and a director/matee)			egstevA	eltit br.s e.msM		
(4)						(g)	(A)			
<u> </u>	(4)	1	Position		1	144				

Form 990 (2021)

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THE REAL PROPERTY.	Water and						◀	uoj	ssinegro ent	mort fran \$100,000 of compensation from	
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				Ī							
			_								
<u> </u>				1							
Compensation		Bescription of services								esenbba esenieud bras emaM	
(c)		(B)								(v)	
	on's tax year.	within the organizati	ip or	w gnil	OUO .	rea/	qst	e cslen	risation for th	compensation from the organization. Report comper	
										Complete this table for your five highest compensate	l.
				<u> </u>						on B. Independent Contractors	11089
X S				uos	ıed	yon:	101 S	r einp	auos ejeldiud	for services rendered to the organization? If "Yes," co	110
		on or individual	ojjezj							Did any person listed on line 1a receive or accrue co	g
X þ										· · · · · · · · · · · · · · · · · · ·	
		uans	יו וסו	eanse	บอด	<i>0101</i>	аша	ວ'ຮອມ		organization and related organizations greater than \$	
										For any individual listed on line 1a, is the sum of rep	ь
х E										employee on line 12? If "Yes," complete Schedule J	·
MAN WAY STANK		190	esue	dwoo	1 5 9U	ви.	ю 'ө			Did the organization list any former officer, director, t	3
Уез Ио		feat			V	-1-4				4	-
										reportable compensation from the organization	
,		IO OOO'OO I & URUI	9.01	U DAAI	aca.	QUA	λ (Đ/	vocre rie	alsii asoul ol i	Total number of individuals (including but not limited	2
0	0	000 (51)	14							Total (add ilnes 1b and 1c)	р
			┫							Total from continuation sheets to Part VII, Secti	9
	-		┫							Subtotal	qL
			+	Т	Т	Т	Т-		T	į stating	
											(52)
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5074 Page	266 <u>2</u> -82				Ü	LE T	ĸΟ	T T 4 G	MIOT YAR	HERITAGE LIBRATIAGE LIBRA	Form

Form 990 (2021)

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	AND DOOR			Business Code		9-				
3° 5 M-6				4				let income or (loss) from s		f
	TOP A TOP	BANK DESTAL			1			ess: cost of goods sold		
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								Gross sales of inventory, le		
				◀	• • •	g activities	inims	Det income or (loss) from g	9	
		Ending Secreta	USUS SERVE		q6		• • •	 sesriect expenses 	q	
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			200	◀	· · S	neve gnizi	undra	Vet income or (loss) from f	9	
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					88 .		• • •	1c). See Part IV, line 18		P
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5445 5				4			-	Net rental income or (loss)	р	
		property to the	11-45				29	Rental income or (loss)	9	
					2		99	rese: tental expenses	q	
							89	Gross rends	89	
				Isnoneq (ii)	ls:	aA (i)	1			
		57	SP	◀				Royalties	9	
11111				∢ · · · spa	d procee	wempt bon	e-xsi	Income from investment of	Þ	
		2,934	2,934	∢ · · · · · ·						
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	de and	14,403	14,403	OTATTS		{	SMA 5	EDUCATIONAL PROGR		in Se
		LTS	LTS	001619				PIBEYEL SEEVICES	q	Program Service Revenue
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				1		ni b	epnia	Noncash contributions inc	6	중품
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						'sjue	ts, gr	All other contributions, gif	1	Ħ,G
				120,389	er.	· · (suc	oitudi	Government grants (contr	0	重要
	TO STATE OF THE PARTY.		It was to be the		рL		• •	 enoitszinagro betsleff 	р	A, C
		STATE OF STATE		25,932	οľ			Fundraising events	9	un i
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Form 990 (2021) THE HERITAGE LIBRARY FOUNDATION INC

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

(1SOS) 099 mp3				Land and the second sec	
				organization reported in column (B) joint costs from a combined educational campaign and tundralating solicitation. Check here tollowing SOP 98-2 (ASC 958-720)	
				Joint costs. Complete this line only if the	56
124,331	3\$0,27	108,125	304,502	Total functional expenses, Add lines 1 through 24e	52
				All other expenses	Θ
		8, 128	8,128	ONFINE KESEVECH SOBSCKIBLION	р
	2,548		2,548	BYNK & PROCESSING PEES	э
		968'99	968'99	HISTORIC PRESERVATION	q
	-	101,EA	TOT'EV	EDUCATION PROGRAM EXPENSES	В
	Contractor of the Contract Con			(A) amount, list line 24e expenses on Schedule O.)	
				line 24e amount exceeds 10% of line 25, column	
				above (List miscellaneous expenses on line 24e. If	
				Other expenses, Itemise expenses not covered	54
	000/7	I DESCRIPTION OF THE PROPERTY OF	2,630	Insurance or regresses as a second of the se	23
	2, 630			Depreciation, depletion, and amortization	55
	£78,8		£76,8		
				Payments of stillists of street	21
	222		222		50
	2,310	1	2,310	Conferences, conventions, and meetings	61
				for any federal, state, or local public officials	
	<u> </u>			zeaneque înemishelne no levant lo sinemys9	81
				Travel	Z١
				Occupancy	16
				Royalties	12
	TSP'L		TSV'L	Information technology	14
	5,912		216'9	Office expenses	13
124,331			124,331	notiomorq bns gnisinevbA	15
		- 		(A) amount, list line 11g expenses on Schedule O.)	
				Other. (If line 11g amount exceeds 10% of line 25, column	В
				seel Inemegenem Inemiseval	1
	A STATE OF THE PARTY OF THE PAR	The state of the s	11	Professional fundraising services. See Part IV, line 17	8
	Name of the last o			горрујива	р
		 		Vccounting	
	-	-		Гебај	
	-			JuemegsnsM	
				Fees for services (nonemployees):	11
		<u> </u>		Payroll taxes	10
	-			Other employee benefits	6
				section 401(k) and 403(b) employer contributions)	•
				Pension plan accruals and contributions (include	8
					8
				Sepaw bits salaties salation as sepaw bits salation of the sal	
				persons described in section 4958(c)(3)(B)	
				presons (as defined under section 4958(f)(1)) and	
				Compensation not included above, to disqualified	9
_	45,000		45,000	trustees, and key employees	
				Compensation of current officers, directors,	9
		B		• • • • • • • • • stedment tot to of bisq stitlened	Þ
PARTIE STATE				10reign individuals. See Part IV, lines 15 and 16	
				organizations, foreign governments, and	
				Grants and other assistance to foreign	ε
	Reference Carrier Street			individuals. See Part IV, line SZ	
				Grants and other assistance to domestic	5
				and domestic governments. See Part IV, line 21	_
				Grants and other assistance to domestic organizations	L
sesuedxe	sesuedre (Bieneg	expenses		b, and 10b of Part VIII.	6 '00
	The second secon				- TW
(D) Fundralsing	bns inemeganeM	Program service	(A) seaneque latol	ot include amounts reported on lines 6b, 7b,	

			_		_	_	_			_	_	_
H	Page	Þ	Ţ.	0	2	ε	ε	Z	-	8	9	

Form 990 (2021) THE HERITAGE LIBRARY FOUNDATION INC

Check if Schedule O contains a response or note to any line in this Part X			
	 	X trus 9 sintt n	Check if Schedule O contains a response or note to any line

(1202) 099 (mo3				A33
33 225,691	273, 672	Total liabilities and net assets/fund balances	33	7
32 420,581	187,204	Total net assets or fund balances	35	e
31		Retained earnings, endowment, accumulated income, or other funds	31	As
30		Paid-in or capital surplus, or land, building, or equipment fund	30	901
59		Capital stock or trust principal, or current funds	58	0 0
SIND SEEDS IN LOUISING COMME	SHOT MAKEN SWEET	and complete lines 29 through 33.		1 2
		Organizations that do not follow FASB ASC 958, check here ▶ □		<u>a</u>
000'94 82	72,000	Net assals with donor restrictions	28	Net Assets or Fund Balances
185'99E 22	187,065	Net assets without donor restrictions	22	
		and complete lines 27, 28, 32, and 33.		8
		Organizations that follow FASB ASC 958, check here ► K		س
26 132,110	168'151	Total ilabilities. Add lines 17 through 25	56	
\$2 J84		of Schedule D		
		parties, and other liabilities not included on lines 17-24). Complete Part X		ļ
		Other liabilities (including lederal income tax, payables to related third	52	ĺ
24 131,326	168'151	Unsecured notes and loans payable to unrelated third parties	24	
S3 101 23	100 101	Secured mortgages and notes payable to unrelated third parties	53	
22		controlled entity or family member of any of these persons	00	
		trustee, key employee, creator or founder, substantial contributor, or 35%		<u> </u>
		Loans and other payables to any current or former officer, director,	55	Liabilities
	A THE REAL PROPERTY.		21	6
51		Isx-exempt bond lisplifity. Complete Part IV of Schedule D		
50			20	
61		Deferred revenue	61	
8t		Grants payable	18	
171		Accounts payable and accrued expenses	71	
1 1	537,672	(EE entil laupe faurn) 51 riguoriti f sentil bbA .siesse letoT	16	
199 '061 91	Z99,061	Other assets: See Part IV, line 11	91	1
ነ ነ		slesse eldignafin	41	1
	34,289	Investments - program-related. See Part IV, line 11	13	1
12 590	OST'T	Investments - other securities. See Part IV, line 11	12	1
11		Investments - publicity traded securities	۲ŀ	1
100 36,011	41, 684	Less: accumulated depreciation 10b	9	1
		basis. Complete Part VI of Schedule D 108		1
		Land, buildings, and equipment: cost or other	60 l	1
6		Prepaid expenses and deferred charges	6	As
E \$ 8 4 \$	£9L'\$	Inventories for sale or use	8	Assets
		Notes and loans receivable, net		CS.
9		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	ļ	
	SELECTION OF SELECTION	Loans and other receivables from other disqualified persons (as defined	9	1
S	**-*	controlled entity or family member of any of these persons		
	KANDASMEN	trustee, key employee, creator or founder, substantial contributor, or 35%		
		Loans and other receivables from any current or former officer, director,	9	
00E \$	300	Accounts receivable, net	b	
3	· -	Pledges and grants receivable, net	3	
2		Savings and temporary cash investments	5	
	264,824	Cash - non-inferest-bearing	ایا	
		1		
l ⊏iig oi yest	TGBV TO THURRIDAR			
(B) Seev of year	(A) Beginning of year			

(120	z) 066 r	Гогп				EEA
	П	ЭP	1		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	
					If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	q
Х		38	1		Single Audit Act and OMB Circular A-133?	
					As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	38
7-11	17/2		1		Schedule O.	
					If the organization changed either its oversight process or selection process during the tax year, explain on	
		3C	1 • • •		the audit, review, or compilation of its financial statements and selection of an independent accountant?	
					If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	0
					separate basis, consolidated basis, or bolh: Separate basis Consolidated basis Both consolidated and separate basis	
	323				If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	
X		SP			Were the organization's financial statements audited by an independent accountant?	q
					reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	
	72				If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	
X	760	Sa	┨		Were the organization's financial statements compiled or reviewed by an independent accountants	87
zimi	HOWEN I				Schedule O.	-6
					If the organization changed its method of accounting from a prior year or checked "Other," explain on	
				_	Accounting method used to prepare the Form 990:	1
ON	Yes				400 []	
	*			• • •	Check if Schedule O contains a response or note to any line in this Part XII	
					R XIII Financial Statements and Reporting	110.4
185	420,			10	32, column (B))	
					Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	10
0				6	Other changes in net assets or fund balances (explain on Schedule O)	6
				8	Prior period adjustinents	8
				1	sesuadxa juamjsavni	2
				9	Donated services and use of facilities	9
2				g	Net unrealized gains (sessol) anise basilsermu tel	S
TSL	405,			7	Net assets or fund batances at beginning of year (must equal Part X, line 32, column (A))	b
867	'bT			ε	Revenue less expenses. Subtract line 2 from line 1	3
205	304			5	Total expenses (must equal Part IX, column (A), line 25)	2
300	'6TE			Į.	Total revenue (must equal Part VIII, column (A), line 12)	Į.
<u> П</u> .					Check if Schedule O contains a response or note to any line in this Part XI	
_					Reconciliation of Net Assets	BY
sge 12	3 4	1	3201	3-23	990 (2021) THE HERITAGE LIBRARY FOUNDATION INC 5	

2021 OMB No. 1545-0047

noitoaqeni

Open to Public

58-2332014

Public Charity Status and Public Support

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

Department of the Treasury

(Form 990)

SCHEDNIE A

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

nolissinagro edi to emali Internal Revenue Service

							(3)
							(a)
							(c)
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							(A)
		oN	20Y				
lo invomA (iv) ees) hoqque terilo (enolicurieni	(v) Amount of monetary support (see (snothurani	galatevog t	noy ni betell uoy ni betell muoob	notasinagro to eqyT (lit) 01-1 serili no bedinaseb) ((enotiauntani ees) evoda	M3 (II)	notasinagro behoqqua to əmal/i ())
				anization(s).		Enter the number of supported organization about	I D
			+nonszin	ntegrated supporting orga	-	functionally integrated, or Type II	•
	Type II, Type III	a Type I,				Check this box if the organization	9
		.V he	d bas ,d i	Part IV, Sections A and	on must complete	Y .(znoitourizni ees) fnemeriuper	
	ssenevijnetts as bas tr	remeriuper	noitudintei	generally must satisfy a d	noitszinsgro edT .	that is not functionally integrated	
	(a)noitasinagro behodo	ua ali riliw	connection	ni betsredo noitszinsgro g	grinoqque A .betan	Type III non-functionally integ	p
						es) (s)uogezinggio behodqus sii	o
	dially integrated with.	itonut bas	ection with.	o bila A sino.	nactivities A k	organization(s). You must comp	
	neuoddns eur eBeueu	DOULLOI OK L	reur suosi			control or management of the su	
	ation(s), by having	szinsgro be	hodqus sii	ritiw noticennos ni bellostr	n supervised or cor	Type II. A supporting organizatio	q
				V, Sections A and B.	l freq etelqmos tai	supporting organization. You mu	
	edf to seetsur	ectors or t	ib edt to y	rappoint or elect a majorit	e power to regularly	the supported organization(s) the	
	typically by giving	e)noitezine(pported org	sed, or controlled by its su	n operated, supervis	Type I. A supporting organization	B
						the box in lines 12s through 12d that	
эск	section 509(a)(3). Che	69S .(S)(B)	etion 509	in section 509(a)(1) or se	i ion yravisuraxa ueji i beditaseb anotissir	srago bris bezinsgno notiszlnsgno nA [] nsgno behroqquis yləilduq enom no eno	12
ło	carry out the purposes					Isrago bas bezinagro notissinagro nA	11
	SILIO 94071 CC URU	n enom on of (xs) ff2 i	ns; and (z) ses section te Part III.)	ubject to certain exceptions usiness taxable income (le setton 509(a)(2). (Comple	exempt functions, s ne and unrelated bu ne 30, 1975. See se	university: An organization that normally receive receipts from activities related to its e support from gross investment incon acquired by the organization after Juri	10
	ia affailar aut in a	א' אווה אומי	io 'eiueu e	on Jenus (fsuonomas): canea no	ege or agriculture (s	or university or a non-land-grant colle	
						An agricultural research organization	6
		44				A community trust described in secti	8
	*					Iv)(A)(1)(d)071 noltoes ni bedinoseb	
	n fhe general public	unit or fron	ernmental	vog is most froqque ast to t	haq laitnatadue a e	evieceive An organization that normally receive	7
		.(v)(A)(t)(d)(The notices of bedrozeb t		A federal, state, or local government of	9
			of a to po	E IDAO IO COLLAD ÁIREIDAILIE		A horganization operated for the bent of (Iv). (Complete section 170(b)(1)(A)(Iv).	9
	ni bedinasah tigu t	einementa	on a vid be	S1900 to begue utissouier	t as college of tite	hospital's name, city, and state:	-
	A)(iii). Enter the)(L)(a)() L	nolibes n	with a hospital described i	sted in conjunction	A medical research organization oper	7
	-4, 22,-3 /INVA).	III)(A)(1)(d	JOYF nottoes in bedingest	o noitszinsgro ecivie	A hospital or a cooperative hospital se	£
				(.(0ee mo引) 크 eluberlo2)(t)(A)(t): (Attach S	A school described in section 170(b)	2
						A church, convention of churches, or	
						ped noitabriuot e private foundation bec	
'SU	art.) See instruction	e this pa	comple	sum enoitesinepro	ity Status. (All	TAGE LIBRARY FOUNDATION TO THE TRANSPORT IN THE TRANSPORT	Ting T
	PT0ZEEZ-89	I			OM THU	THEMMOR WOLDSTY BRIDGE	

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Schedule A (Form 990) 2021

Section A. Public Support

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

						· · · · · · · · · snoitoutani	
	this box and see	or 17b, check	,s71 ,d31 ,s31	,&f enil no xo	not check a be	Private foundation. If the organization did	81
⊟։ ∢ ∵։						organization	
behode	as a publicly sup	selfilsup noits	it. The organiza	umstances tes	prio-bns-stost	or Part VI how the organization made the	
nisiq	x∃ .enen qote br	eck this box a	tances test, ch	e-and-circums	toets the fact	15 is 10% or more, and if the organization	
	teb, or 17a, and	,691 ,St enil r	среск в рох ог	ton bib noitss	inspro ent 11 .0	199-facts-and-circumstances test - 202	4
□ •						organization of the second of	
рерс	s a publicly suppo	ss seililisup no	itszinsoto edT	istances test.	muaria-bns-sta	Part VI how the organization meets the far	
ni	nislgx3 .ered go	ote bns xod sir	s test, check ti	-circumstance	ons-sibsi edi s	10% or more, and if the organization meet	22.4.1
	or 16b, and line	,s81 ,S1 enil r	check a box or	ton bib noitss	inspropertil .f	10%-facts-and-circumstances test - 202	BTT
□ ◀ ''			oitezinepro bel	ublick suppor	a e se seilileur	this box and stop here. The organization of	
	om 10 %E\t EE a	i and line 15 i	391 10 Stenil r	check a box or	ton bib noitss	33 1/3% support test - 2020. If the organi	q
□ •			. noitszinspro	behoogus vk	oildua a as seit	box and stop here. The organization quali	mai
		. 66 si 41 enil l	on line 13. and	check the box	ton bib noitss	33 1/3% support test - 2021. If the organi	591
%	15		//·> · · · · · · · · · · · · · · · · · ·			Public support percentage from 2020 Sch	12
%	14		(f) mmulos . FF			Public support percentage for 2021 (line 6	14
						on C. Computation of Public Suppor	itae2
□ ◂ ∵;						organization, check this box and stop hen	13
(8		th tax vear as	d, fourth, or fif	st. second. thii	ail a'noitssinso	Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the or	12
	15			(Suc	offountani ees)	Total support. Add lines 7 through 10	11
	NAME OF THE OWNER, WHEN	MENERAL STR	BUSH DE M			Explain in Part (.IV had ni nagratia lete.	
						loss from the sale of capital assets	
						Other income. Do not include gain or	10
			-			is regularly carried on	UF.
						activities, whether or not the business	
						Net income from unrelated business	6
					-	imilar sources	0
					1	rents, royalties, and income from	
						payments received on securities loans,	
						Gross income from interest, dividends,	8
						4 anil most struomA	1.
1230 1 (1)	(e) 2021	(q) SOSO	(c) S019	(p) S018	710S (B)	dar year (or fiscal year beginning in) ►	_
lstoT (t)	1000 (0)	0606 (P)	8102 (4)	8100 (47	2100 (-)	on B. Total Support	
	68.200.000		ESTITUTE TO A STATE OF	negotie control	E-1012200 - 1021	Public support. Subtract line 5 from line 4	9
	Company of the Company					shown on line 11, column (1)	-
						line 1 that exceeds 2% of the amount	
						supported organization) included on	
						governmental unit or publicly	
						esch person (other than a	
						The portion of total contributions by	g
			36.00		4400% 7 1	Total. Add lines 1 through 3	b
					1	organization without charge	•
						furnished by a governmental unit to the	
						The value of services or facilities	3
						or expended on its behalf	-
						organization's benefit and either paid to	
						Tax revenues levied for the	2
						include any "unusual grants.")	_
						membership fees received. (Do not	
						Giffs, grants, contributions, and	L
(1) 1 0131	TSUS (a)	(q) SOSO	6LOZ (2)	810S (d)	7 f0S (8)	dar year (or fiscal year beginning in) >	Calen

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

III Traq

(Complete only if you checked the box on line 10 of Part I or if the organization failed to quality under Part II.

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

☐ ◀ anoi	itauntani ees br	eck this box ar	19a, or 19b, ch	F, PF enil no xo	not check a b	Private foundation. If the organization bib folia	50
□ ∢	· uojiezini	spro behodgus vi	alifies as a public	iup noitszinspao e	on a room of a start o	line 18 is not more than 33 1/3%, check this box ar	
-	bns .%E\1 8	C nsd erom ai 8	tenil bas setter	ii yo a f enil no xo	on qose one A	33 1/3% support tests - 2020. If the organization	q
X	supported oras	s as a publicly :	eilileud noitez	re. The organi	ed note bas x	17 is not more than 33 1/3%, check this bo	B61
enil bas .%				check the box	i i ,A sinusina. Ioo bib qoitesi:	Investment income percentage from 2020 33 1/3% support tests - 2021. If the organ	8r -0r
% 00.0	18			Tr anii III tina	n in victorial A Di	Investment income percentage for 2021 (iii)	۷۲
% 00.0	21	(()) ac	nuloa Et anii v	1 (f) divided by	Solite Percei	on D. Computation of investment inc	
% 09.29	Lot			GI BUIL'II	Fart A elube	Public support percentage from 2020 Schi	91
% 92,69	10		((i) minios (c)	IVIDED DY IIITE	o (I) nimulos ,	Public support percentage for 2021 (line 8	SL
70 30 03	15		((i) diameter 2;	e dell'ud belius	ุ การาย 1	on C. Computation of Public Suppor	
Tarres						organization, check this box and stop here	
						First 5 years. If the Form 990 is for the org	ÞΙ
1,551,146	319,285	324,345	307,705	390,174	SIO, IST	and 12.)	
						Total support. (Add lines 9, 10c, 11,	13
	<u> </u>					(.IV he9 ni nislqx3)	
						loss from the sale of capital assets	
	İ					Other income. Do not include gain or	15
						or not the business is regularly carried on	
	}					activities not included on line 10b, whether	
						Net income from unrelated business	11
L9L'9	\$, 934	1,020	726	857	TOP'T	dof bns sof senil bbA	9
						acquired after June 30, 1975	
						section 511 taxes) from businesses	
						Unrelated business taxable income (less	q
L9L'9	2,934	1,020	796	851	TOP'I	royalties, and income from similar sources	
						payments received on securities loans, rents,	
		1	[Gross income from interest, dividends,	BOL
1,544,379	156,351	323,325	306,251	9TL'68E	208,736	Amounts from line 6	6
lstoT (t)	(e) 2021	(q) 5050	(c) S019	810S (d)	710S (B)	dar year (or fiscal year beginning in>	
						on B. Total Support	<u>Secti</u>
1,074,345						(.3 enil	
				000/600	670 / 76	Public support. (Subtract line 7c from	8
470,034	688'89	112,353	626,7 ₄	862,602	37, 625	dV bns sV senil bbA	9
]				persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	
		1				received from other than disqualified	
			<u> </u>			Amounts included on lines S and 3 housest	q
\$50'0L\$	688 '89	112,353	626 ' 17	862,802	37'625	received from disqualified persons	ч
AEO 07A	000 03	636 611	000 2	365 000	305 10	Amounts included on lines 1, S, and 3	ΒŢ
6/E, 448, I	TSE'9TE	323,325	306,251	914'688	208,736	5 bas S t soril as belation structure.	9
OFE AND F	136 316	300 000	120 300	770 000	702 000	organization without charge	9
						furnished by a governmental unit to the	
						The value of services or facilities	g
				-		Ilshed sti no bebnedra 10	_
	ļ					organization's benefit and either paid to	
						Tax revenues levied for the	b
				 		unrelated trade or business under section 513	-
						Gross receipts from activities that are not an	3
131,401	162,291	21,296	880,75	32,252	24,474	organization's tax-exempt purpose	_
						sold or services performed, or facilities (umished in any activity that is related to the	
						Gross receipts from admissions, merchandise	2
1,412,978	300,060	302,029	269,163	357,464	184,262	received, (Do not include any "unusual grants.")	
						Gifts, grants, contributions, and membership fees	L
(f) Total	(e) S0S1	(q) S0S0	(c) S018	8102 (d)	710S (B)	dar year (or fiscal year beginning in▶	Calen
						on A. Public Support	Secti
			- 1.			Comments on annual comments on Rich access	

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determine whether the organization had excess business holdings.)

Supporting Organizations Vi hsq

and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, 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

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

			supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	q
	sussetted t	10a		
		100	Was the organization subject to the excess business hardings raise or section 10 to a section of programmer 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	50 F
		350	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of section 4943 because of section	-01
	100	o6	Did a discussion between the resolution and one and the series and the series and the series and the series and the series are series and the series are series and the series are series and the series are series and the series are series and the series are series and the series are series and the series are series and the series are series are series and the series are series are series and the series are series are series and the series are serie	0
11.17		723	the supporting organization had an interest? If "Yes," provide detail in part VI. Did a disqualitied person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	•
		96	W then the manner is been taken being the solution and the solution and the solution or the solution of the so	q
			described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualitied persons (as defined on line 9a) hold a controlling interest in any entity in which	٦
		B6	uisquaimed persons, as defined in 300(a)/1, if "Ves " provide delail in Part VI	
	33.4	200	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	66
	1996		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	72 H Woo " complete Dar I of Schedule I (Form 990)	8
333		1	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	٥
	Indiana de la constitución de la		with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	
		1	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	
139		$\overline{}$	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	L
		9	by one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.	
			by one or more of its supported organizations, or (iii) other supporting organizations that also support or	
	199		anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	
		100	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	9 ၁
		20	Substitutions only. Was the substitution the result of an event beyond the organization's control?	,
		qg	Applied in the organization's organizing document?	
127			Type I or Type II only. Was any added or substituted supported organization part of a class already	q
		58	was accomplished (such as by amendment to the organizing document).	
			(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	
			numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	
		MI	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	20
			purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	58
		40		
		No.	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8)	
		THE	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	
		013	Did the organization support any foreign supported organization that does not have an IRS determination	9
		qp dp	despite being controlled or supervised by or in connection with its supported organizations.	
	337	137	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	
	EEE .		Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	q
		명	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	EP A
119	FEE .		Was any supported organization not organized in the United States ("foreign supported organization")? If	64
		3c	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	_
430	123		Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0
		3P	organization made the determination.	
			satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	
	100		Did the organization confirm that each supported organization qualified under section 501(c), (5), or (6) and	q
		B€	lines 3b and 3c below.	
MIX			Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	BE
	200	2	organization was described in section 509(a)(1) or (2).	
			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	2
		I.	class or purpose, describe the designation. If historic and continuing relationship, explain.	
	100		documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	
		1	Are all of the organization's supported organizations listed by name in the organization's governing	ŀ
οИ	Yes			
			And Supporting Organizations	Section

40r

Page	PI	0	2	ε	23	-	В	

off

dir BIT

provide detail in Part VI.	
A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	ວ
	q
A person who directly or indirectly controls, either alone or together with persons described in lines	8
Has the organization accepted a gift or contribution from any of the following persons?	††
Vi Supporting Organizations (continued)	Part
18 A (Form 990) 2021 THE HERITAGE LIBRARY FOUNDATION INC	Schedu
	19

supervised, or controlled the supporting organization. 2 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 Did the organization operate for the benefit of any supported organization other than the supported supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. L 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 OM Yes

ersons described in lines 11b and

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

.(e)noitazinagro behoqque edt or management of the supporting organization was vested in the same persons that controlled or managed

supported organizations played in this regard.

Section D. All Type III Supporting Organizations

Section C. Type II Supporting Organizations

Section B. Type I Supporting Organizations

2 Yes No

ON SOY

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Yes

οN

SOY

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92

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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 the organization maintained a close and continuous working relationship with the supported organization(s). organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 7 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 tilth month of the

organization's at all times during the tax year? If "Yes," describe in Part VI the role the organization's

8 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Section E. Type III Functionally Integrated Supporting Organizations

The organization is the parent of each of its supported organizations. Complete line 3 below. q The organization satisfied the Activities Test. Complete line 2 below.

Activities Test. Answer lines 2a and 2b below. 📙 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

that these activities constituted substantially all of its activities. benimnejeb noijszinsgio edj wod bns ,znoijszinsgio behodqus esodi oj eviznogsei zsw noijszinsgio edj wod those supported organizations and explain how these activities directly furthered their exempt purposes, 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

have engaged in these activities but for the organization's involvement. bluow (e)noilsainegro behoqque eli leti noilisoq e'noilsainegro ed l'noi snossen ed l'V art ni dialqxe ",ee/" 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

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or Parent of Supported Organizations. Answer lines 3a and 3b below.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each If Part VI, "Vor" or "No," or "No," or "No," or "No," provide details in Part VI.

ol its supported organizations? If "Yes," describe in Part VI the released by the organization in this regard.

2

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		Þ	Add lines 1 through 3.	b		
		3	Other gross income (see instructions)	3		
		2	Recoveries of prior-year distributions	2		
		L	Net short-term capital gain	ļ.		
(optional)	(A) Prior Year		əmooni təh bəteulbA - A noi	າວຄຣ		
(B) Current Year						
. A through E.	ons must complete Section)ijB2	instructions. All other Type III non-functionally integrated supporting organizations.			
in Part VI). See			Check here if the organization satisfied the Integral Part Test as a qualifying	L.,		
	enolfszi	168		haq		
14 Page 6	58-23320		A A C Form 990) 2021 THE HERITAGE LIBRARY FOUNDATION INC	Schedu		

saset amount for prior year (from Section B, line 8, column A) after of line 2 or line 3. In imposed in prior year able Amount. Subtract line 5 from line 4, unless subject to y temporary reduction (see instructions). bere if the current year is the organization's first as a non-functionally integrated Type III supporting organization.	income ta Distributi emergene	
ater of line 2 or line 3. ix imposed in prior year ix imposed in prior year ix imposed in prior year ix imposed in prior year ix imposed in prior from line 4, unless subject to	Income ta	
ater of line 2 or line 3. 4 5 5 1 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	income ta	
ater of line 2 or line 3.		
ater of line 2 or line 3.		
asset amount for prior year (from Section B, line B, column A) 3		
	muminiM	
5 of line 1.		
net income for prior year (from Section A, line 8, column A)	betsujbA	
tributable Amount	eid - O no	o[]:
8 (3 enil of 7 enil bbs) InuomA fezzA a		
so of prior-year distributions		
ne 5 by 0.035.		
of non-exempt-use assets (subtract line 4 from line 3) 5	eulsv jeM	
ctions).	unteni ees	
med held for exempt use. Enter 0.015 of line 3 (for greater amount,	Cash dee	
ine 2 from line 1d.	Subtract	
n indebtedness applicable to non-exempt-use assets	Acquisitic	
:(N heq ni listeb	ii nislqxe)	
claimed for blockage or other factors	Diacount	ə
bi (of his, 1b, and 1c)	ba) latoT	p
et value of other non-exempt-use assets	Fair mark	O
monthly cash balances 1b	Average I	q
nonthly value of securities 2	Average I	В
ns for short tax year or assets held for part of year):	oitourteni	
e fair market value of all non-exempt-use assets (see	1sge1ggA	
(B) Current Year (A) Prior Year (Optional)	iIM - 8 по	olita
Net Income (subtract lines 5, 6, and 7 from line 4)	bəteu bA	
T (snoilouteni ees) seaned	Other exp	
веропости от рестрои	property	
ncome or for management, conservation, or maintenance of		
oberating expenses paid or incurred for production or collection	Portion o	
d noitelgeb bns noi		
1 through 3.	senil bbA	
1 through 3.		
1 through 3.	Other gro	

Schedule A (Form 990) 2021

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(see instructions).

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power to the second			Excess from 2021	Ð			
		1 200	Excess from 2020	р			
	N SEANCE DEFINITION TO		Excess from 2019	3			
A MOSSA CARROLL			Excess from 2018	q			
17 - 2 - 3 - 3 - 3 - 3 - 3			Excess from 2017	B			
	THE RELEASE		Breakdown of line 7:	8			
CHARLES WITH MALES			and 4c.				
			Excess distributions carryover to 2022. Add lines 3j	L			
			Part N. See instructions.				
			ni nislaye, ores nart result greater than zero, explain in				
			Remaining underdistributions for 2021. Subtract lines 3h	9			
	M		greater than zero, explain in Part VI. See instructions.				
			any. Subtract lines 3g and 4a from line 2. For result				
	5	SEE NO.	Remaining underdistributions for years prior to 2021, if	g			
	A CHARLEST THE RESIDENCE		Remainder, Subtract lines 4a and 4b from line 4.	3			
	The state of the s		Applied to 2021 distributable amount	q			
		CONTRACTOR OF THE PARTY OF	Applied to underdistributions of prior years	B			
		at father to the state of the state of	Section D, line 7:				
			Distributions for 2021 from	Þ			
			Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
			Carryover from 2016 not applied (see instructions)	-			
				'			
			Applied to change electricate amount	6			
			Page 1 or not a single of prior years	-			
			Total of lines 3a through 3e	<u>+</u>			
	S Production A		From 2020	9			
	A STATE OF THE STATE OF THE STATE OF	THE PARTY OF THE P	etos mor∃	р			
			810S mor∃	0			
C USAMMAN AND SERVICE			Tros mor	q			
		Alley of the least	8f02 mor3	B			
		KIND OF BUILD	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	2			
			Distributable amount for 2021 from Section C, line 6	L			
(III) eldstudintelQ fS0S tot InnomA	(ii) Underdistributions F202-919	(i) Excess Distributions	(snoitountani eee) snoitsoollA noituditteid - 3 no	Secti			
*****	101	1	fine 8 amount divided by line 9 amount	10			
	6		Distributable amount for 2021 from Section C, line 6	6			
	8		(provide details in Part VI). See instructions.				
		rne organization is resp	Distributions to attentive supported organizations to which	8			
			Total annual distributions. Add lines 1 through 6.	-			
	<u> </u>		Other distributions (describe in Part VI). See instructions.				
	9	אומאות הפוקוט ווו בפור א		9 9 5			
		Amounts paid to acquire exempt-use assets (IV 1764 ni slisteb ebivorq - (benitred) required) - provide details in Part IV) 5					
	ל כווסוויים	upho pouoddes io sees	Administrative expenses paid to accomplish exempt purpor				
		nemo betronguiz to seed					
	2	والمراجعة والمراجعة	organizations, in excess of income from activity	7			
			Amounts paid to perform activity that directly furthers exe	2			
	1	sesoarua famex	Amounts paid to supported organizations to accomplish a	ŀ			
Current Year			enoituditeld - G no				
		insgrO gnihoqqu2 (haq			
0.7.4 Page 7	58-233	DATION INC	A A (Form 990) 2021 THE HERITAGE LIBRARY FOUN	Schedul			

Schedule A (Form 990) 2021

EEV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

Page 8

IV hsq

Schedule A (Form 990) 2021

Schedule of Contributors

Schedule B (Form 990)

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 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 "M/A" in column (b) instead of the contributor name and address), it, and III. literary, or educational purposes, or for the prevention of cruelty 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)(7), (8), or (10) filling 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 III. 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 Ki 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 Special Rules contributor'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 filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 General Rule instructions. Note: Only a section 501(c)(7), (8), or (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 4947(a)(1) nonexempt charitable trust treated as a private foundation noitsbruot etsving tomexe (6)(a) 102 [79-066 mio7 noitszinsgro isolitical organization noitezinegro (redmun refne) (E)(a)103 🔀 Form 990 or 990-EZ Section: Filers of: Organization type (check one): 28-2332014 THE HERITAGE LIBRARY FOUNDATION INC Employer Identification number Name of the organization Internal Revenue Service ► Go to www.lrs.gov/Form990 for the latest information. Department of the Treasury 2021 A9-06e mio∃ to 06e mio∃ of doalfA ◀

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990-PF, Part I, line 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

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

Employer identification number

Page 2

Name of organization

Schedule B (Form 990) (2021)

Revenue included on Form 990, Part VIII, line 1 :smeti eserti of gnitser 1829 OSA BSAT rehorted to be repating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 · · · · · · · X the graph in Form 990, Part X . · · · · · X the graph in bebuloni steas (II) (I) Revenue included on Form 990, Part VIII, line 1 provide the following amounts relating to these items: art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of service, provide in Part XIII the text of the footnote to its financial statements that describes these items. of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. organization's accounting for conservation easements. balance speet, and include, it applicable, the text of the footnote to the organization's financial statements that describes the In Part XIII, describe how the organization reports conservation essements in its revenue and expense statement and 6 ON 🗌 and section 170(h)(4)(B)(ii)? Does each conservation essement reported on line Z(d) above satisfy the requirements of section 170(h)(4)(B)(f)8 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation essements during the year Ł Statl and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ON 🗌 violations, and enforcement of the conservation easements it holds? Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 9 Number of states where property subject to conservation essement is located b tax year 🏲 Number of conservation essements modified, transferred, released, extinguished, or terminated by the organization during the E historic structure listed in the National Register Number of conservation essements included in (c) acquired after 7/25/06, and not on a Sc Number of conservation easements on a certified historic structure included in (a) **5**p Total acreage restricted by conservation easements q Total number of conservation easements Held at the End of the Tax Year essement on the last day of the tax year. Complete lines 2s through 2d it the organization held a qualified conservation contribution in the form of a conservation 2 Preservation of open space Preservation of a certified historic structure Protection of natural habitat Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Purpose(s) of conservation easements held by the organization (check all that apply). L Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Conservation Easements. | II haq confeming impermissible private benefit? ON X only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 9 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all donors and donor advisors in writing that the assets held in donor advised S Aggregate value at end of year Aggregate value of grants from (during year) ε Aggregate value of contributions to (during year) 7 Total number at end of year (b) Funds and other accounts sbnul besivbs tonoG (a) Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 28-233201¢ THE HERITAGE LIBRARY FOUNDATION INC Employer Identification number noliszinsgro edt to emsM Inspection Co to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Department of the Treasury .0ee mno∃ of ribstfA ◄ Open to Public Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Complete if the organization answered "Yes" on Form 990, (Form 990) Supplemental Financial Statements OMB No. 1545-0047 **SCHEDNIE D**

Schedule D (Form 990) 2021

For Paperwork Reduction Act Motice, see the Instructions for Form 990.

Stella included in Form 990, Part X X X msg . (et al.)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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		en	(b) Book val	(a) Description of (isbility	٦.
				line 25.	
Form 990, Part X,	e 11e or 11f. See I	nil ,VI ha9 ,066 r	mro귀 no "seY" b	Complete if the organization answere	20.000
				Other Liabilities.	X Trag
99 '06T				(b) must equal Form 990, Part X, col. (B) line 15.)	(6)
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188,08			-	COLLECTIONS	
2,58				Y DEPOSIT	(1) ECURIT.
(b) Book value			noliquase		
990, Part X, line 15.	e 11d. See Form 9	nil ,VI hs9 ,0ee n	nno7 no "seY" b	Complete if the organization answere	
				Other Assets.	XI haq
		52,233	4	(b) must equal Form 990, Part X, cot. (B) line 13.)	(9) Total. (Column
2.2					(8)
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	EWA	22,223		NT FUND SECURITIES	(1)ENDONNE
Method of valuation: nd-of-year market value	and the second s	(b) Book value		(a) Description of investment	
990, Part X, line 13.	e 11c, See Form 9	nii ,VI hsq ,096 n	Tes" on Forn	Complete if the organization answere	
0, 1,7, 0			_	Investments - Program Related.	Part VIII
		069	∢	(b) must equal Form 990, Part X, col. (B) line 12.)	
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	EWA	065		NCY ACCOUNT	
			-		(3) Other
				equity interests	(2) Closely-held
<u> </u>			1	savilsviæ	(1) Financial de
Method of valuation; eulay fasham naey-to-br		(р) Воок увіць		(a) Description of security or category	
			169 ULL 10 S21 P	Complete if the organization answere	
Cr anil X the 9 000	o mind and ditte	All Whed nop n	mo "seV" b	Investments - Other Securities.	IIV haq
332014 Page 3	7-89	TON INC	TAGNUOT YAAR		Schedule D (Form 9

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

784

Schedule D (Form 990) 2021 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

(6) (8) (Z)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

202 (068 메이크) 0	Schedule		VE:
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			70.
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	-84-		
	V 200		
			_
	4	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
	n X, line	e 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; Pa	
		Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 Treq
	2 dc	(At equil the and the and the and the angle angle and the angle and the angle and the angle and the angle and the angle and the angle and the angle and the angle and the angle and the angle and the angle and the angle and the angle and the angle angle and the angle angle angle angle angle angle angle angle angle angle angle angle angle angle angle angle angle ang	_
	30	Other (Describe in Part XIII.)	
	2000		В
	-2/37	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Þ
	3	Subtract line 2s from line 1	3
	Se	b A riguoriti as senil bbA	8
	1000	Other (Describe in Part XIII.)	p
		Other tosses	3
		Prior year adjustments	q
			8
	1	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2
	ŀ	Total expenses and losses per audited financial statements	ŀ
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
		IXIII Reconcilistion of Expenses per Audited Financial Statements With Expenses p	5 Trad
	9	Add lines 4s and 4b	_
	34		q
		48	8
		Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Þ
	3	Subtract line 28 from the Serial rose of the serial	3
	20	badguoriti as sanii bbA	0
			p
	30	Recoveries of prior year grants	9
		Donated services and use of facilities	q
			B
		Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2
	ŀ	Total revenue, gains, and other support per audited financial statements	ļ.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
	r Return.		Part
h ags4	8-2332014	le D (Form 980) 2021 THE HERITAGE LIBRARY FOUNDATION INC	1-shartag

Page 4

Open to Public Inspection OMB No. 1545-0047

Identification number

of bisq fruomA (Iv) (or refained by)

ON SeY

Se

custody or control of

evert resissant biO (III)

from activity

(lv) Gross receipts

	undraiser is to be	pursuant to agreements under which the f	(S198	If "Yes," list the 10 highest paid individuals or entities (fundrai	q				
П	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?								
_	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,								
				In-person solicitations	Р				
		Special fundraising events	ß	Phone solicitations	9				
		Solicitation of government grants	1	Internet and email solicitations	q				
		Solicitation of non-government grants	0	Mail solicitations	B				
		ollowing activities. Check all that apply.	the t	Indicate whether the organization raised funds through any of	ı				
		s part.	sith e	Form 990-EZ filers are not required to complete					
.71 er	990, Part IV, lir	zation answered "Yes" on Form 9	insg	Eundralsing Activities. Complete if the org	Part				
	58-233			ERITAGE LIBRARY FOUNDATION INC	H 3HL				
idmun nol	Employer Identificat			noitasinagno ert	t to emsN				
eqeni		Instructions and the latest information.							
neqO		.Z3-096 mo 1 to 099 ma		_	smhsoeG				
5	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EX, line 6a.								
N BMO									
	•								

(II) Activity

(I) Usual subjection of the light of the lig

compensated at least \$5,000 by the organization.

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

II TIBY

gross receipts greater than \$5,000.

Schedule G (Form 990) 202		·				¥33
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oN ☐ seY ☐ ····				er the state(s) in which the organiza he organization licensed to conduct Vo," explain:	l SI	q 6
	4	(р) иш	tract line 7 from line 1, colu	Net gaming income summary. Sub	8	
	4 · · · · · · · · · · · · · · · · · · ·		S 2 through 5 in column (d)	Direct expense summary. Add lines	L	
We have a	% ON O	% Say [% ON []	Volunteer Isbor	9	
				Other direct expenses	g	0
				Rent/facility costs	Þ	Direct E
				Noncash prizes	3	Expenses
				sezhq nesO	2	Sa
				Gross revenue	ŀ	Revenue
(d) Total gaming (add col. (e) through col. (c))	gnimag terbO (a)	fnstant/adst llu9 (d) ognid evissergorq/ognid	ognië (a)			anum e
nsn eion	n benoqei io ,et enii ,v	1 תפיר ,טפע מווס ''ear ו		Gaming. Complete if the or FZ, I	III ¥	IB4
6EP 'SI	4		to from line 3, column (d)	Direct expense summary. Add line Net income summary. Subtract line	Or FF	
	<u>. </u>			Other direct expenses	6	
				Enledainment	8	Direct
				Food and beverages	L	ct Expenses
				RenVlacility costs	9	nses
				Moncash phises	g	
				Cash prizes	Þ	
12,439			12°439	sunim f enil) emooni esos.	3	
12, 439			66,431	Gross receipts	ı	Revenue
(add col. (a) through (c).	(10(st number)	(event type)	(eqt/ meve)			

7021 OMB No. 1545-0047

(Porm 990)

Internal Revenue Service

THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERS OF THE ORGANIZATION, OS. Member election for additional members (Part VI, line 7a) FOUNDATION TO EXECUTIVE DIRECTOR BARBARA CATENACLAS AN INDEPENDENT CONTRACTOR, THE BOARD OF DIRECTORS HAS DELEGATED THE DUTIES OF MANGEMENT OF THE HERITAGE LIBRARY 01. Management duties delegation (Part VI, line 3) THE HERITAGE LIBRARY FOUNDATION INC 28-233014 notissinsgro ent to emsM Employer identification number Inspection Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Open to Public ▶ Attach to Form 990 or Form 990-EZ. Form 990 or 990-EZ or to provide any additional information. Complete to provide information for responses to specific questions on **SCHEDNIE O** Supplemental Information to Form 990 or 990-EZ

THE BOARD OF DIRECTORS INTERVIEWED, REVIEWED, AND APPROVED THE COMPENSATION FOR THE 04. CEO, executive director, top management comp (Part VI, line 15a) ARE REQUIRED TO DISCLOSE INTERESTS THAT GIVE RISE TO CONFLICTS. THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY IN WHICH OFFICERS AND DIRECTORS 03. Form 990 governing body review (Part VI, line 11)

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

FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

Sequence No. 179 Attachment 1202 ST10-2451 .oN BMO

P8-233501**4**

identifying number

Depreciation and Amortization

FORM 990 - 1 THE HERITAGE LIBRARY FOUNDATION Business or activity to which this form relates ► Go to www.irs.gov/Form4562 for instructions and the latest information. ▶ Attach to your tax return. (Including Information on Listed Property)

Part II Election To Expense Certain Property Under Section 179

Name(s) shown on return Department of the Treasury Internal Revenue Service (99)

Hamile Person		53			section 263A costs			
£49'S					d in service during the			
643 3	55				i your return. Partners			
	\Box	and line 21. Enter	(a) amulos ai	OS bus et se	nes 14 through 17, lin			
	12				8S enil n		isted property. Ent	
						instructions.)	IV Summary (Se	
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		7/8	MM	30 yrs.			30-year	
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epreciation deduction		bortieM (i)	nothrevno O (e)	(d) Recovery	noitsiserdeb tot alasia (c) Basis for depreciation (but senitaevinasseriaud)	(b) Month and year placed in	Yhegord of property) (a)
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			tructions.)	erty. See ins	qonq bətzil əbuləni 1'n d			haq
TVS'T	91						Other depreciation	
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	14		• • • • • • • •			See instruction	during the tax year.	
		ecivies ni beci	ed property) pla	her than liste	dualified property (of	ollowance for	Special depreciation	ÞL
ructions.)	isni ee	ude listed property. Se	on (Don't inc	Depreciati	owance and Other	IIA nolisioer	III Special Dep	Part
					for listed property. Ins			Note
ROBATION IN CO.	-60	13			to 2022. Add lines 9 a			
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Form **990**

Return of Organization Exempt From Income Tax

2020

OMB No. 1545-0047

Department of the Treasury

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

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

Open to Public

Intern	al Revenu	e Service	► Go to t	www.irs.gov/Form990 for instr	uctions and the	latest info	rmation		Inspection	
A I	For the	2020 calendar y	<u>ear, or tax year begir</u>	, 20						
В	Check if a	pplicable:	C Name of organization TE	D Empl	oyer Identification number					
	Address c	• •	Doing business as					Ĭ	58-2332014	
=		_		O have if mail is not delivered to eterat add		Room/s	wito	E Tolor	hone number	
=	Name cha	•	_ ·	O. box if mail is not delivered to street add	ress)	ROOM	suite	E leset		
닏'	nitial retu	m	PO BOX 5950						(843) 686-6560	
ַ וַ	Final retur	m/terminated	City or town, state or pro	wince, country, and ZiP or foreign postal co	ode			G Gros	s receipts	
	Amended	return	HILTON HEAD IS	SLAND, SC 29938-5950				\$	324,340	
	Applicatio	n pending	F Name and address of pr	incipal officer:			H(a) is this a	Buonb uagrau	for subordinates? Yes X No	
							H(b) Are all	subordinat	es included? Yes No	
	Fax-exem	pt status: X 501	(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or	527		- 1 ''		st. See instructions	
	Nebsite:		ERITAGELIB.ORG	7 - (macrina)			-			
		E-3		🗆			H(c) Group			
			rporation Trust Ass	sociation	L Year of	formation: 19	9/ M	State of leg	gal domicile: SC	
Га	rt i	Summary								
	1	Briefly describe	the organization's miss	sion or most significant activities:	OPERATE I	A HISTOR	Y AND GE	NEALC	GY RESEARCH	
_	1	LIBRARY								
Governance	ļ									
쿌	1									
ě	2	Check this box	If the omanization	n discontinued its operations or d	isnosed of more	than 25% o	fite net seed	ate		
Ö	3			•				1	1 1 =	
8	1 .		-						15	
Activities &	4			rs of the governing body (Part VI		• • • • •	• • • • • •		15	
₹	5			n calendar year 2020 (Part V, line	e 2a)			. 5	0	
븅	6	Total number of	volunteers (estimate if	necessary)				. 6		
⋖	7a	Total unrelated i	business revenue from	Part VIII, column (C), line 12 .				. 7a	0	
	Ь			e from Form 990-T, Part I, line 11					0	
							Prior Year		Current Year	
	8	Contributions an	d grante (Part VIII line	:1h)		<u> </u>		9,163		
_	1 .		-			9,163	302,029			
Ž	9	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							21,238	
Revenue	10			954	1,020					
2	11	Other revenue (F	Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and 11e)					53	
_	12	Total revenue - a	add lines 8 through 11	(must equal Part VIII, column (A),	line 12)		30	9,571	324,340	
	13	Grants and simil	ar amounts paid (Part	IX, column (A), lines 1-3)					0	
	14								0	
	15			for members (Part IX, column (A), line 4)						
8								0,417	45,000	
Expenses				column (A), line 11e)					0	
8				elumn (D), line 25) ▶	54,	424				
Ш	17			•		• • • •	199	9,455	187,600	
	18	Total expenses.	Add lines 13-17 (must	tequal Part IX, column (A), line 2	5)		239	9,872	232,600	
	19	Revenue less ex	openses. Subtract line	18 from line 12			69	9,699	91,740	
<u>, , , , , , , , , , , , , , , , , , , </u>	3						ginning of Curr		End of Year	
Net Assets or	20	Total assets (Pa	art X, line 16)			<u> </u>		5,423	537,672	
80 C	21	•	Part X, line 26)		• • • • • • •	· · · ·				
25	22				• • • • • • •	` · · · ├─		3,928	131,891	
				line 21 from line 20		• • • •	31.	L,495	405,781	
	rt II	Signature								
true.	oorrect, a	es of perjury, I declare and complete. Declarat	that I have examined this retu tion of preparer (other than of	rm, including accompanying schedules and ficer) is based on all information of which pi	l statements, and to ti renarer has any know	te best of my kn ledge.	owledge and be	lief, it is		
				0-8- () //	.00801				
		PETER C	COOPER	tele 60	Coop	-			09/23/2021	
Sign		Signature of c	officer		0			Da	ite /	
Her	e	DETER C	COOPER, TREASUR	PD						
1	~		name and title	Marie Control of the						
	1	Print/Type prepare		Preparer's signature	1 8-4-				DTN	
D- ·	_	1		م من ا	Date	_	Check	∐ if	PTIN	
Paid		Jennifer		Exmuder Patrice	09-2 1	L-2021	self-en	ployed	P00647809	
	parer			R)Hall CPA LLC			Firm's EIN			
Use	Only	/ Firm's address ▶	25 Clari	Summit Drive Suite	103		Phone no.			
				SC 29910				843-	815-3575	
May	the IRS	discuss this retu		nown above? (see instructions)		• • • • •			X Yes No	

Part IV

58-2332014

Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f x 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a Х **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 13 х 14a Х 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 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 15 х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

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Form 990 (2020) THE HERITAGE LIBRARY FOUNDA

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		Х
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?	254		
26	If "Yes," complete Schedule L, Part I	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		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		X
LI	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		х
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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	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			
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	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	20		
Dor	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Oneth it deficulte of contains a response of note to any life in this part v	• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		

Part V

Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year?........ 3a 3a Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O......... h 3b 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 х **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a х b 5b Х С 5c 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 Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a х b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c х d 7d е х 7f Х f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... g 7g Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Х 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 Sponsoring organizations maintaining donor advised funds. 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: а b 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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 b 13b C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b 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 х 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 Х If "Yes," complete Form 4720, Schedule O.

THE HERITAGE LIBRARY FOUNDATION INC Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Section A. Governing Body and Management	
Check if Schedule O contains a response or note to any line in this Part VI	 X
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
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		Х
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	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		Х
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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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.)			I
			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 activities 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.	40-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
42	describe in Schedule 0 how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14 45	Did the organization have a written document retention and destruction policy?	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?	150		
a	The organization's CEO, Executive Director, or top management official	15a	х	v
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
160				
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		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a		X
b	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		
Sec	tion C. Disclosure	100		
<u> </u>	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 Donnerquest 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			
	CCC (CCC) CCCC, TO DOM CCCC, MILITON MAND IDMMD, CC 25500-0500			

(F)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(\(\)

(12)PETER COOPER

(13)EZRA CALLAHAN

(14)RICHARD THOMAS

VICE PRESIDENT

TREASURER

PRESIDENT

(A)	(B)	(do not check more than one						(D)	(E)	(F)
Name and title	Average hours per week	box	, unles	s per	son is	s both an r/trustee)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) BARBARA CATENACI	40.00									
EXECUTIVE DIRECTOR		Х						45,000	0	0
(2) BARRETT RIORDAN	3.00									
BOARD MEMBER		Х						0	0	0
(3) IVA_WELTON	5.00									
BOARD MEMBER		Х						0	0	0
(4) SARAH O'LEARY TAKACS	2.00									
BOARD MEMBER		х						0	0	0
(5) HERBERT FORD	1.00									
BOARD MEMBER		Х						0	0	0
(6) CLAUDIA KENNEDY	2.00									
HEAD LIBRARIAN		Х						0	0	0
(7) JAMES MACLEOD	1.00									
BOARD MEMBER		х						0	0	0
(8) NATHANIEL JONES	1.00									
BOARD MEMBER		х						0	0	0
(9) DODI ESCHENBACH	2.00									
BOARD MEMBER		х						0	0	0
(10)GREG_DELOACH_	5.00									
BOARD MEMBER		х						0	0	0
(11)JAMES ROBINSON	3.00									
BOARD MEMBER		х						0	0	0

(C) Position

/D\

0

0

0

0

0

0

0

0

0

/E\

EEA Form **990** (2020)

x

х

10.00

15.00

THE HERITAGE LIBRARY FOUNDATION INC 58-2332014

Part	VII Section A. Officers, Directors, Trustee	s, Key Emp	loyee	s, ar	nd H	ligh	est Co	mpe	ensated Employe	es (continued)			
	(A) Name and title		box,	Position onot check more the ox, unless person is ficer and a director/t			s both ar		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated among of other compensation from the		er ation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	ınizatior	
(15)LU	ANA GRAVES SELLARS	2.00											
SECRI (16)	ETARY				Х				0	0			0
<u></u>													
<u>(17)</u>													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal							- 1					
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)							-	45,000	0			0
2	Total number of individuals (including but not limit									of			
	reportable compensation from the organization	<u> </u>										Yes	No No
3	Did the organization list any former officer, direct	tor, trustee, l	key en	nploy	/ee,	or h	ighest	con	npensated			163	NO
	employee on line 1a? If "Yes," complete Schedul										3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th												
	individual							• •			4		x
5	Did any person listed on line 1a receive or accrue			-			_		ation or individual				
C4	for services rendered to the organization? If "Yes	s," complete	Schea	lule .	J for	suc	h pers	on			5		Х
<u>Secti</u>	on B. Independent Contractors Complete this table for your five highest compensa	ted independ	lent co	ntrac	tors	tha	t racai	ved i	more than \$100.00	10 of			
•	compensation from the organization. Report comp												
	(A)								(B)		(C)		
	Name and business addres	s							Description of service	es	Compens	sation	
2	Total number of independent contractors (including	a but not limi	ited to	thos	e lis	ted :	above)) wh	0				
-	received more than \$100,000 of compensation fro	-						,	~				

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Part VIII Stateme

Statement of Revenue

		Check if Schedule O contains a response	or n	ote to any line in thi	s Part VIII			<u> </u>
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512–514
	1a	Federated campaigns	1a					
	b	Membership dues	1b	18,390				
nts nts	C	Fundraising events	1c	41,567				
G E E	d	Related organizations	1d	11,507				
fts, Am	e	Government grants (contributions)	1e	112,353				
الله الله	f	All other contributions, gifts, grants,	16	112,333				
Sim	'	and similar amounts not included above	4.5	100 510				
er ic			1f	129,719				
를	g Noncash contributions included in lines 1a-1f							
Contributions, Gifts, Grants and Other Similar Amounts		L			222			
	h	Total. Add lines 1a-1f			302,029			
				Business Code				
Φ		PUBLISHING REVENUE		511130	2,670	2,670		
Š	b	LIBRARY SERVICES		519100	1,136	1,136		
Ser	С	EDUCATIONAL PROGRAMS		611710	17,432	17,432		
eve eve	d							
Program Service Revenue	е							
Ę	f	All other program service revenue						
	g	Total. Add lines 2a-2f			21,238			
	3	Investment income (including dividends, inter	est, a	and				
		other similar amounts)			1,020	1,020		
	4	Income from investment of tax-exempt bond	proce	eeds▶				
	5	Royalties		▶	53	53		
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		Gross amount from (i) Securities		(ii) Other				
	l a	sales of assets		(, = -				
		other than inventory 7a						
	b	Less: cost or other basis						
Φ		and sales expenses 7b						
evenue	c	Gain or (loss) 7c						
eve		Net gain or (loss)		.				
E E		Gross income from fundraising	Ė					
Other Re	- Oa	events (not including \$ 41,567						
O		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	_ h	Less: direct expenses	8b					
		Net income or (loss) from fundraising events		-				
		Gross income from gaming	r.					
	9a							
		activities, See Part IV, line 19	9a					
		Less: direct expenses	9b	-				
		Net income or (loss) from gaming activities	<u></u>					
	10a	Gross sales of inventory, less	4.0					
		returns and allowances	10a					
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventory						
				Business Code				
sno é	11a							
ano nue	b							
eve	С							
Miscellanous Revenue		All other revenue						
_		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			324,340	22,311	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 5 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): Legal..... b d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 54,424 54,424 13 5,524 5,524 14 1,450 1,450 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,039 3,039 20 1,082 1,082 21 22 Depreciation, depletion, and amortization 7,121 7,121 23 2,508 2,508 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a EDUCATION PROGRAM EXPENSES 49,182 49,182 HISTORIC PRESERVATION 59,578 59,578 3,305 3,305 C BANK & PROCESSING FEES d ONLINE RESEARCH SUBSCRIPTION 387 387 All other expenses е Total functional expenses. Add lines 1 through 24e. . 25 232,600 109,147 69,029 54,424 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)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	63,138	1	264,824
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	300	4	300
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \dots		6	
"	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			
		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	
	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	
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	23,600	24	131,891
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	328	25	
	26	Total liabilities. Add lines 17 through 25	23,928	26	131,891
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
JC e	27	Net assets without donor restrictions	296,495	27	390,781
alaı	28	Net assets with donor restrictions	15,000	28	15,000
d B		Organizations that do not follow FASB ASC 958, check here			
Ë		and complete lines 29 through 33.			
or I	29	Capital stock or trust principal, or current funds		29	
ets	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)

Par	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)	1			324,	340
2	Total expenses (must equal Part IX, column (A), line 25)	2			232,	600
3	Revenue less expenses. Subtract line 2 from line 1	3			91,	740
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			311,	495
5	Net unrealized gains (losses) on investments	5			2,	546
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			405,	781
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
			г		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?			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?			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					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

EEA Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

CHE	HE	RITAGE LIBRARY FOUNDATIO	N INC				58-233201	4
Pa	rt I	Reason for Public Charity	y Status. (All o	rganizations must c	omplete	this par	t.) See instructions	3.
Γhe	orgai	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check only	y one box.)		
1		A church, convention of churches, or	association of chu	irches described in sect i	ion 170(b)	(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)		
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the bene	efit of a college or u	university owned or opera	ated by a g	jovernmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	_		, ,			
6		A federal, state, or local government	or governmental u	init described in section	170(b)(1)((A)(v).		
7	П	An organization that normally receive	•				m the general public	
		described in section 170(b)(1)(A)(vi	•				0 1	
8		A community trust described in secti		,				
9	П	An agricultural research organization			rated in co	niunction	with a land-grant collec	ne
		or university or a non-land-grant colle				•	•	, -
		university:	gg (-			,,	a a ma a maga a	
10	X	An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	contribution	ons. memb	ership fees, and gross	
		receipts from activities related to its e	` '	• • • • • • • • • • • • • • • • • • • •				
		support from gross investment income	•	•	•	•		
		acquired by the organization after Ju		,		,		
11		An organization organized and opera			•			
12	H	An organization organized and opera-	•			` , ` ,		
_	ш	of one or more publicly supported or	•	•				
		Check the box in lines 12a through 12	=					•
	а	Type I. A supporting organization						•
	-	the supported organization(s) the		•		•		.9
		supporting organization. You mu			ity of the d	001010 01	truoteco or tric	
	b	Type II. A supporting organization	•		ith its sunn	orted oraș	anization(s) by having	
		control or management of the sur	•			•		
		organization(s). You must comp		·	isons triat (nanage the supported	
	С	Type III functionally integrated			naction w	ith and fu	nctionally integrated wi	ith
	·	its supported organization(s) (se		•				u 1,
	d	Type III non-functionally integr	•	•				n(e)
	u	that is not functionally integrated.					•	11(3)
		requirement (see instructions). Y	-			•	it and an attentiveness	
	е	Check this box if the organization	•				Type II. Type III	
	·	functionally integrated, or Type III				a Type I,	Type II, Type III	
	f	Enter the number of supported organ						
	g g	Provide the following information abo						
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	ν-,	, name of supported organization	(,	(described on lines 1-10	listed in you	-	support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
A)								
D)								
B)								
C)								
_								
D)								
E)								
[Ota								

	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
Sec	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.")						
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)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support	Γ	T	T	T		
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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					40	
	Gross receipts from related activities, etc. (s		•			12	\(\alpha\)
13	First five years. If the Form 990 is for the or	-			-		
<u></u>	organization, check this box and stop here		<u> </u>	<u> </u>			▶
	Etion C. Computation of Public Suppor			column (f))		14	0/
	Public support percentage for 2020 (line 6, c		-			15	% %
	Public support percentage from 2019 Sched 33 1/3% support test - 2020. If the organization						
ıva	box and stop here. The organization qualified						
	33 1/3% support test - 2019. If the organization						
	this box and stop here. The organization qu						
172	10%-facts-and-circumstances test - 2020.			•			
114	10% or more, and if the organization meets	-					
	Part VI how the organization meets the facts						
	organization			-	-		
ŀ	o 10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	_					
	in Part VI how the organization meets the fac					-	
	organization			-	-		
18	Private foundation. If the organization did r						
	instructions						
	moderation	<u></u>	<u> </u>	<u> </u>		<u> </u>	

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

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

Se	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		27,650	24,474		37,088		142,760
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.	665					665
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5	202,970	208,736	389,716	306,251	323,325	1,430,998
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	64,106	31,625	209,238	47,929	112,353	465,251
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	23,862					23,862
	Add lines 7a and 7b	87,968	31,625	209,238	47,929	112,353	489,113
8	Public support. (Subtract line 7c from						
_	line 6.)						941,885
	ction B. Total Support	1					
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	202,970	208,736	389,716	306,251	323,325	1,430,998
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	1,066	1,401	458	954	1,020	4,899
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	1,066	1,401	458	954	1,020	4,899
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	204,036	210,137		307,205		1,435,897
14	First 5 years. If the Form 990 is for the orga						
<u></u>	organization, check this box and stop here					· · · · · · · · ·	▶ □
	Ction C. Computation of Public Suppor			oolumn (f))		15	CF CO 9/
	Public support percentage for 2020 (line 8, c						65.60 %
	Public support percentage from 2019 Sched					16	65.09 %
	ction D. Computation of Investment Inc			no 12 column	/f\\	17	0.00.0/
	Investment income percentage for 2020 (line						0.00 %
	Investment income percentage from 2019 Sc					18 than 33 1/39/	0.00 %
198	1 33 1/3% support tests - 2020. If the organiz						
h	17 is not more than 33 1/3%, check this box	-	-	•			
D	33 1/3% support tests - 2019. If the organiz						
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did n	=	-	-			
4 U	i ilvate ibunication. Il the organization did f	ιοι οι ι σ οπ α μυχ	UII IIII 14, 19	u, ur 130, 01160	ก แแง มบุร สเโน	See mondelions	- 🗀

Part IV Supporti

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- **c** 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.
- **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 lines 4b and 4c below.
- **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.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 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 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 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).
- **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).
- 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**.
- **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**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 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.
 - **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.)

	Yes	No
	1 62	NO
1		
_		
2		
3a		
3b		
30		
_		
3с		
4a		
41.		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
4.5		
10a		
10b		

Pai	t 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		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
500	detail in Part VI. tion B. Type I Supporting Organizations	11c		
56 6	tion B. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
	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 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		
Sec	tion D. All Type III Supporting Organizations			
	non 517th Type in cuppering organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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 line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
3ec 1	tion 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 ins	truc	tions	١
' a	The organization satisfied the Activities Test. Complete line 2 below.	uuu	10113)	•
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions)
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 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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	0.		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	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 "Vee" or "No." provide details in Part VI	20		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	11			

THE HERITAGE LIBRARY FOUNDATION INC 58-2332014

rai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 <i>(expla</i> i	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Section	ns A through E.
Soc	stion A - Adjusted Not Income		(A) Prior Voor	(B) Current Year
Sec	ction 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		
Sec	ction 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
		4.1		
u	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	10		
	· · · · · · · · · · · · · · · · · · ·	10		
е	Discount claimed for blockage or other factors	2		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
e 2	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets	2		
2 3	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d.	2		
2 3	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	2 3		
2 3 4	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	2 3		
2 3 4	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3)	2 3 4 5		
2 3 4 5 6	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035.	2 3 4 5 6		
2 3 4 5 6 7 8	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions	2 3 4 5 6 7		Current Year
2 3 4 5 6 7 8	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)	2 3 4 5 6 7		Current Year
2 3 4 5 6 7 8	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)	2 3 4 5 6 7 8		Current Year
2 3 4 5 6 7 8 Sec	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Etion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 0.85 of line 1.	2 3 4 5 6 7 8		Current Year
2 3 4 5 6 7 8 Sec	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Etion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	2 3 4 5 6 7 8		Current Year
2 3 4 5 6 7 8 Sec 1 2 3	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Etion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A)	2 3 4 5 6 7 8		Current Year
2 3 4 5 6 7 8 Sec 1 2 3 4	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Etion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3.	2 3 4 5 6 7 8		Current Year
2 3 4 5 6 7 8 Sec 1 2 3 4 5	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Etion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year	2 3 4 5 6 7 8		Current Year
2 3 4 5 6 7 8 Sec 1 2 3 4 5	Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Etion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to	2 3 4 5 6 7 8 1 2 3 4 5	ted Type III supporting	

EEA Schedule A (Form 990 or 990-EZ) 2020

Part V	Type III Non-Functionally	v Integrated 509(a)(3) Supporting	Organizations	(continued)
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Sec	Section D - Distributions		
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

10 Line 8 amount divided by line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020			
(reasonable cause required - explain in Part VI). See			
instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from			
Section D, line 7:			
Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, 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 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

EEA

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.)
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Schedule of Contributors

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

Employer identification number

OMB No. 1545-0047

Internal Revenue Service

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

THE HERITAGE LIBRARY FOUNDATION INC 58-2332014 Organization type (check one): 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 II. See instructions for determining a contributor's total contributions. Special Rules x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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).

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

Name of organization

THE HERITAGE LIBRARY FOUNDATION INC

Employer identification number

58-2332014

Part I	Contributors (see instructions). Use duplicate copies	s of 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 Payroll Noncash (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 4 NORTHRIDGE DRIVE SUITE A HILTON HEAD ISLAND SC 29926	\$\$	Person 🗷 Payroll 🗌 Noncash 🗍 (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	\$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		
4	THE CHURCH MOUSE THRIFT SHOP 78 ARROW ROAD HILTON HEAD ISLAND SC 29928	\$	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 Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person		

SCHEDULE D (Form 990)

Department of the Treasury

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.

Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name	of the organization		Employer identification number
THE	HERITAGE LIBRARY FOUNDATION INC		58-2332014
Pai	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or Acco	ounts.
	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	1	
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 w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organizati		Yes 🗓 No
6	Did the organization inform all grantees, donors, and donor ad		
	only for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes X No
Pai			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu	_	f a historically important land area
	Protection of natural habitat	<u> </u>	f a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			_
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure.	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	, ,	
			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization during the
	tax year ▶		Ç
4	Number of states where property subject to conservation ease	ement is located ►	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservat	ion easements during the year
	>		Ç ,
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	easements during the year
	▶\$		- ,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statements the	hat describes the
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in furthe	rance of public
	service, provide, in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		•
2	If the organization received or held works of art, historical trea		
	following amounts required to be reported under FASB ASC 9	958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
h	Assets included in Form 990, Part X		► ¢

Pai	rt III Organizations Maintaining	Collections of	Art, Historical	Treasures,	or Ot	her Similar A	sset	s (cor	tinued)
3	Using the organization's acquisition, accession	n, and other records,	check any of the foll	owing that mal	ke signi	ficant use of its			
	collection items (check all that apply):								
а	X Public exhibition		d Loan	or exchange p	rogram	IS			
b	X Scholarly research		e Other						
С	X Preservation for future generations								
4	Provide a description of the organization's co	llections and explain h	now they further the	organization's	exempt	purpose in Part			
	XIII.	·	·	J		• •			
5	During the year, did the organization solicit or	receive donations of	art, historical treasu	res, or other si	milar				
	assets to be sold to raise funds rather than to	be maintained as par	rt of the organization	n's collection?.			Г	Yes	No
Pa	rt IV Escrow and Custodial Arra								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form								
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermediar	y for contributions o	r other assets	not				
	included on Form 990, Part X? Yes No								
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:								
						A	mount		
С	Beginning balance				10	;			
d	Additions during the year				10	I			
е	Distributions during the year				1e)			
f	Ending balance				1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	1, for escrow or cus	todial account l	liability?	?	. [Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been p	rovided on Par	rt XIII				
Pa	rt V Endowment Funds.								
	Complete if the organization	answered "Yes" o	on Form 990, Pa	art IV, line 1	10.				
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years back	k (e) Four ye	ars back
1a	Beginning of year balance	30,512	13,869	17,	703	15,00	0	1	5,000
b	Contributions		16,178						
С	Net investment earnings, gains, and								
	losses	3,777	465	(3,	834)	2,70	3		
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance	34,289	30,512	13,	869	17,70	3	1	5,000
2	Provide the estimated percentage of the curre	ent year end balance (line 1g, column (a))	held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment ▶	%							
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizati	on that are held and	administered	for the			_	
	organization by:						-	Y	es No
	(i) Unrelated organizations							3a(i)	x
	(ii) Related organizations							3a(ii)	х
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as require	d on Schedule R?.					3b	
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.						
Pa	rt VI Land, Buildings, and Equip								
	Complete if the organization	answered "Yes" o	on Form 990, Pa	art IV, line 1	l1a. S	<u>ee Form 990,</u>	Part	X, line	e 10.
	Description of property	(a) Cost or other	r basis (b) Cost	or other basis	(c)	Accumulated	(d) Book v	alue
		(investme	nt)	(other)	de	epreciation			
1a	Land			10,550				1	0,550
b	Buildings								
С	Leasehold improvements			23,116		2,312		2	0,804
d	Equipment			124,286		113,956		1	0,330
<u>e</u>	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, column (B), line	10c.)		▶		4	1,684

	Complete if the organization answered "Y	00 0111 0111	1 330, I altiv, III	C 11D. OC	e i oiiii əəo,	rait A, lille 12.
	(a) Description of security or category (including name of security)		(b) Book value		(c) Metho	d of valuation: ear market value
(1) Financial	derivatives					
(2) Closely-he	eld equity interests					
(3) Other						
(ACFL AGE	ENCY ACCOUNT		1,150	FMV		
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 12.).	•	1,150			
Part VIII	Investments - Program Related.		000 D (44 0	-	D () () 10
	Complete if the organization answered "Y	es" on Forn	n 990, Part IV, lin	e 11c. Se	e Form 990,	Part X, line 13.
	(a) Description of investment		(b) Book value			d of valuation:
					Cost or end-of-y	ear market value
	ENT FUND SECURITIES		34,289	FMV		
(2)						
(3)						
(4)						
(5)						
(6)						
(8)						
(9)	(I) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.).		34,289			
	Other Assets.			- 44 d Co	a Farra 000	Dort V. line 45
Total. (Colum	Other Assets. Complete if the organization answered "Y	es" on Forn		e 11d. Se	e Form 990,	
Total. (Colum Part IX	Other Assets. Complete if the organization answered "Y (a) Descrip	es" on Forn		e 11d. Se	e Form 990,	(b) Book value
Part IX (1) ECURIT	Other Assets. Complete if the organization answered "Y (a) Descrip	es" on Forn		e 11d. Se	e Form 990,	(b) Book value 2,58
Part IX (1) ECURIT (2) LIBRARY	Other Assets. Complete if the organization answered "Y (a) Descrip	es" on Forn		e 11d. Se	e Form 990,	(b) Book value 2,58
Part IX (1) ECURIT (2) LIBRARY (3)	Other Assets. Complete if the organization answered "Y (a) Descrip	es" on Forn		e 11d. Se	e Form 990,	(b) Book value 2,58
Total. (Column Part IX Part IX (1) ECURIT (2) LIBRARY (3) (4)	Other Assets. Complete if the organization answered "Y (a) Descrip	es" on Forn		e 11d. Se	e Form 990,	(b) Book value 2,58
(1) ECURIT (2) LIBRARY (3) (4) (5)	Other Assets. Complete if the organization answered "Y (a) Descrip	es" on Forn		e 11d. Se	e Form 990,	(b) Book value 2,58
(1) ECURIT (2) LIBRARY (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Y (a) Descrip	es" on Forn		e 11d. Se	e Form 990,	(b) Book value 2,58
(1) ECURIT (2) LIBRARY (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Y (a) Descrip	es" on Forn		e 11d. Se	e Form 990,	(b) Book value 2,58
(1) ECURIT (2) LIBRARY (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Y (a) Descrip	es" on Forn		e 11d. Se	e Form 990,	(b) Book value 2,58
(1) ECURITY (2) LIBRARY (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Y (a) Descrip TY DEPOSIT COLLECTIONS	es" on Forn	n 990, Part IV, lin	e 11d. Se	e Form 990,	(b) Book value 2,58 188,08
(1) ECURIT (2) LIBRARY (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Y (a) Descrip TY DEPOSIT COLLECTIONS on (b) must equal Form 990, Part X, col. (B) line 15.).	es" on Forn	n 990, Part IV, lin	e 11d. Se	e Form 990,	(b) Book value 2,58 188,08
(1) ECURITY (2) LIBRARY (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Y (a) Descrip TY DEPOSIT COLLECTIONS In (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities.	es" on Forn	n 990, Part IV, lin		. •	(b) Book value 2,58 188,08
(1) ECURITY (2) LIBRARY (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Y (a) Descrip TY DEPOSIT COLLECTIONS In (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y	es" on Forn	n 990, Part IV, lin		. •	(b) Book value 2,58 188,08
(1) ECURIT (2) LIBRARY (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Y (a) Descrip TY DEPOSIT COLLECTIONS In (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25.	es" on Forn	n 990, Part IV, lin		. •	(b) Book value 2,58 188,08
(1) ECURIT (2) LIBRARY (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Assets. Complete if the organization answered "Y (a) Descrip TY DEPOSIT COLLECTIONS In (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability	es" on Forn	n 990, Part IV, lin		. •	(b) Book value 2,58 188,08
(1) Federal i	Other Assets. Complete if the organization answered "Y (a) Descrip TY DEPOSIT COLLECTIONS In (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability Income taxes	es" on Forn	n 990, Part IV, lin		. •	(b) Book value 2,58 188,08
(1) Federal i (2) Tedal (2	Other Assets. Complete if the organization answered "Y (a) Descrip TY DEPOSIT COLLECTIONS In (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability Income taxes	es" on Forn	n 990, Part IV, lin		. •	(b) Book value 2,58 188,08
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(1) FECURITY (2) LIBRARY (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal if (2) CREDIT (3) (4) (5)	Other Assets. Complete if the organization answered "Y (a) Descrip TY DEPOSIT COLLECTIONS In (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability Income taxes	es" on Forn	n 990, Part IV, lin		. •	(b) Book value 2,58 188,08
(1) FECURIT (2) LIBRARY (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) FECURIT (3) (4) (5) (6) (7) (8) (9) (1) FECURIT (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answered "Y (a) Descrip TY DEPOSIT COLLECTIONS In (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability Income taxes	es" on Forn	n 990, Part IV, lin		. •	(b) Book value 2,58 188,08
(1) ECURIT (2) LIBRARY (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X) 1. (1) Federal i (2) TREDIT (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Y (a) Descrip TY DEPOSIT COLLECTIONS In (b) must equal Form 990, Part X, col. (B) line 15.). Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of liability Income taxes	es" on Forn	n 990, Part IV, lin		. •	(b) Book value 2,58 188,08
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Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Re	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.
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	
3	Subtract line 2e from line 1	
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Pa	Reconciliation of Expenses per Audited Financial Statements With I	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	
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:	
a	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	40
C	Add lines 4a and 4b	
5 P a	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; P	ort V lino 4: Part Y lino
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	
۷, ۱ د	art XI, illies 2d and 4b, and 1 art XII, illies 2d and 4b. Also complete this part to provide any additional illion	iduon.

EEA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2020

Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection

Name of the organization					Employer id	entification number
THE HERITAGE LIBRARY FOUNDAT		32014				
Part I Fundraising Activities	•	•		wered "Yes" on	Form 990, Part IV	, line 17.
Form 990-EZ filers are not	•					
1 Indicate whether the organization rais	ed funds through	-	_			
a Mail solicitations				f non-government gr	ants	
b Internet and email solicitations				f government grants		
c Phone solicitations		g ∐ 🤄	Special fundr	raising events		
d In-person solicitations						
2a Did the organization have a written or						_
or key employees listed in Form 990,				_		'es 🗌 No
b If "Yes," list the 10 highest paid individ	Juals or entities (fu	undraisers) pi	ursuant to ag	reements under whi	ch the fundraiser is to b	oe e
compensated at least \$5,000 by the c	rganization.					
				1		
(i) Name and address of individual		(iii) Did fun	draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of utions?	from activity	fundraiser listed in	(or retained by)
			ı		col. (i)	organization
4		Yes	No	-		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
		1				
Total			▶			
3 List all states in which the organization	is registered or lic	censed to soli	cit contributi	ons or has been not	ified it is exempt from	
registration or licensing.						

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

		than \$15,000 of fundraising gross receipts greater than				
		gross receipts greater triain	(a) Event #1 ANNU APPEAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	26,857			26,857
_	2	Less: Contributions				
		line 2)	26,857			26,857
	4	Cash prizes	==,			==,
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines Net income summary. Subtract line				26,857
Pa	art II	Gaming. Complete if the o				
		\$15,000 on Form 990-EZ, I	-			
venue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo	1 , ,	(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo	1 , ,	(c) Other gaming	
	2	Gross revenue	(a) Bingo	1 , ,	(c) Other gaming	
Expenses	2	Cash prizes	(a) Bingo	1 , ,	(c) Other gaming	
	3 4	Cash prizes	(a) Bingo	1 , ,	(c) Other gaming	
ot Expenses	3	Cash prizes		bingo/progressive bingo		
ot Expenses	3 4	Cash prizes	(a) Bingo Yes % No	1 , ,	(c) Other gaming Yes % No	
ot Expenses	2 3 4 5	Cash prizes	☐ Yes %	bingo/progressive bingo	☐ Yes% ☐ No	
ot Expenses	2 3 4 5	Cash prizes	☐ Yes % ☐ No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes% ☐ No	
6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, colu	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, colu	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En ls is if "	Cash prizes	Yes% No 2 through 5 in column (d) ract line 7 from line 1, column (d) from conducts gaming activities in each of the conducts gaming activities gaming gaming activities gaming activities gaming activities gaming activities gaming activities gaming activities gaming activities gaming activities gaming activities gaming activities gaming activities gaming activities gaming activities gaming activities gaming activities gaming activities gaming activities gaming activiti	bingo/progressive bingo Yes % No mn (d)	Yes	col. (a) through col. (c))

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

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

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					
OUNDATION 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 OFFICE	RS 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 COMPENSATIO	N FOR THE				
EXECUTIVE DIRECTOR.					
05. Governing documents, etc, available to public (Part VI, line 19)					
FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.					

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Attachment

Department of the Treasury Sequence No. 179 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number THE HERITAGE LIBRARY FOUNDATION FORM 990 - 1 58-2332014 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)......... 3 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (b) Cost (business use only) (a) Description of property 7 8 8 9 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . 11 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 1,541 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 4,796 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (e) Convention (a) Classification of property placed in (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property 5 b 5-year property 3,920 ΗY 200 DB 784 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

23

For assets shown above and placed in service during the current year, enter the

7,121

(Rev. January 2020)

Internal Revenue Service

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

► File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ▶ 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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print THE HERITAGE LIBRARY FOUNDATION INC 58-2332014 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. HILTON HEAD ISLAND SC 29938-5950 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 Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 12 • The books are in the care of ▶ PETER COOPER, PO BOX 5950 HILTON HEAD ISLAND SC 29938-5950 Telephone No.► 843-686-6560 FAX No. ► • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 11-15 , 20 21 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 20 or tax year beginning , 20 , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

3a \$

3с

\$

IRS e-file Signature Authorization for an Exempt Organization

		-	_	
or calendar vear 2020	or fiscal year beginning			and ending

Internal Revenue Service

2020 Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Taxpayer identification number Name of exempt organization or person subject to tax THE HERITAGE LIBRARY FOUNDATION INC 58-2332014 Name and title of officer or person subject to tax PETER COOPER, TREASURER Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X 3a Form 1120-POL check here 4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ► 6a Form 990-T check here► 7a Form 4720 check here ► Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that \quad \text{I am an officer of the above organization or \quad \text{I am a person subject to tax with respect to} (name of organization) , (EIN) . and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only to enter my PIN lauthorize Jennifer R Hall CPA LLC 09709 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 579710 86753 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

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

OMB No. 1545-0047

990	Overflow Statement	2020 Page 1		
Name(s) as shown on return		FEIN		
THE HERITAGE	LIBRARY FOUNDATION INC	58-2332014		

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

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

Depreciation Detail Listing

Management & General

2020

PAGE 1

See "UBIA" in lower right corner.

Name(s) as shown on return

* Item is included in UBIA for Section 199A calculations.

For your records only

Social security number/EIN

	THE HERITAGE LIBRARY FO	OUNDATION	INC									58	-2332014		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	FIXED ASSETS	01012010	105,378		100.00			105,378	5		0	105,378		105,378	
1	LAND	01012010	10,050		100.00				0	NDA					
2	SERVER	09162019	14,988		100.00			14,988	5	200 DB HY	32	2,998	4,796	7,794	4,796
3	LEASEHOLD IMPROVEMENT	01012019	23,116		100.00			23,116	15	SL HY	6.667	771	1,541	2,312	1,541
3	LEASEHOLD IMPROVEMENT								15	1					
	Totals		157,452					147,402				109,147	7,121	116,268	7,121

Next Year's Depreciation Wor	rksheet
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2020

(Keep for your records) Tax ID Number Name(s) as ahown on return THE HERITAGE LIBRARY FOUNDATION INC 58-2332014 Multi-Form Description Basis Method Deduction Form Date Life FIXED ASSETS MGT 01-01-2010 105,378 M 5 MGT 1 SERVER 09-16-2019 14,988 M 5 2,878 MGT 1 LEASEHOLD IMPROVEMENTS 01-01-2019 23,116 SL 15 1,541 COMPUTER MGT 1 02-11-2020 3,920 M 5 1,254 TOTAL 5,673



E.I.N. 58-2332014

OFFICERS

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

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

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

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

Voting in favor: Callahan, Cooper, Takacs, DeLoach, Doscher-Benfante,

Miller, MacLeod, Robinson, Ford, Dekker

Voting in favor by proxy: Kraft, Graves Sellars

Voting in opposition: None

Voting in opposition by proxy: None

es Sellars, Secretary

July 28, 2023

Ezra Callahan, President

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July 28, 2023

The Heritage Library Foundation 2023 Application: Effectiveness Measurement

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

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

Date: FEB 2 7 2002

HERITAGE LIBRARY FOUNDATION INC 32 OFFICE PARK RD STE 300 HILTON HEAD ISLAND, SC 29928-0000 Employer Identification Number:
58-2332014

DLN:
17053033772002

Contact Person:
FRANCIS E BERNHARDT ID# 31258

Contact Telephone Number:
(877) 829-5500

Our Letter Dated:
FEBRUARY 1998

Addendum Applies:
NO

Dear Applicant:

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

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

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

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

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