## 2025

# **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 \$143,000 in funding for 2025. The Library is in the process of implementing its 5-year strategic plan and developing a long-range plan for the improvement and preservation of the historic sites that we own. In addition, this is the year that we begin to partner with organizations locally and across the state to begin programming in celebration of the 250th Anniversary of the American Revolution. The entire country is gearing up for this celebration and national and state commissions, the National Park Service and South Carolina Parks, Recreation and Tourism will lead us through educational programming and events that focus on local and state history as part of our national story. The Library is currently working with Culture HHI, SC250, Beaufort County Public Library, BC250, JC250, Chamber of Commerce, Hilton Head Symphony, Coastal Discovery Museum, Arts Council, Main Street and Sea Glass Theaters and more to build out and present programs and events that will celebrate the country's birthday and drive cultural tourism to the our Island.

We are and have been successful year over year in growing our visitor numbers and we expect to continue that growth including a target growth rate of 6-8%. We work with corporate groups visiting the Island to present history programs and historic site tours. In addition, we worked with 28 family reunion groups to provide family history lectures, research and event collaborations.

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, Gullah Festival, Crescendo kick off, Fish & Grits, 360/40 and more - all 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. 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 20 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 and 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 newsletters. We invite directors

from other organizations to join our board meetings and provide a quick update so our board is 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 regular publications are just one way that many of our guests find out about the Library. We hear from folks regularly that they learned about us from the Chamber. 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. This past year we added rack cards at Savannah Airport.

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.

The Library works with other ancestry research centers throughout the country. We work with families planning family reunions in order to provide family history research. We host group family research days throughout the year. And we work with the public library to host book clubs that focus on family and local history.

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 collaborate in small ways, big ways and everything in between. We are growing because we work with others to collaborate, communicate, cooperate and coordinate.

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Date Received: 09/04/2024 Time Received: 11:48 AM By: Online Submittal

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

#### 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 - \$143,000 broken down as follows: \$20,000 for preservation and improvements at two historic sites that showcase the Island's history and improve access and accessibility to the sites while supporting programs focused on tourist participation. \$123,00000 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 (3 state exposure), cooperative advertising, videos, and email. Enhancers: What we market is our enhancer - historic sites and tours, classes, library programs, history and ancestry classes, events, 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: 12,328

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: 2,998

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: 3,784

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): 19,110

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

The numbers provided above are full year ending June 30, 2024. 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, reports from tour companies, and partner documentation at collaborative events and programs. When examining people counter numbers we take the total number of people counted and cut that in half (counters count each person coming and going), 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 scan 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 which means we cannot distinguish between resident, visitor and tourist. Docents, instructors, presenters and volunteers will ask our guests where they are from, but those counts are a more informal way of what we can gather. We know that we see more tourists than we can document, but have to use the tools that can and live with those results.

In addition to programming with in person participation, we also conduct limited on-line programming. We had an additional 370 on-line program participants. Those visitors came from 24 states and 2 foreign countries. We also look at website, social media clicks, tags and posts and video views to gain insight into virtual visitors but no virtual visitors are counted as physical visitors. Our Storied Island videos have received more than 700,000 views through the website, YouTube and social media. Total virtual visitors in the past year came from 49 states and more than 4 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 and research center, 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. The organization is governed by a Board of Directors, daily operations are the responsibility of the Executive Director, and we rely on a team of more than 50 volunteers to make it all work. Our partners include, USCB, OLLI, Heritage Classic Foundation, Hilton Head Lifelong Learning, Beaufort County Schools, Clemson University, Morris Center, HH Christian Academy, Coastal Discovery Museum, Historic Mitchelville Freedom Park, HH Land Trust, Chamber of Commerce, Island Rec Center, Gullah Museum, and more. 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. This year and going into next year begins a push toward celebrating the 250th Anniversary of the American Revolution so we are a part of a growing network of partners supporting this national celebration. We are Hilton Head Island's center for family and local history research and learning.

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

Site Preservation & Improvement: \$20,000. Our historic sites are community resources and deserve to be preserved in order to provide the places and programs that tell our history. This funding supports preservation efforts and impovements at our sites. Visitors explore our sites everyday, providing an opportunity to stand on the grounds where history happened. This funding request supports work that safeguards the sites on our Island and enhances the visitor experience. Additional funds from program, class and event income supplement costs but cannot meet the need to enhance and protect the sites while attracting more visitors. The Library will have a new long rage plan for the sites in place next year.

General Promotion: \$123,000: We continue to add interpretive signs at historic sites, produce print collateral, TV and radio advertising, social media messaging and advertising, and print advertising. A newly designed website will go live in October and we will continue to build that out and add content going forward. Social media always has to be updated and improved. We experimented in pushing out more adverstising using social media this year and because it supported increased numbers in program participation, we will

expand those efforts. We will produce video stories focused on the American Revolution in our area (American Revolution 20th Anniversary Celebration). And we will continue to produce programming and events that bring visitors to our island and enhance their experience while they are here. The overriding goal is improved outreach and increased 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 preservation 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 site improvements. For example - significant increases in fees associated with ticketing and promotions, print costs, materials and the list goes on. If funding is reduced, then we have to re-examine scheduled programming, outreach and site improvements, consider limiting access to sites, and other cuts. We will be forced to do less.

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

We continue to grow both visitor and tourist numbers year over year with a target growth rate of 5-8% (we have met that goal for the past 5 years) and expect that to continue as the organization grows. 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.

86 %

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.

14 %

#### 4 - Tourism-Related Public Services

Operating visitor information centers.

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.

5 - Tourist Public Transportation

7 - Waterfront Erosion/Control/Repair

Control and repair of waterfront erosion.

0 %

0 %

0 %

Total: 100 %

- 6. If not covered elsewhere in the application, please describe (a) how the organization will collaborate with other organizations to enhance tourism efforts, and (b) provide a venue or service not otherwise available to visitors to the Town of Hilton Head Island. (250 words or less)
  - A. The Library historically and consistently collaborates with organizations across Hilton Head Island when our missions intersect. Partner 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 provide access to 2 distinct historic sites that are listed on the National Register of Historic Places and we tell Hilton Head Island's story from Native American life through modern development.

7. Additional comments. (250 words or less)

The Library provides a unique opportunity for visitors to not just learn about our Island's history but also to explore their family history. We collaborate with libraries and family research centers across the country and share information regularly. We continue to work on the series of videos titled "Our Storied Island". This video series tells the story of the Island through the words of the people who are here but also have a stake in our past. This series cannot be produced without partnering and collaborating with people and organizations across the Island. The videos are unscripted and tell an "in your own words" story that is unique to HHI. We formed new partnerships with the Island Recreation Center and J Costello Gallery as we continue to reach out to new audiences. We are currently building partnerships across the state as we ready for celebrating and commemorating the 250th anniversary of the American Revolution. These new partnerships means that the Library will have more than 60 new outlets for promoting Hilton Head Island as a special and unique cultural tourism destination.

#### 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 (restricted use grant).

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

33%	Government Sources	25%	and Grants
5%	Corporate Support, Sponsors	21%	Membership, Dues, Subscriptions
11%	Ticket Sales, or Sales and Services	5%	Other

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

Yes <u>X</u> No \_\_\_

If so, please list top 3 sources and amounts.

**Public Welfare Foundation** 

\$5,000.00

\$15,500.00

#### D. FINANCIAL INFORMATION:

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

## **Financial Statement Requirements:**

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

Budget Provided: Yes

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

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2022- Previous FY 1 2023- Previous FY 2

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

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2023 - 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

2022 - Previous FY 2

#### **E. FINANCIAL GUARANTEES AND PROCEDURES:**

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

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

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

#### F. MEASURING EFFECTIVENESS:

If you received 2023 or 2024 HHI ATAX funds

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

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
2024	\$120,420.00	Tourism Advertising/Promotion
2024	\$14,580.00	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)

Tourism Related Facilities: Ft. Mitchel and Zion Chapel of Ease Cemetery are being protected and preserved so they can showcase our history. These sites drive tourists to our programming and are photographed by numerous marketing groups to promote toursim to our Island. They are a marketing tool and an asset used by the Library, our partners, guests, the community, and marketing groups. Work in FY24 included erosion mitigation caused by weather and vandalism; tree preservation work on a cluster of black walnut trees (historically significant to the site); and repairs to fencing and gravestones caused by weather and vandalism. Long range plans for site improvements, including accessibility are underway. Marketing and Promotion: Videos, print marketing, social media, website overhaul, 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 enhance visitor

experiences. 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 continue to grow partner collaborations that help impact our numbers.

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. 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. More than 36% of our guests are repeat visitors who bring famiy and friends when they return. Quality programming means repeat guests, good social media reviews and more visitors. The community benefits when we educate visitors and tourists about our history and culture - knowledge builds interest in and respect for everything this Island has to offer.

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, Google analytics, social media, reviews, donor numbers, zip codes, YOY income, and participant comments. Registration for tours, programs, events, library visitors and classes 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 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 always be documented. We examine the data for each individual program and overall performance every quarter and annually. Our numbers

grow continually and consistently and we always look for ways to improve.

#### G. EXECUTIVE SUMMARY

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

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Signature: Barbara Catenaci

Title/Position: Executive Director

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

Email Address: director@heritagelib.org

Office Phone Number: 843-686-6560

Home Phone Number: 843-422-2171

# The Heritage Library

# **Effectiveness Measurement - 2025 Application**

TOPIC	PLAN	BUDGET	YTD	RESULTS
Tourism	Improve, protect and preserve			Improvements to our sites are ongoing. This year special
Related	historic sites in a manner that will			preservation efforts had to be completed to protect from erosion at
Facilities	attract visitors, provide a safe and			Ft. Mitchel and protect black walnut trees that are scarce on the
	enjoyable experience, grow program			Island but historically significant. The sites are decorated for events
	experiences and enhance Hilton			and holidays helping to draw in visitors. A storm damaged part of
	Head Island's image as a premiere			the iron fencing around the Baynard Mausoleum and iron artists
	destination.			had to be brought in for the repair work. An additional 41 graves
				were discovered through GPR work (private grant) requiring
				additional crosses to be placed at Zion Cemetery. Marketing groups
				regularly photograph our sites to be used in tourism marketing. We
				are focusing on making each of the sites more accessible. We would
				not be able to preserve these sites without funding from ATAX.
		\$14,580	\$13,031	
TOPIC	PLAN	BUDGET	YTD	RESULTS
Tourism	Inform tourists and visitors of our			The following reflects marketing and promotion effectiveness: Print
Advertising	classes, events, tours and programs			marketing is reaching approximately 7 million people - an increase
&	through print media, television,			of 680,000 over last year. Increases can be attributed to marketing
Promotion	radio, video and social media. Build			partners that include SCPRT, SC Living, Hilton Head Airport,
	partnerships that expand outreach			Savannah Airport, Charlotte Airport and American Ancestors. We
	and increase visitors and tourist			produced 35,000 pieces of print collateral and distributed over
	participation and promote Hilton			various markets. We delivered 2 million emails – an increase of
	Head Island as premiere destination			380,000 over last year. Email engagement grew from 57% to 60%.
	with diverse and interesting offerings			We utilized radio and television to promote programs. The Library
	for the cultural tourist.			partnered with Lowcountry Gullah on 2 award winning
				documentaries that tell our local history and allow us to reach an
				audience that goes across the country. We are partnering with
				American Ancestors, ABC News, and the 10 Million Names Project
				which will provide us with national coverage of Hilton Head history.
				This year we produced a new marketing video to be used on social
				media including advertising through Facebook and Instagram – that
				video has had more than 30,000 views in 2 months. We did a
				refresh of 50% of our print marketing and an overhaul of the

			website. Over 60% of our 45,000+ per month website views are from visitors located 50+ miles away. We will spend the full amount of funding allocated in 2024 as we press forward with fall and winter events and programs. We will also begin marketing and promotion around the country's celebration of 250 years a nation in November and December.
	\$120,420	\$79 <i>,</i> 825	

### **Survey Information**

The Heritage Library runs random surveys with tour/event and program guests. The survey is a simple follow up email. The email is sent within 24 hours of the event, tour, class, library visit, etc. Our survey response in 2023 was 55%. 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?

78% responded positively to #1 82% responded positively to #2 94% responded positively to #3

We use additional comments in our efforts to review and revise program content.



#### 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 2025

Ezra "Cal" Callahan James MacLeod Eric Washington

#### Class of 2026

Peter Cooper Richard Dekker Herbert Ford Lydia Inglett Tomas Kraft James Robinson Luana Grayes-Sellars

#### Class of 2027

Greg DeLoach Laurette Doscher Benfante Nathaniel Jones Galen Miller Sarah Takacs

#### **Executive Director**

Barbara Catenaci

#### **BOARD OF ADVISORS**

Bill Altstaetter Sunni Bond Dr. Emory Campbell Dodi Eschenbach Claudia Kennedy Natalie Harvey Dr. J. Brent Morris Dee Phillips Linda Piekut Dr. Larry Rowland Iva Welton

# Board of Directors Resolution: 2025 Accommodations Tax Application: Approval to Submit July 25, 2024

**Members Present:** Ezra Callahan, Peter Cooper, Sarah Takacs, Greg DeLoach, Galen Miller, James MacLeod, James Robinson, Herbert Ford, Richard Dekker, Eric Washington, Nathanial Jones, Thomas Kraft, Lydia Inglett

**Members Absent:** Luana Graves Sellars, Laurette Doscher-Benfante Note: Graves-Sellars and Doscher-Benfante submitted proxies to Callahan previous to the meeting.

**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 \$143,000 for the promotion of classes, tours, forums, programs, ancestry research, and events and the maintenance and preservation of Zion Chapel of Ease Cemetery and Fort Mitchel historic sites. This request is in support of our efforts to bring local and family history to visitors throughout the year.

**Voting in favor:** Callahan, Cooper, Takacs, DeLoach, Miller, MacLeod, Robinson, Ford, Dekker, Jones, Kraft, Washington, Inglett, **Voting in favor by proxy:** Graves- Sellars, Doscher-Benfante

Voting in opposition: None

Voting in opposition by proxy: None

\_\_\_\_\_ July 30, 2024

Ezra Callahan, President

July 30, 2024

Luana Graves Sellars, Secretary



## Heritage Library Foundation Board of Directors Meeting Minutes

July 25, 2024 2:00 PM Meeting conducted on ZOOM

**Board Members Present:** Ezra Callahan, Herb Ford, Jim Macleod, Lydia Inglett, Laurette Doscher-Benfante, Peter Cooper, Rick Dekker, Jim MacLeod, Sarah Takacs, Tom Kraft, Galen Miller, Jim Robinson, Eric Washington and Greg DeLoach.

Board Members Absent: Luana Graves Sellars, Laurette Doscher-Benfante

**NOTE:** Luana Graves Sellars and Laurette Doscher-Benfante provided their proxy to Ezra Callahan before the meeting.

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

The Board received a presentation on the new website from Jill King and Bryan Mosley (Motiva Marketing) and discussion followed. The Board will review the site before the soft launch and expects the hard launch in October 2024.

The minutes from the previous meetings (April 2024) were approved.

**Treasurer's Report:** Peter Cooper reviewed the current status of the organization's finances and the current report was approved and accepted by the Board.

**Executive Director's Report:** Provided in advance of the meeting and accepted by the Board following discussion.

**New Business:** The Board unanimously approved applying for funding through the Hilton Head Island Accommodations Tax for a total not to exceed \$143,000. Approval was based on marketing and historic site preservation needs for 2025.

The Board approved a formal partnership with American Ancestors and the 10 Million Names Project.

**Old Business:** The board approved moving forward with the design and build for a permanent door for Baynard Mausoleum. Funding from the Zion fund at CFL will be used for this project.

The Board will begin the process of reviewing the existing office lease which will expire in 2 years and considering extending the lease.

With no further business to discuss, the meeting was adjourned at 3:15 PM.

# Heritage Library Budget

Income	2023	2024	2025
Unrestricted			
Individual Donations	3,000	3,500	4,000
Business Donations	1,000	1,000	1,000
Birdies for Charity	5,075	5,000	5,000
Champions for Charity	1,000	1,000	1,000
Program	19,800	21,000	19,000
Matching Funds Gifts	2,000	4,000	2,000
Memberships	12,000	15,000	16,000
Books & Publications	2,000	2,000	2,000
Investment Income	2,800	5,000	5,000
Grants-Restricted			
Community Foundation	5,000	0	0
Bargain Box	2,500	0	2,000
WAHHI	2,500	0	0
SC Humanities	1,000	1,000	2,500
South Arts		15,000	
SC 250th	0	0	5,000
Grants - Unrestricted			
Peeples Foundation	64,000	42,000	42,000
Garcia Family Foundation	5,000	11,000	15,000
Government - Restricted			
ATAX	118,000	135,000	143,000
Other Income			
Gifts In-kind	500	500	500
Miscellaneous	600	600	600
Carryover	46,600	45,000	47,500
Total Income	294,375	307,600	313,100

Expenses	2023	2024	2025
General Program Expense			
Program	15,775	17,000	18,000
Ft. Mitchel Repair, Maintenance & Improvements	9,000	9,000	10,000
Zion Repair, Maintenance & Improvements	9,000	9,000	10,000
Heirs Property Office	500	500	500
Volunteer Appreciation	3,500	2,500	2,500
Equipment Purchases/Lease	1,500	1,200	1,200
Equipment Maintenance	1,000	1,000	1,000
Telephone & Internet	4,000	4,000	4,000
Utilities	4,000	4,200	4,200
Marketing/Website/Social Media	108,100	115,000	123,000
Dues & Subscriptions	4,000	4,000	4,000
Rent	38,000	38,000	38,000
Permits & Fees	1,500	1,800	1,800
Postage & Shipping	1,500	1,600	1,500
Printing	3,200	3,500	
Office Supplies	2,500	2,000	2,000
Travel	100	100	100
Library & OnLine Research	9,800	9,800	9,800
Janitorial Services	1,700	1,700	1,700
Storage	3,300	3,300	3,300
Miscellaneous	500	500	500
Newsletter	1,800	1,800	1,800
Professional & Financial Services			
Contracts	50,000	50,000	50,000
Bank Charges	1,000	1,200	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	3,500	3,800	3,900

<b>Total Expenses</b>	294,375	307,600	313,100
Legal Fees	500	500	500
Accounting Fees	1,500	7,000	5,000
Credit Card Processing Fees	2,500	2,500	2,500

## **Balance Sheet**

As of August 15, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Cash in Banks	0.00
PayPal Bank	621.73
Pinnacle Bank	161,509.39
Pinnacle Bank - History Day	61,320.00
South State Bank	7,347.81
Total Cash in Banks	230,798.93
Merchant Services	0.00
Savings	100,000.00
Total Bank Accounts	\$330,798.93
Accounts Receivable	
Accounts Receivable (A/R)	300.00
Total Accounts Receivable	\$300.00
Other Current Assets	
Book Store Inventory	4,843.22
Credit Card Receivables	1,561.53
Deferred Leasehold Improvements	0.00
Trade Accounts Receivable	0.00
Uncategorized Asset	0.00
Undeposited Funds	0.00
Total Other Current Assets	\$6,404.75
Total Current Assets	\$337,503.68
Fixed Assets	
Accumulated Depreciation	-121,941.00
Furniture & Fixtures	48,890.00
Computer Hardware	66,105.14
Server	14,996.32
Total Furniture & Fixtures	129,991.46
Library Collections	
Books	159,174.88
Periodicals & Pamphlets	28,906.00
Total Library Collections	188,080.88
Real Estate	
Leasehold Improvements	24,416.70
Zion Chapel of Ease Cemetery	10,550.00
Total Real Estate	34,966.70

## **Balance Sheet**

As of August 15, 2024

	TOTAL
Other Assets	
CFL Agency Account	394.32
Endowment Fund Securities - WFA	49,001.31
Security Deposit	2,581.00
Total Other Assets	\$51,976.63
TOTAL ASSETS	\$620,578.35
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Rent	5,162.00
Total Accounts Payable	\$5,162.00
Credit Cards	
Pinnacle Bank CC	1,822.71
Total Credit Cards	\$1,822.71
Other Current Liabilities	
Loans from Officers & Trustees	0.00
Pinnacle Line of Credit	0.00
Total Other Current Liabilities	\$0.00
Total Current Liabilities	\$6,984.71
Long-Term Liabilities	
SBA Loan - EIDL	103,380.00
Small Business Administration Loan	21,664.42
Total Long-Term Liabilities	\$125,044.42
Total Liabilities	\$132,029.13
Equity	
Opening Balance Equity	0.00
Retained Earnings	476,318.54
Net Income	12,230.68
Total Equity	\$488,549.22
TOTAL LIABILITIES AND EQUITY	\$620,578.35

## **Balance Sheet**

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Cash in Banks	0.00
PayPal Bank	9,142.90
Pinnacle Bank	141,119.46
Pinnacle Bank - History Day	61,300.00
South State Bank	7,341.52
Total Cash in Banks	218,903.88
Merchant Services	0.00
Savings	100,000.00
Total Bank Accounts	\$318,903.88
Accounts Receivable	
Accounts Receivable (A/R)	300.00
Total Accounts Receivable	\$300.00
Other Current Assets	
Book Store Inventory	4,843.22
Deferred Leasehold Improvements	0.00
Trade Accounts Receivable	0.00
Uncategorized Asset	0.00
Undeposited Funds	0.00
Total Other Current Assets	\$4,843.22
Total Current Assets	\$324,047.10
Fixed Assets	
Accumulated Depreciation	-121,941.00
Furniture & Fixtures	48,890.00
Computer Hardware	66,105.14
Server	14,996.32
Total Furniture & Fixtures	129,991.46
Library Collections	
Books	159,174.88
Periodicals & Pamphlets	28,906.00
Total Library Collections	188,080.88
Real Estate	
Leasehold Improvements	24,416.70
Zion Chapel of Ease Cemetery	10,550.00
Total Real Estate	34,966.70
Total Fixed Assets	\$231,098.04

## **Balance Sheet**

	TOTAL
Other Assets	
CFL Agency Account	394.32
Endowment Fund Securities - WFA	49,001.31
Security Deposit	2,581.00
Total Other Assets	\$51,976.63
TOTAL ASSETS	\$607,121.77
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Rent	0.00
Total Accounts Payable	\$0.00
Credit Cards	
Pinnacle Bank CC	417.81
Total Credit Cards	\$417.81
Other Current Liabilities	
Loans from Officers & Trustees	0.00
Pinnacle Line of Credit	0.00
Total Other Current Liabilities	\$0.00
Total Current Liabilities	\$417.81
Long-Term Liabilities	
SBA Loan - EIDL	108,000.00
Small Business Administration Loan	22,385.42
Total Long-Term Liabilities	\$130,385.42
Total Liabilities	\$130,803.23
Equity	
Opening Balance Equity	0.00
Retained Earnings	456,779.60
Net Income	19,538.94
Total Equity	\$476,318.54
TOTAL LIABILITIES AND EQUITY	\$607,121.77

## **Balance Sheet**

	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**

	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
OTAL LIABILITIES AND EQUITY	\$265,830.27

## Profit and Loss

January 1 - August 15, 2024

	TOTAL
Income	
Contributed Support	
Donations	0.01
Annual Appeal	1,025.00
Birdies for Charity	2,335.46
Business Donations	0.02
Foundation/Trust Donations	55,700.02
Individual Donations	7,182.03
Matching Funds Gift	800.00
Patron Donations	290.09
Total Donations	67,332.63
Grants	
ATAX Grants	85,226.52
Total Grants	85,226.52
Membership	
Academic Membership	220.00
Annual Membership	9,885.00
Total Membership	10,105.00
Total Contributed Support	162,664.15
Earned Revenues	
Book Sale	65.14
Education Programs	120.00
Genealogy Classes	1,060.00
History Class	3,770.00
Tours	1,736.00
Ft. Mitchel	-180.00
Zion	340.00
Total Tours	1,896.00
Total Education Programs	6,846.00
Investment Income	
Interest Income	9.74
Total Investment Income	9.74
Library Services	
Copies	145.00
Daily Patron Fee	30.00
Total Library Services	175.00
Miscellaneous Revenue	42.56
Total Earned Revenues	7,138.44
PayPal Sales	3,447.00
Sales	12.88

## Profit and Loss

January 1 - August 15, 2024

	TOTAL
Uncategorized Income	1.00
Total Income	\$173,263.47
GROSS PROFIT	\$173,263.47
Expenses	
G&A Expense	
Advertising & Marketing	12,484.05
Fundraising	
Advertising/Promotional	5,396.00
Total Fundraising	5,396.00
General Advertising	30,639.24
Total Advertising & Marketing	48,519.29
Education & Training	220.28
Executive Director	29,162.00
Expense-NOC	165.75
Insurance	827.00
Meetings & Events	285.36
Processing Fees	126.65
Credit Card Processing Fees	120.29
PayPal Fees	131.32
QuickBooks Payments Fees	75.00
Total Processing Fees	453.26
Volunteer Awards	46.72
Total G&A Expense	79,679.66
General Program Expenses	
2 Corpus Christi Dr.	
Janitorial Expense	980.00
Rent	23,229.00
Utilities	3,114.85
Total 2 Corpus Christi Dr.	27,323.85
Beach City Storage	2,329.2
Copier	1,683.48
Dues and Subscriptions	11,004.44
Internet Service	237.05
Office Supplies & Software	1,440.3
Postage	692.36
Printing & Reproduction	907.92
Professional Services	26.36
Accounting	6,551.85
Computing Services	2,571.15
Total Professional Services	9,149.36
Repairs and Maintenance - Fort Mitchel	8,377.00

## Profit and Loss

January 1 - August 15, 2024

	TOTAL
Repairs and Maintenance - Zion Cemetery	9,185.00
Supplies	486.07
Telephone	115.97
Total General Program Expenses	72,932.02
Program Specific Expenses	307.11
Website Development Cost	8,000.00
Total Program Specific Expenses	8,307.11
Uncategorized Expense	114.00
Total Expenses	\$161,032.79
NET OPERATING INCOME	\$12,230.68
NET INCOME	\$12,230.68

## Profit and Loss

	TOTAL
Income	
Contributed Support	
Donations	2,565.51
Annual Appeal	34,228.03
Birdies for Charity	5,075.28
Business Donations	10,000.12
Foundation/Trust Donations	53,035.00
Individual Donations	2,366.26
Patron Donations	580.01
Total Donations	107,850.21
Grants	
ATAX Grants	155,210.00
Total Grants	155,210.00
Membership	
Academic Membership	100.00
Annual Membership	11,847.25
Total Membership	11,947.25
Restricted Donations	
Heirs Property Family Research Project	-146.99
Total Restricted Donations	-146.99
Total Contributed Support	274,860.47
Earned Revenues	<b>2</b> . 1,0001 11
Book Sale	476.46
Education Programs	470.40
Genealogy Classes	310.00
History Class	17,593.18
Lectures & Events	-353.27
Tours	10.00
Ft. Mitchel	50.00
Zion	600.00
Total Tours	660.00
Total Education Programs	18,209.91
Investment Income	,
Dividend Income	1,272.12
Interest Income	27.66
Unrealized Gains (Losses)	6,523.88
Total Investment Income	7,823.66
Library Services	.,
Copies	96.50
Daily Patron Fee	22.28
Daily I dil Ull I CC	22.20

## Profit and Loss

	TOTAL
Miscellaneous Revenue	4,608.46
Publishing Services	166.77
Total Earned Revenues	31,404.04
PayPal Sales	5,185.74
Sales	25.00
Total Income	\$311,475.25
GROSS PROFIT	\$311,475.25
Expenses	
G&A Expense	
Advertising & Marketing	78,896.39
Fundraising	
Advertising/Promotional	233.20
Total Fundraising	233.20
General Advertising	27,109.21
Total Advertising & Marketing	106,238.80
Corporation Expense	5,318.00
Executive Director	59,834.42
Expense-NOC	2,142.16
Financial Expenses	
Interest Paid	5,348.68
Investment Expense	452.99
Total Financial Expenses	5,801.67
Insurance	5,288.00
Meetings & Events	19,178.46
Processing Fees	1,601.52
Bank Charges & Fees	188.00
Credit Card Processing Fees	883.80
PayPal Fees	437.99
Total Processing Fees	3,111.31
Total G&A Expense	206,912.82
General Program Expenses	
2 Corpus Christi Dr.	990.00
Janitorial Expense	1,890.00
Rent	28,391.00
Repairs and Maintenance	518.64
Utilities	2,389.69
Total 2 Corpus Christi Dr.	34,179.33
Beach City Storage	3,552.00
Copier	3,196.35
Dues and Subscriptions	534.03
Internet Service	1,877.02

## Profit and Loss

	TOTAL
Office Supplies & Software	7,590.13
Postage	1,259.37
Printing & Reproduction	355.20
Professional Services	
Computing Services	763.00
Website	269.64
Total Professional Services	1,032.64
Repairs and Maintenance - Fort Mitchel	12,236.66
Repairs and Maintenance - Zion Cemetery	8,400.65
Telephone	1,229.76
Total General Program Expenses	75,443.14
Program Specific Expenses	
Online Research Subscriptions	9,480.83
Purchases	99.52
Total Program Specific Expenses	9,580.35
Uncategorized Expense	0.00
otal Expenses	\$291,936.31
IET OPERATING INCOME	\$19,538.94
IET INCOME	\$19,538.94

## Profit and Loss

	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

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ч г	OI LITE	and	enung		
	heck if	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		58-23320	14
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	P.O. BOX 5950		843-686-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	311,475.
	Ameno return	HILION HEAD ISLAND, SC 29930		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: PETER COOPER		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	
<b>K</b> F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1997	M State of legal domicile: SC
Pa	rt I	Summary			
ce		Briefly describe the organization's mission or most significant activities: OPERARESEARCH LIBRARY	ATE A	HISTORY AND	GENEALOGY
Activities & Governance		Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its not ass	ents
/eri				1 _	16
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			16
∞ ′°		Total number of individuals employed in calendar year 2023 (Part V, line 13)			0
ţie		Total number of volunteers (estimate if necessary)			100
ξį				7a	0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		311,536.	274,860.
nue		Program service revenue (Part VIII, line 2g)		15,335.	28,624.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-8,348.	7,824.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		418.	167.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		318,941.	311,475.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		49,576.	59,834.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  106,55		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 106,59	94.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		238,393.	237,577.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		287,969.	297,411.
		Revenue less expenses. Subtract line 18 from line 12		30,972.	14,064.
ces			В	eginning of Current Year	End of Year
Net Assets or -und Balances	20	Total assets (Part X, line 16)		582,666.	596,828.
it As	21	Total liabilities (Part X, line 26)		130,705.	130,803.
		Net assets or fund balances. Subtract line 21 from line 20		451,961.	466,025.
	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules		•	/ knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.	
ς.		Signature of officer		I Date	
Sigr				Duto	
Here	е	PETER COOPER, TREASURER  Type or print name and title			
			Γ	Date Check	PTIN
aid		Print/Type preparer's name   Preparer's signature   MICHAEL R. PUTICH, CPA   MICHAEL R. PUTIC		)5/15/24 self-employ	
	arer	Firm's name ROBINSON GRANT & CO., P.A.	, C		7-0735924
	Only	Firm's address P.O. DRAWER 22959		FILITI S EIN J	, 0133744
-50	J.11.y	HILTON HEAD ISLAND, SC 29925		Phone no 84	3-815-6161
May	the IF	RS discuss this return with the preparer shown above? See instructions		I i none no. O ±	X Yes No
uy					100 110

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  OPERATE A HISTORY AND GENEALOGY RESEARCH LIBRARY
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
4b	(Code:)(Expenses \$
4c	(Code:)(Expenses\$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<del>4</del> e	Total program service expenses 76,046.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		37	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_	37	
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l	37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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 reported in	١	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	٠		
	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	١		x
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	۱		<sub>v</sub>
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ ^_
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		25
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢'′		<u> </u>
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ <del>'°</del>	- 22	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20-	complete Schedule G, Part III	20a		X
20a		20a 20b		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	aomostio governinent on i alt ix, column (x), intensi yes, "complete schedule I, Parts I and II	41		_ 42

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		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%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		- 22
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	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			.,
	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 on Schedule O for Part VI, lines 11b and 19?		Х	
Par	Note: All Form 990 filers are required to complete Schedule 0  't V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	Check is desiredule of contains a response of note to any line in this part v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	INO
b		5		
C	Enter the Harrist of Forms W. Zamonadad of Time Ta. Enter of Triot applicable			
J	(gambling) winnings to prize winners?	1c	х	
		-	200	

1023) THE HERITAGE LIBRARY FOUNDATION INC. 58
Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2023) Part V

			Yes	No
<b>2</b> a	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	1		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		X
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	44		1
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		Х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
-	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)  Continue 1007(-M) many appropriate to be sixtle to the appropriate of filling Form 10010.	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	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	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the 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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) THE HERITAGE LIBRARY FOUNDATION INC. 58-2332014 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on line 1a, above, who are independent 1b 16			
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, 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 O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		•
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	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	Х	
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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SC			
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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			
	P.O. BOX 5950, HILTON HEAD ISLAND, SC 29938-5950			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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.

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

Check this box if neither the organization r	(B)	Jiga	IIIZa		C)	ірсі	isatt	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any						Ĺ	from the	from related organizations	other compensation
	hours for	r direc				pa B		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BARBARA CATENACI	40.00	드	드	5	ž	王ə	J.			
EXECUTIVE DIRECTOR		Х						59,834.	0.	0.
(2) RICHARD DEKKER	3.00							,		
BOARD MEMBER		Х						0.	0.	0.
(3) LYDIA INGLETT	5.00									
BOARD MEMBER		Х						0.	0.	0.
(4) ERIC WASHINGTON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) HERBERT FORD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) THOMAS CRAFT	2.00									
BOARD MEMBER		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) GALEN MILLER	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	1000	Х						0.	0.	0.
(12) PETER COOPER	10.00	-		l						•
TREASURER	15.00			Х				0.	0.	0.
(13) EZRA CALLAHAN	15.00			l						
PRESIDENT	1000			Х				0.	0.	0.
(14) SARAH O'LEARY TAKACS	10.00								•	
VICE PRESIDENT	2 00			Х				0.	0.	0.
(15) LUANA GRAVES SELLARS	2.00	l		\ \ \					_	•
SECRETARY	2 00		$\vdash$	Х	$\vdash$			0.	0.	0.
(16) LAURETTE DOSCHER BENFANTE	2.00	~							_	0
BOARD MEMBER		Х				-		0.	0.	0.
		ł								
	1							<u> </u>		000

332007 12-21-23 Form **990** (2023)

	(A)  Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ne an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	s SC/	com fr org and	pensa om the anizat d relate anization	e ion ed
	Subtotal								59,834.		0.			0.
C	Subtotal Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								59,834.	000 - (	0.			0.
2	Total number of individuals (including but n compensation from the organization	ot iimited to tri	ose	liste	u ab	ove	) WH	o re	ceived more than \$100,	ooo or reportable	<b>3</b>			0
2	Did the organization list any former officer	director truct	00 1	·0\	mal	01/0/	0 Or	hial	heat componented ampl	0,400 00	1		Yes	No
	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	•		•	•	•		_	·	•		3		Х
4	For any individual listed on line 1a, is the su	•		•					•	Ü		4		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•								4		A
Soci	rendered to the organization? If "Yes," com	nplete Schedul	e J fo	or su	ch p	erso	on .					5		X
	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ntra	actor	s th	at received more than \$	100,000 of comp	pensat	ion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	ndin	g wi	th o	or wit	hin T		ear.		10		
	(A) Name and business	address	NC	ONE	:				<b>(B)</b> Description of s	ervices	С	omper		n
								+						
								+						
								$\dashv$						

58-2332014

		Check if Schedule O conta	ains a response d	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt	( <b>C)</b> Unrelated	<b>(D)</b> Revenue excluded
					rotai revenue		business revenue	from tax under
								sections 512 - 514
nts nts	1 a	Federated campaigns		11 045				
Gra	b			11,947. 39,303.				
ts, ( Am	С	Fundraising events		39,303.				
ia ia	d	Related organizations		155 010				
ns, Sim	е	Government grants (contribution		155,210.				
er	f	All other contributions, gifts, grant		60 400				
ĔĦ		similar amounts not included abov		68,400.				
Contributions, Gifts, Grants and Other Similar Amounts	g		a-1f <b>1g</b> \$		274,860.			
Oa	n	Total. Add lines 1a-1f		Business Code	2/4,000.			
	2 a	EDUCATIONAL PRO	GRAMS	611710	22,818.	22,818.		
Vice	z a b	T TDD ADIL CEDILLOR		519200	5,330.	5,330.		
Ser	C	DIDI TOUTNO DEGREE		513130	476.	476.		
im (	d			313133	2,00	2,00		
Program Service Revenue	e							
Prc	f	All other program service rever	nue					
	q	Total. Add lines 2a-2f			28,624.			
	3	Investment income (including	dividends, interes	st, and	-			
					7,824.	7,824.		
	4	Income from investment of tax						
	5	Royalties			167.	167.		
			(i) Real	(ii) Personal				
	6 a	Gross rents6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>						
	b	Less: cost or other basis						
une		and sales expenses <b>7b</b>						
ther Revenue		Gain or (loss) 7c						
Ę.		Net gain or (loss)						
	8 а	Gross income from fundraising evincluding \$ 39,3						
0		contributions reported on line						
		Part IV, line 18	, I	0.				
	h	Less: direct expenses		0.				
		: Net income or (loss) from fund			0.			
		Gross income from gaming act						
		Part IV, line 19						
	b	Less: direct expenses	I I					
	С	Net income or (loss) from gami	ing activities					
	10 a	Gross sales of inventory, less r	returns					
		and allowances	10a					
	b	Less: cost of goods sold	10b					
$\blacksquare$	С	Net income or (loss) from sales	of inventory					
က္				Business Code				
Miscellaneous Revenue	11 a							
lan	b							
Sce	C							
Ξ̈́	d	All other revenue						
	<u>е</u> 12	Total Add lines 11a-11d			311,475.	36,615.	0.	0.
	14	Total revenue. See instructions			J-1,41J.		· ·	· · ·

### 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 (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 59,834. 59,834. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 106,594. 106,594. Advertising and promotion 12 15,050. 15,050. Office expenses 13 1,033. 1,033. Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19,178. 19,178. Conferences, conventions, and meetings 19 5,802. 5,802. 20 Payments to affiliates 21 5,475. 5,475. Depreciation, depletion, and amortization ..... 22 5,288. 5,288. 23 Other expenses. Itemize expenses not covered 24 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.) 45,928. 45,928. EDUCATIONAL PROGRAM EXP HISTORIC PRESERVATION 20,637. 20,637. 9,481. 9,481. ONLINE RESEARCH SUBSCRI 3,111. 3,111. d BANK & PROCESSING FEES e All other expenses 297,411. 76,046. 114,771. 106,594. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			305,849.	1	318,904.
	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					
		trustee, key employee, creator or founder, sul	ontributor, or 35%				
		controlled entity or family member of any of the	nese perso	ns		5	
	6	Loans and other receivables from other disqu	alified pers				
		under section 4958(f)(1)), and persons describ		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			4,843.	8	4,843.
As	9					9	
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	164,958.			
	b	Less: accumulated depreciation		132,235.	36,897.	10c	32,723.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir	44,115.	13	49,396.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	190,662.	15	190,662.		
	16	Total assets. Add lines 1 through 15 (must e	582,666.	16	596,828.		
	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. Complet	te Part IV o	f Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer office	er, director,			
Liabilities		trustee, key employee, creator or founder, sul	ostantial co	ontributor, or 35%			
iabi		controlled entity or family member of any of the	nese perso	ns		22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela			130,705.	24	130,385.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir			•		410
		of Schedule D			0.		418.
	26	Total liabilities. Add lines 17 through 25			130,705.	26	130,803.
s		Organizations that follow FASB ASC 958, c	heck here	X			
၁င		and complete lines 27, 28, 32, and 33.			247 101		255 724
alar	27	Net assets without donor restrictions			347,121.	27	355,724.
ă	28	Net assets with donor restrictions			104,840.	28	110,301.
Ĕ		Organizations that do not follow FASB ASC	958, che	ck here			
P.		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			451,961.	31	166 025
ž	32	Total net assets or fund balances			582,666.	32	466,025.
	33	Total liabilities and net assets/fund balances			504,000.	33	596,828.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2023)

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### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE HERITAGE LIBRARY FOUNDATION INC.

Employer identification number

				IBRARY FOUND					8-2332014				
Parl	Τ.	Reason for Public C	Charity Status. (	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The or	gan	ization is not a private found											
1	Ì	A church, convention of chu					I)(A)(i).						
2		A school described in secti											
3		A hospital or a cooperative				(b)(1)(A)(ii	i).						
4		A medical research organiza						(iii). Enter	the hospital's name,				
		city, and state:	•										
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)		_								
8 [		A community trust describe		1)(A)(vi). (Complete Par	t II.)								
9 [		An agricultural research org				ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or				
		university:											
10	X	An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	p fees, and	d gross receipts from				
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11 [		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to ca	ry out the	purposes of one or				
		more publicly supported org	ganizations described	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See section 5	609(a)(3). (	Check the box on				
		lines 12a through 12d that of	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.					
а			anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting				
		organization. You must c	complete Part IV, Se	ections A and B.									
b			anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving				
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С			grated. A supporting	g organization operated	in connect	ion with, a	and functional	y integrate	ed with,				
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.						
d			rintegrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)				
		that is not functionally into	-	•	•		-	an attentiv	veness				
		requirement (see instructi	•	-									
е		☐ Check this box if the orga					Type I, Type I	I, Type III					
_		functionally integrated, or		nally integrated supporting	ng organiz	ation.							
		er the number of supported o	•										
9		vide the following information  i) Name of supported	(ii) EIN	(iii) Type of organization		inization listed	(v) Amount of	monetary	(vi) Amount of other				
	,	organization	(-,	(described on lines 1-10	in your governi	·	support (see in	•	support (see instructions)				
				above (see instructions))	162	No							
Total							l		Ī				

332021 12-21-23

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support		T		_		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10					12	
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-			•		
Sec	organization, check this box and stop etion C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		14	%
	Public support percentage from 2022					15	
	<b>33 1/3% support test - 2023.</b> If the o						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	· ·	•				
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain	in Part VI how the	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	ınd see instructions	s
						-	

# 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.)

Sec	ction A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	269,163.	302,029.	• •	311,536.	• •	1457648.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	37,088.	21,296.	16,291.	15,752.		119,218.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	306,251.	323,325.	316,351.	327,288.	303,651.	1576866.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	47,929.	112,353.	68,889.	154,508.	155,210.	538,889.
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						0.
c	: Add lines 7a and 7b	47,929.	112,353.	68,889.	154,508.	155,210.	538,889.
8	Public support. (Subtract line 7c from line 6.)						1037977.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	306,251. 954.	323,325. 1,020.	316,351. 2,934.	327,288. -8,437.	303,651. 7,824.	1576866. 4,295.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	954.	1,020.	2,934.	-8,437.	7,824.	4,295.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	307,205.	324,345.	319,285.	318,851.	311,475.	1581161.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
0-		- Command Day					
	ction C. Computation of Publi					45	65.65 %
	Public support percentage for 2023 (li		- ·			16	
	Public support percentage from 2022 ction D. Computation of Inves			<u></u>		10	64.46 %
	Investment income percentage for 20			ne 13 column (f))		17	.27 %
	Investment income percentage from 2					18	.00 %
	33 1/3% support tests - 2023. If the						, -
	more than 33 1/3%, check this box are 33 1/3% support tests - 2022. If the	nd <b>stop here.</b> The	organization qualif	ies as a publicly s	upported organizat	tion	X
~	line 18 is not more than 33 1/3%, che						
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 box 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 line 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		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
<b>-</b> 1-		
5b		
5c		
6		
7		
8		
9a		
əa		
9b		
- JD		
9с		
- •		
10a		
,		
10b		

Par	art IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's			
	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 supervised and activities described by the province of the controlled the organization of the organization of the controlled the organization of the			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amous upported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1g trie <b>1</b>		
	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		
Sect	ction 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		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			
	out. 217 iii 1990 iii cupporung organizatione		Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		162	NO
1				
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	, , , , , , , , , , , , , , , , , , , ,			
	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		
	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			
Sact	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations	3		
1		structions).		
a				
b				
С	3 Jessino III a non you supported a governmental of	ntity (see instruction		
2			Yes	No
	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	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete S	Sections A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	short-term capital gain	1		
2 Reco	overies of prior-year distributions	2		
3 Othe	r gross income (see instructions)	3		
<b>4</b> Add I	lines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
collec	ction of gross income or for management, conservation, or			
	tenance of property held for production of income (see instructions)	6		
	r expenses (see instructions)	7		
	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	uctions for short tax year or assets held for part of year):			
<b>a</b> Avera	age monthly value of securities	1a		
<b>b</b> Avera	age monthly cash balances	1b		
<b>c</b> Fair r	market value of other non-exempt-use assets	1c		
d Total	I (add lines 1a, 1b, and 1c)	1d		
e Disc	ount claimed for blockage or other factors			
	ain in detail in <b>Part VI</b> ):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3 Subti	ract line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ir	nstructions).	4		
<b>5</b> Net v	value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ply line 5 by 0.035.	6		
	overies of prior-year distributions	7		
8 Minir	mum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
<b>1</b> Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
2 Enter	r 0.85 of line 1.	2		
3 Minin	num asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	r greater of line 2 or line 3.	4		
5 Incor	me tax imposed in prior year	5		
6 Distr	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

# Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2023

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
	47,929.	112,353.	68,889.	154,508.	155,210.
Total to Schedule A, Part III, Line 7a	47,929.	112,353.	68,889.	154,508.	155,210.

# Schedule B

(Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

THE HERITAGE LIBRARY FOUNDATION INC.

58-2332014

Organization type	(check one):
Filers of:	Section:
Form 990 or 990-E	Z X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
	nization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections s	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one or, 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; in 990-EZ, line 1. Complete Parts I and II.
contribute literary, o	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one or, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering column (b) instead of the contributor name and address), II, and III.
year, con is checke purpose.	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box d, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,  Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year\$
answer "No" on Pa	ization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> art IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify the filing requirements of Schedule B (Form 990).

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

Name of organization Employer identification number

# THE HERITAGE LIBRARY FOUNDATION INC.

58-2332014

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ACCOM TAX  ONE TOWN CENTER  HILTON HEAD ISLAND, SC 29928	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PEEPLES FOUNDATION  PO BOX 5950  HILTON HEAD ISLAND, SC 29938	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOSE M GARCIA FOUNDATION  707 EAGLE ROCK AVENUE  WEST ORANGE, NJ 07052	\$15,500.	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4  THE PUBLIC WELFARE FOUNDATION  1200 U STREET NW  WASHINGTON, DC 20009	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# THE HERITAGE LIBRARY FOUNDATION INC.

58-2332014

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization Employer identification number

	ERITAGE LIBRARY FOUNDAT:			58-2332014	
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	) through <b>(e) and</b> the following linch charitable, etc., contributions of <b>\$1,0</b> 0	ne entry. For o	1(c)(7), (8), or (10) that total more than \$1,000 for the year rganizations the year. (Enter this info. once.)	
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
-		(e) Transfer	of gift		
_	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee	

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE HERITAGE LIBRARY FOUNDATION INC.

**Employer identification number** 58-2332014

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered Tes off offi 556,1 art 14, iii	(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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes X No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated)	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	-		
С	Number of conservation easements on a certified historic stru	***************************************	2c
d	Number of conservation easements included on line 2c acqui		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
_	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	riandling of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ition easements during the year
•	Amount of expenses mounted in morntoning, inspecting, name	and of violations, and emorning conserva	tion casements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170/h	o)(4)(R)(i)
Ū	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 footn		
	organization's accounting for conservation easements.	3	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther 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 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtl	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land		10,550.		10,550.	
<b>b</b> Buildings					
c Leasehold improvements		23,116.	6,935.	16,181.	
d Equipment		131,292.	125,300.	5,992.	
e Other					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))					

Schedule D (Form 990) 2023

	E LIBRARY FOU	NDATION INC.	58-2332014 Page 3
Part VII Investments - Other Securities	5 000 B 18/15	441 O E 000 D 1 V II 4	
Complete if the organization answered "Yes"		ı	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 1	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	est or end-of-year market value
(1) ENDOWMENT FUND SECURITIES	49,396.	END-OF-YEAR MA	RKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	40.206		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets	49,396.		
Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soo Form 000 Part V line 1	16
	Description	Tru. See Form 990, Part A, line	(b) Book value
CROUDIEU DEDOCIEC	Description		2,581.
(1) SECURITY DEPOSITS (2) LIBRARY COLLECTIONS			188,081.
(3)			100,0011
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		190,662.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X	(, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CREDIT CARDS			418.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
			418.
Total. (Column (b) must equal Form 990. Part X. line 25. co	I. (B))		4⊥0•

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

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	leturn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities	2b		
С		veries of prior year grants			
d		(Describe in Part XIII.)	1 4.1		
е	Add li	nes <b>2a</b> through <b>2d</b>	•	2e	
3	Subtr	act line <b>2e</b> from line <b>1</b>		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)			
С		nes <b>4a</b> and <b>4b</b>		4c	
5	Total	revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		. 5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ted services and use of facilities	2a		
b		year adjustments	2b		
С		losses			
d	Other	(Describe in Part XIII.)	2d		
е	Add li	nes <b>2a</b> through <b>2d</b>		2e	
3	Subtr	act line 2e from line 1		3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes <b>4a</b> and <b>4b</b>		4c	
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		. 5	
Pa	rt XIII	Supplemental Information			
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I'	V, lines 1b and 2b; Part V, line	4; Part X, line 2; Pa	art XI,
lines	2d and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information.		

Schedule D (Form 990) 2023

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number THE HERITAGE LIBRARY FOUNDATION INC. 58-2332014 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified 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 event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL BIRDIES & NONE (add col. (a) through APPEAL CHAMPIONS FO col. (c)) (event type) (total number) (event type) 34,228. 5,075. 39,303. 1 Gross receipts 34,228. 5,075. 39,303. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2023 THE HERITAGE LIBRARY FOUNDATION INC. 58-2	332014	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	,,,
17	Enter the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
			<b></b>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	· L Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	daming manager information.		
	Name		
	0		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	00, .00,
	, . ee, . e, and e, an approximation for provide any additional information.		

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990) <b>Supplemental Infor</b>	THE	HERITAGE	LIBRARY	FOUNDATION	INC.	58-2332014	Page 4
Part IV	Supplemental Inforr	nation	(continued)					
-								
-								
-								
-								
-								

# **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE HERITAGE LIBRARY FOUNDATION INC.

**Employer identification number** 58-2332014

FORM 990, PART VI, SECTION A, LINE 3:					
THE BOARD OF DIRECTORS HAS DELEGATED THE DUTIES OF MANAGMENT OF THE					
HERITAGE LIBRARY FOUNDATION TO EXECUTIVE DIRECTOR BARBARA CATENACI AS AN					
INDEPENDANT CONTRACTOR.					
FORM 990, PART VI, SECTION A, LINE 7A:					
THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERS OF THE ORGANIZATION					
FORM 990, PART VI, SECTION B, LINE 11B:					
THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY IN WHICH					
OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE INTERESTS THAT GIVE RISE TO					
CONFLICTS.					
FORM 990, PART VI, SECTION B, LINE 15A:					
THE BOARD OF DIRECTORS INTERVIEWED, REVIEWED AND APPROVED THE COMPENSATION					
FOR THE EXECUTIVE DIRECTOR.					
FORM 990, PART VI, SECTION C, LINE 19:					
FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST					
TOTAL JOST IN THE PORT TO DELIC TRADE DOTTON OF ON ADMONDS					

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2022 calendar year, or tax year beginning and	enaing			
B Ch	heck if oplicabl	C Name of organization		D Employer identifie	cation number	
	Addre	THE HERITAGE LIBRARY FOUNDATION INC.		_		
	Name chang	Doing business as		58-23320	14	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r	
	Final return			843-686-	6560	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	318,941.		
	Ameno return	HILTON HEAD ISLAND, SC 29938-5950	H(a) Is this a group re	eturn		
	Application	Finame and address of principal officer: FEIER COOPER		for subordinates	? Yes X No	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
I Ta	ax-ex	empt status: $\mathbf{X}$ 501(c)(3) $\mathbf{\Box}$ 501(c) ( ) (insert no.) $\mathbf{\Box}$ 4947(a)(1) or	or 527	If "No," attach a	list. See instructions	
JW	/ebsi	te: WWW.HERITAGELIB.ORG		H(c) Group exemptio	n number	
<b>K</b> Fo	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1997 N	1 State of legal domicile: SC	
Pa	rt I	Summary				
e e		Briefly describe the organization's mission or most significant activities: OPERARESEARCH LIBRARY	ATE A	HISTORY AND	GENEALOGY	
Activities & Governance		Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its not ass	eate	
Je l				1 _ 1	16	
é		Number of independent voting members of the governing body (Part VI, line 1b)			16	
∞		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0	
ties		Total number of volunteers (estimate if necessary)			100	
Ĭ		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
$\dashv$		Net unrelated business taxable income nonn omn 990-1, i arti, iine 11		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		300,060.	311,536.	
Ĭ		(5.1)(11.1)		16,261.	15,335.	
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,934.	-8,348.	
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45.	418.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		319,300.	318,941.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		45,000.	49,576.	
ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 89, 35	54.	•		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		259,502.	238,393.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		304,502.	287,969.	
		Revenue less expenses. Subtract line 18 from line 12		14,798.	30,972.	
- Si		Troveride 1656 experised. Oubtract line 16 from line 12		ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		552,691.	582,666.	
Ass Bal		Total liabilities (Part X, line 26)		132,110.	130,705.	
ESE ESE		Net assets or fund balances. Subtract line 21 from line 20		420,581.	451,961.	
Pa	rt II	Signature Block		,	•	
Unde	r pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is	
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,	
Sign Here		Signature of officer		Date		
		PETER COOPER, TREASURER				
		Type or print name and title				
Paid		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
		MICHAEL R. PUTICH, CPA MICHAEL R. PUTIC	ен, ск	05/15/24 self-employ	P00853466	
Preparer		Firm's name ROBINSON GRANT & CO., P.A.			7-0735924	
Jse Only		Firm's address P.O. DRAWER 22959				
HILTON HEAD ISLAND, SC 29925 Phone no. 843-815-6161						
May	the If	RS discuss this return with the preparer shown above? See instructions		,	X Yes No	

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	OPERATE A HISTORY AND GENEALOGY RESEARCH LIBRARY
	OFERALE A HISTORI AND GENEALOGI RESEARCH LIBRARI
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 60 , 185 • including grants of \$ ) (Revenue \$ )
	MAINTAIN TWO HISTORICAL SITES: (1) FT. MITCHEL, A CIVIL WAR COASTAL
	DEFENSE BATTERY; (2) ZION CHAPEL OF EASE CEMETERY MAUSOLEUM. OVER 9800
	PEOPLE VISITED THE SITES, BOTH OF WHICH WERE PLACED ON THE NATIONAL
	REGISTER OF HISTORIC PLACES IN 2017.
4b	(Code:) (Expenses \$ 54 , 957 • including grants of \$ ) (Revenue \$ 65 • )
	MAINTAIN BOOKS, DOCUMENTS AND DIGITAL COLLECTIONS AND PROVIDE ONLINE
	ACCESS TO DATABASES FOR PUBLIC RESEARCH. SERVED 11000 RESEARCH
	PATRONS, PUBLISHED QUARTERLY NEWSLETTERS, PRODUCED HISTORICAL PAPERS
	FOR MEMBERS AND THE PUBLIC. VOLUNTEERS PROVIDED 8500 HOURS OF SERVICE.
	FOR MEMBERS AND THE FUBLIC. VOLUNTEERS FROVIDED 6500 HOURS OF SERVICE.
10	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 14,891.)
4c	(Code:) (Expenses \$
	CHAPEL OF EASE CEMETERY MAUSOLEUM, AS WELL AS CONDUCTED VARIOUS CLASSES
	ON GENEALOGY AND LOCAL HISTORY. HISTORICAL BIKE TOURS WERE CONDUCTED
	AND A PARTNERSHIP DEVELOPED WITH THE UNIVERSITY OF SOUTH CAROLINA
	BEAUFORT. COLLABORATED WITH LOCAL AUTHORS PROVIDING AUTHOR'S TALKS,
	PANEL DISCUSSIONS AND HISTORY WORKSHOPS. PARTNERED WITH OTHER HISTORY
	ORGANIZATIONS TO PRESENT PROGRAMS AND EVENTS IN SUPPORT OF OUR MISSION.
	SUPPORTED LOCAL SCHOOLS AND TEACHERS BY PROVIDING PROGRAMMING FOR
	CLASSROOMS AND TEACHER TRAINING.
	CHADDLOOMD AND LEACHER INATINING.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program convice expanses 115 142.

58-2332014

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	77
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				,,
	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			,,
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<sub>V</sub>
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<sub>v</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>V</sub>
00	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<sub>v</sub>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022) THE HERITAGE LIBRARY FOUNDATION INC.

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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 of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Α_
33		22		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
D	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?	000		
-5	If "Yes." complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	000	· ·

(2022) THE HERITAGE LIBRARY FOUNDATION INC.

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

				Yes	No					
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a	0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		77					
3a			3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov		4-		X					
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a							
D	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 (FE									
50			5a		х					
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Г	5c							
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
ou	any contributions that were not tax deductible as charitable contributions?									
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		6a		X					
~	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	ed to the payor?	7a		х					
b			7b							
С										
	to file Form 8282?									
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	Ī								
е										
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	${f g}$ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F	orm 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?		8							
9	9 Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
40-	amounts due or received from them.)  11b		10-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	ŀ	12a							
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
u	Note: See the instructions for additional information the organization must report on Schedule O.		Ioa							
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
_	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand 13c									
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	Г	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
excess parachute payment(s) during the year?										
If "Yes," see the 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.	ſ								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	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 on line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3	X	Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	X						
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		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1					
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a	X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		v						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40	v						
12a	, , , , , , , , , , , , , , , , , , , ,	12a	Х	Х					
b	, , , , , , , , , , , , , , , , , , , ,	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		х					
40	on Schedule O how this was done	12c		X					
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14							
15	Did the process for determining compensation of the following persons include a review and approval by independent								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	150	Х						
	Other officers or key employees of the organization	15a 15b	42	Х					
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
104	taxable entity during the year?	16a		х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104							
b	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							
17	List the states with which a copy of this Form 990 is required to be filed SC								
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	onlv) :	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.	y) (							
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	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								
	P.O. BOX 5950 HILTON HEAD ISLAND SC 29938-5950								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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.

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

(A)	(B)	l	IIIZa		C)	ірсі	isatt	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than o	one	Reportable	Reportable	Estimated
	hours per week	box	, unle	ss per	rson i	s both	n an	compensation from	compensation	amount of other
	(list any	tor						the	from related organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			oensai		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	l mos		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BARBARA CATENACI	40.00									
EXECUTIVE DIRECTOR		X						49,576.	0.	0.
(2) BARRETT RIORDAN	3.00									
BOARD MEMBER		Х						0.	0.	0.
(3) IVA WELTON	5.00									
BOARD MEMBER		X						0.	0.	0.
(4) ERIC WASHINGTON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) HERBERT FORD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CLAUDIA KENNEDY	2.00									
BOARD MEMBER		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.
(12) PETER COOPER	10.00									
TREASURER				Х				0.	0.	0.
(13) EZRA CALLAHAN	15.00									
PRESIDENT				Х				0.	0.	0.
(14) SARAH O'LEARY TAKACS	10.00									
VICE PRESIDENT				Х				0.	0.	0.
(15) LUANA GRAVES SELLARS	2.00	-		_				_		_
SECRETARY		-	_	X				0.	0.	0.
(16) LAURETTE DOSCHER BENFANTE	2.00							_		_
BOARD MEMBER		Х	_			_		0.	0.	0.
		-								
										000

232007 12-13-22 Form **990** (2022)

Section A. Officers, Directors, Trust	tees, Key Emp	<u> JIOY</u>	ees,	and	Hiç	gnes	t C	ompensated Employee	s (continued)				
(A)	(B) Average	(C) Position						(D)	(E)		Га	(F)	٨
Name and title	hours per		not cl	heck r	more	than o s both		Reportable compensation	Reportable compensation			timate nount (	
	week		cer an	d a di	irecto	or/trus	tee)	from	from related			other	
	(list any hours for	individual trustee or director				D.		the organization	organization (W-2/1099-MIS			pensation the	
	related	stee or	rustee			ensate		(W-2/1099-MISC/	1099-NEC)		org	anizati	on
	organizations below	nal trus	ional t		ployee	t comp		1099-NEC)		and related organizations			
	line)	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ııızalı	3115
		-											
		_											
		-											
								40 576		_			
1b Subtotal c Total from continuation sheets to Part VII	Continu A							49,576.		0.			0.
d Total (add lines 1b and 1c)								49,576.		0.			0.
2 Total number of individuals (including but no									000 of reportable	<del></del>			
compensation from the organization												<b>V</b> 1	0
3 Did the organization list any <b>former</b> officer,	director trust	مم اد	'AV 6	mnl	OVA	a or	hia	hest compensated amp	ovee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for si	•		•		•		•	•	•	ı	3		Х
4 For any individual listed on line 1a, is the su										···· ]			
and related organizations greater than \$150			•								4		X
5 Did any person listed on line 1a receive or a											5		Х
rendered to the organization?  f "Yes." com Section B. Independent Contractors	<u>pietė Scheaule</u>	<u> </u>	or su	ich <u>t</u>	pers	on .					<u> </u>		21
Complete this table for your five highest con     the experiencies. Deposit componential for the										pensat	ion fro	om	
the organization. Report compensation for t		<u>ar e</u>	riair	ig w	itri C	or wi	<u>triiri</u>	(B)			(0	<del></del>	
Name and business	address	NC	ONE	<u> </u>			_	Description of s	ervices	C	ompe	nsation	1 
							$\dashv$						
2 Total number of independent contractors (in	ncluding but no	ot lir	nited	to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					C			,					

58-2332014

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		oncok ii concadie o containe a response e	Those to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
40.10	4 -	Follow to the conversion of					300010113 0 12 0 14
nts		Federated campaigns 1a	12 075				
Gra		Membership dues 1b	13,875.				
s, ( An		Fundraising events 1c	55,438.				
a git	d	Related organizations 1d					
imi	е	Government grants (contributions) 1e	160,571.				
ior	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	81,652.				
d dr	g	Noncash contributions included in lines 1a-1f 1g \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		311,536.			
			Business Code				
o o	2 a	EDUCATIONAL PROGRAMS	611710	14,891.	14,891.		
, ki	b	PUBLISHING REVENUE	513130	379.	379.		
Ser	С	T TDD ADAL GEDITTOEG	519200	65.	65.		
E S	d						
gra Re	•						
Program Service Revenue	f	All other program service revenue					
-		Total. Add lines 2a-2f		15,335.			
	3	Investment income (including dividends, interes					
		other similar amounts)	I	-8,348.	-8,348.		
	4	Income from investment of tax-exempt bond pr		.,	. ,		
	5	Royalties		418.	418.		
	Ū	(i) Real	(ii) Personal				
	6 3		(.,,				
		Rental income or (loss) 6c					
		Net rental income or (loss)  Gross amount from sales of  (i) Securities	(ii) Other				
	<i>i</i> a	(7	(ii) Other				
		assets other than inventory 7a					
4	D	Less: cost or other basis					
n l		and sales expenses 7b					
Revenue		Gain or (loss) 7c					
		Net gain or (loss)					
ther	8 a	Gross income from fundraising events (not					
ŏ		including \$ 55,438. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
		Less: direct expenses 8b	0.	^			
		Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
<u>s</u>		,	Business Code				
eou	11 a						
Miscellaneous Revenue	b						
Sce.	C						
Ξ̈́		All other revenue					
	12	Total. Add lines 11a-11d		318 941.	7 405.	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 (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 49,576. 49,576. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 89,354. 89,354 Advertising and promotion 12 5,557. 5,557. Office expenses 13 2,039. 2,039. Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 6,323. 6,323. Conferences, conventions, and meetings 19 9,309. 9,309. 20 Payments to affiliates 21 4,819. 4,819. Depreciation, depletion, and amortization ..... 22 2,795. 2,795. 23 Other expenses. Itemize expenses not covered 24 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.) 60,185. 60,185. HISTORIC PRESERVATION 45,413.EDUCATIONAL PROGRAM EXP 45,413. 9,544. 9,544. ONLINE RESEARCH SUBSCRI 3,055. 3,055. d BANK & PROCESSING FEES e All other expenses 287,969. 115,142. 83,473. 89,354. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet						
		Check if Schedule O contains a response or n	ote to any	line in this Part X				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing			268,062.	1	305,849.	
	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						
		trustee, key employee, creator or founder, sub						
		controlled entity or family member of any of th	ese persor	ns		5		
	6	Loans and other receivables from other disqua						
			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					
Ø	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use			4,843.	8	4,843.	
As	9	B				9		
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	. 10a	163,657. 126,760.				
	b	Less: accumulated depreciation		126,760.	36,011.	10c	36,897.	
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line		590.	12			
	13	Investments - program-related. See Part IV, lin	52,223.	13	44,115.			
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	190,662.	15	190,662.			
	16	Total assets. Add lines 1 through 15 (must ed	qual line 33	)	552,691.	16	582,666.	
	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. Complet	e Part IV of	f Schedule D		21		
S	22	Loans and other payables to any current or fo						
Liabilities		trustee, key employee, creator or founder, sub						
iabi		controlled entity or family member of any of the	ese persor	ns		22		
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	101 001	23	100	
	24	Unsecured notes and loans payable to unrelate			131,326.	24	130,705.	
	25	Other liabilities (including federal income tax, p						
		parties, and other liabilities not included on lin	es 17-24). (	Complete Part X	E 0.4		•	
		of Schedule D			784.	25	0.	
	26	Total liabilities. Add lines 17 through 25		77	132,110.	26	130,705.	
G		Organizations that follow FASB ASC 958, cl	neck here	X				
ဥ		and complete lines 27, 28, 32, and 33.			244 501		247 121	
ala	27				344,581. 76,000.	27	347,121.	
Ä	28				76,000.	28	104,840.	
ڃ		Organizations that do not follow FASB ASC	958, cnec	K nere				
<u>р</u>		and complete lines 29 through 33.						
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29		
SSE	30	Paid-in or capital surplus, or land, building, or				30		
χĄ	31	Retained earnings, endowment, accumulated			420,581.	31	151 061	
ž	32					32	451,961. 582,666	
	33	Total liabilities and net assets/fund balances			552,691.	33	582,666.	

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>41.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>28'</u>	7,9	69.		
3	Revenue less expenses. Subtract line 2 from line 1	3		3	o, 9	72.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		42	0,5	81.		
5	Net unrealized gains (losses) on investments	5						
6								
7	Investment expenses	7						
8	Prior period adjustments	8			4	08.		
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))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
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							
	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?		I .	2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE HERTTAGE LIBRARY FOUNDATION INC.

Employer identification number

	THE	HERITAGE L	IBRARY FOUNDA	MOITA	INC.		5	8-2332014			
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.				
The organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)						
1	A church, convention of ch					I)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4 🔲	A medical research organiz						(iii). Enter	the hospital's name,			
	city, and state:										
5	An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in			
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Part	t II.)							
9 🗌	An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a	land-grant	college			
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or			
	university:										
10 X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	p fees, and	d gross receipts from			
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment			
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.			
	See section 509(a)(2). (Con	mplete Part III.)									
11 🔲	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).					
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	ry out the	purposes of one or			
	more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> :	509(a)(2).	See section 5	i09(a)(3). (	Check the box on			
	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.				
а	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), ty	pically by	giving			
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	upporting			
	organization. You must o	complete Part IV, Se	ections A and B.								
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	ı(s), by hav	ving			
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	je the supp	ported			
	organization(s). You mus	t complete Part IV,	Sections A and C.								
с	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	y integrate	ed with,			
	its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.					
d		<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)			
	that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution red	quirement and	an attentiv	/eness			
	requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.					
e	Check this box if the orga					Type I, Type I	I, Type III				
	functionally integrated, or		nally integrated supporting	ng organiz	ation.						
	er the number of supported o	•									
	vide the following information  (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetany	(vi) Amount of other			
	organization	(11) E114	(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)			
			above (see instructions))	Yes	No						
 Total											
ıvıai						l		I			

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization'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						
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the					01(c)(3)	
	organization, check this box and stor	-					
Sec	tion C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1		
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 1 <mark>7</mark> b	o, check this box a	nd see instructions	

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

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

Sec	ction A. Public Support	elow, please comp	iete Part II.)				_	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	357,464.	269,163.	302,029.	•	• •	1540252.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	32,252.	37,088.	21,296.	16,291.		122,679.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5	389,716.	306,251.	323,325.	316,351.	327,288.	1662931.	
	Amounts included on lines 1, 2, and 3 received from disqualified persons	209,238.	47,929.	112,353.	68,889.	154,508.	592,917.	
t	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						0.	
c	: Add lines 7a and 7b	209,238.	47,929.	112,353.	68,889.	154,508.	592,917.	
8	Public support. (Subtract line 7c from line 6.)						1070014.	
	ction B. Total Support	г						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 323, 325.	(d) 2021	(e) 2022 327, 288.	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	389,716. 458.	306,251. 954.	1,020.	316,351. 2,934.		-3,071.	
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	4300	224.	1,020.	2,334.	0,1370	3,071.	
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	458.	954.	1,020.	2,934.	-8,437.	-3,071.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	390,174.	307,205.	324,345.	319,285.	318,851.	1659860.	
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,	
<u> </u>		- O D						
	ction C. Computation of Publi			. (5)			61 16 0	
	Public support percentage for 2022 (li					16	64.46 % 69.26 %	
	Public support percentage from 2021 ction D. Computation of Inves					16	69.26 <u>%</u>	
	Investment income percentage for 20			ne 13 column (f))		17	.00 %	
	Investment income percentage from 2					18	.00 %	
	33 1/3% support tests - 2022. If the						, -	
	more than 33 1/3%, check this box are 33 1/3% support tests - 2021. If the	nd <b>stop here.</b> The	organization qualif	ïes as a publicly s	upported organizat	tion	X	
20	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 box 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 line 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		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	art IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's			
	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 supervised and activities described by the province of the controlled the organization of the organization of the controlled the organization of the			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amous upported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1g trie <b>1</b>		
	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		
Sect	ction 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		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			
	out. 217 iii 1970 iii cupporung organizatione		Yes	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		162	NO
1				
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	, , , , , , , , , , , , , , , , , , , ,			
	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		
	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			
Sact	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations	3		
1		structions).		
a				
b				
С	3 Jessino III a non you supported a governmental of	ntity (see instruction		
2			Yes	No
	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	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	ınization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

## Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
	209,238.	47,929.	112,353.	68,889.	154,508
otal to Schedule A, art III, Line 7a	209,238.	47,929.	112,353.	68,889.	154,508

#### Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

THE HERITAGE LIBRARY FOUNDATION INC.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

58-2332014

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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), 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), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## THE HERITAGE LIBRARY FOUNDATION INC.

58-2332014

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOWN OF HILTON HEAD ACCOM TAX  ONE TOWN CENTER  HILTON HEAD ISLAND, SC 29928	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PEEPLES FOUNDATION  P.O. BOX 5950  HILTON HEAD ISLAND, SC 29938	\$64,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOSE M GARCIA FOUNDATION  707 EAGLE ROCK AVENUE  WEST ORANGE, NJ 07052	\$15,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## THE HERITAGE LIBRARY FOUNDATION INC.

58-2332014

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number

	ERITAGE LIBRARY FOUNDAT	ION INC.			58-2332014		
art III	Exclusively religious, charitable, etc., contribut	ions to organizations descri					
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	through (e) and the following the contributions of	ng line entry. For o	organizations	nce ) \$		
	Use duplicate copies of Part III if additional	space is needed.	1,000 OI IESS for t	ne year. (⊏nter this into. 0	nce.j -		
a) No.							
a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held		
Part I							
		(e) Transf	for of aift	1			
		(e) Irans	er or girt				
_	Transferee's name, address, a	and ZIP + 4	F	Relationship of tra	nsferor to transferee		
	-						
a) No							
n) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desc	cription of how gift is held		
Part I	(1,7 - 1   1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	( , ,		( , , - , - , - , - , - , - , - , - , -			
H		() =					
		(e) Trans	er of gift				
L	Transferee's name, address, a	F	Relationship of tra	nsferor to transferee			
	-						
a) No		<u> </u>		ı			
n) No. from	(b) Purpose of gift	(c) Use of	aift	(d) Desc	cription of how gift is held		
Part I	(=): == [	(-, ,		(-,			
-		(-) T					
	(e) Transfer of gift						
L	Transferee's name, address, a	and ZIP + 4	F	Relationship of tra	nsferor to transferee		
		_					
N N I s				1			
a) No. from Part I	(h) Purpose of gift	(c) Use of	nift	(d) Door	rintion of how gift is hold		
Part I	(b) Purpose of gift	(c) Use of (	اراد 	(u) Desc	cription of how gift is held		
			_				
—							
-							
		(e) Trans	er of gift				
	Transferee's name, address, a	and ZIP + 4	F	Relationship of tra	nsferor to transferee		
F	,		-				
			<del></del>				
1							

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE HERITAGE LIBRARY FOUNDATION INC.

**Employer identification number** 58-2332014

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
	5	(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 wi	riting that the assets held in donor ac	dvised funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes X No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can	be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	
	impermissible private benefit?		Yes X No
Pai	t II Conservation Easements. Complete if the organic	ınization answered "Yes" on Form 99	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservatio	n of a historically important land area
	Protection of natural habitat	Preservatio	n of 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 fo	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic structure of the conservation easements on a certified historic structure.		2c
d	Number of conservation easements included in (c) acquired aff		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by	the organization during the tax
4	year	ment is leasted	
4 5	Number of states where property subject to conservation ease Does the organization have a written policy regarding the period		of .
3	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ū	cialitatia voluntees means devoted to monitoring, inspecting, in	arialing of violations, and officioning c	oriservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conse	ervation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 1	70(h)(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 footno	te to the organization's financial stat	ements that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue stateme	nt and balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research i	n furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these i	tems.
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in f	urtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			·
2	If the organization received or held works of art, historical treas		ncial gain, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,550.		10,550.
<b>b</b> Buildings				
c Leasehold improvements		23,116.	5,394.	17,722.
d Equipment		129,991.	121,366.	8,625.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	36,897.			

Schedule D (Form 990) 2022

Part VII Investments - Other	r Securities.			. ago
Complete if the organization	tion answered "Yes" o	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (in	cluding name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
Total. (Col. (b) must equal Form 990, Part	X col (B) line 12 )			
Part VIII Investments - Prog	ram Related.			
		n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of inves	tment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) ENDOWMENT FUND	SECURITIES	44,115.	END-OF-YEAR MARKET	' VALUE
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		44 115		
Total. (Col. (b) must equal Form 990, Part Part IX Other Assets.	X, col. (B) line 13.)	44,115.		
	tion answered "Ves" c	on Form 990 Part IV line 1	1d. See Form 990, Part X, line 15.	
- Complete ii tile organizal		Description	rd. See Form 990, Fart X, line 13.	(b) Book value
(1) SECURITY DEPOSI		2000 I ptior I		2,581.
(2) LIBRARY COLLECT				188,081.
(3)				100,0021
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 99	00, Part X, col. (B) line	15.)		190,662.
Part X Other Liabilities.				
		n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	_
<u></u>	tion of liability			(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(9)				
Total. (Column (b) must equal Form 99	On Part Y col (P) line	25.)		
			the organization's financial statements	that reports the
	· ·		re if the text of the footnote has been pr	· —

Schedule D (Form 990) 2022

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number THE HERITAGE LIBRARY FOUNDATION INC. 58-2332014 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

THE HERITAGE LIBRARY FOUNDATION INC. 58-2332014 Page 2 Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL BIRDIES & (add col. (a) through APPEAL CHAMPIONS FO col. (c)) (event type) (event type) (total number) 46,013. 6,900. 2,525. 55,438. 1 Gross receipts 6,900. 2,525. 46,013. 55,438. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**b** If "Yes," explain:

Sch	edule G (Form 990) 2022 THE HERITAGE LIBRARY FOUNDATION INC. 58-2	332014	Page 3				
11	Does the organization conduct gaming activities with nonmembers?	Yes	No				
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed						
	to administer charitable gaming?	Yes	☐ No				
13	Indicate the percentage of gaming activity conducted in:						
а	The organization's facility	13a	%				
	An outside facility	13b	%				
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name						
	Address						
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No				
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount						
	of gaming revenue retained by the third party \$						
С	s If "Yes," enter name and address of the third party:						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation \$						
	Description of services provided						
	Director/officer Employee Independent contractor						
	Mandatory distributions:						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?	Yes	∟ No				
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the						
Pa	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III. linaa O	0h 10h				
ıa	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9,	96, 106,				
	, , , , , , , , , , , , , , , , , , , ,						

Schedule G	(Form 990)	THE	HERITAGE	LIBRARY	FOUNDATION	INC.	58-2332014	Page 4
Part IV	(Form 990) Supplemental Inform	mation	(continued)					
-								

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE HERITAGE LIBRARY FOUNDATION INC.

**Employer identification number** 58-2332014

FORM 990, PART VI, SECTION A, LINE 3:
THE BOARD OF DIRECTORS HAS DELEGATED THE DUTIES OF MANAGMENT OF THE
HERITAGE LIBRARY FOUNDATION TO EXECUTIVE DIRECTOR BARBARA CATENACI AS AN
INDEPENDANT CONTRACTOR.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERS OF THE ORGANIZATION
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY IN WHICH
OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE INTERESTS THAT GIVE RISE TO
CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS INTERVIEWED, REVIEWED AND APPROVED THE COMPENSATION
FOR THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19:
FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST
TOTAL JOST IN THE PORT TO DELIC TRADE DOTTON OF ON ADMONDS

# 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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

► Do not send to the IRS. Keep for your records.

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

EIN or SSN

DATION INC

18x

THE HERITAGE LIBRARY FOUNDATION INC	58-2332014								
Name and title of officer or person subject to tax									
PETER COOPER, TREASURER   Part     Type of Return and Return Information									
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.									
1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line	a 12) 1b 319,300								
2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9)									
3a Form 1120-POL check here . ▶ ☐ b Total tax (Form 1120-POL, line 22)									
4a Form 990-PF check here ▶ ☐ b Tax based on investment income (Form 990-PF, Part V,	line 5) • • • • 4b								
5a Form 8868 check here ▶ □ b Balance due (Form 8868, line 3c)	5b								
6a Form 990-T check here >	6b								
7a Form 4720 check here ▶ ☐ b Total tax (Form 4720, Part III, line 1)									
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)									
9a Form 5330 check here ▶ ☐ b Tax due (Form 5330, Part II, line 19)	9b								
10a Form 8038-CP check here . ▶ ☐ b Amount of credit payment requested (Form 8038-CP, P									
Part     Declaration and Signature Authorization of Officer or Person Subject									
	subject to tax with respect to (name								
of entity), (EIN)									
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 eleum, 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									
k lauthorize Jennifer R Hall CPA LLC to enter my PIN	08790 as my signature								
ERO firm name	Enter five numbers, but do not enter all zeros								
on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.									
Signature of officer or person subject to tax > Peter & Cooper	Date: 00 30 0000								
Part III Certification and Authentication	Date ➤ 08-30-2022								
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	·								
number (EFIN) followed by your five-digit self-selected PIN. 579710 86753									
Don't enter all zeros									
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 <b>Pub. 4163</b> , 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									

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

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

Internal Revenue Service Go to www.irs.gov/Form990 for Instructions and the latest information. Inspection												
A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20												
B (	Check it s	applicable: C Name of organizationTHE HERITAGE LIBRARY FOUNDATION 3							D Employer identification number			
			7100 M 20 180 0001	744444		111111111111	_			58-2332014		
	Vame chi	ess change Doing business as  Phange Number and street (or P.O. box if mail is not delivered to street address) Room/suite							F 71-1			
F				O. DOX IT MILLI IS NOT DELIVE	sted to street address)		Room/suit		E leteb	none number		
$\overline{\Box}$	nitial retu		PO BOX 5950		92-2-					(843) 686-6560		
$\overline{\Box}$		m/lerminated	50 59 10	ovince, country, and ZiP or	075 (6				G Gros	s receipts		
님 '	bebnem	ungen	HILTON HEAD I	SLAND, SC 299	38-5950				<u>s</u>	319,300		
U /	Application pending F Name and address of principal officer: H(a) is tris									lor subordinates? Yes X No		
										es included?    Yes    No		
1 1	ax-exem	pt status: X 501	(c)(3) 501(c) (	) ◀ (Insert no.)	4947(a)(1) or	527		# "No,"	attach a lis	t. See instructions		
J Websits: ► WWW.HERITAGELIB.ORG H(c) Group exemption number												
K Form of organization: K Corporation Trust Association Other L Year of formation: 1997 M State of legal domicile: SC												
Part I Summary												
	1	Briefly describe the organization's mission or most significant activities: OPERATE A HISTORY AND GENEALOGY RESEARCH										
0		LIBRARY										
5												
Ë										141		
Governance	2	Check this box ▶	▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.									
Ğ	3		members of the gover	The second second					1 1	15_		
eğ ex	4	and the second s	endent voting member	and the second second second second	COLO COMO CONTRACTOR C							
Activities	5	13 At 1 15 C 10	ndividuals employed in							15		
2				AT .	(rait v, illo za)				6	0		
Ac	6		volunteers (estimate if r							100		
			usiness revenue from F						· 7a	0		
	D	Net unrelated but	siness taxable income	from Form 990-1, Pa	art I, line 11		1			0		
		-					-	Prior Year		Current Year		
m	8	Contributions and grants (Part VIII, line 1h)							,029	300,060		
ž	9		revenue (Part VIII, line 2g)						.,238	16,261		
Revenue	10	Investment incom	ne (Part VIII, column (A	٠	1	,020	2,934					
2	11	Other revenue (P	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							45		
	12	Total revenue - ac	dd lines 8 through 11 (r	,340	319,300							
	13	Grants and simila	ar amounts paid (Part I	X, column (A), lines	1-3)					0		
	14	Benefits paid to o	or for members (Part IX, column (A), line 4)									
-	15	Salaries, other co	PLOT FOR THE DATE OF THE PROPERTY OF THE PROPE							45,000		
9	16a		mpensation, employee benefits (Part IX, column (A), lines 5-10)							0		
Expenses			p expenses (Part IX, column (D), line 25) 124, 331									
×			(Part IX, column (A), lir	, 600	259,502							
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							,600	304,502		
	19								,740			
- 5		Revenue less expenses. Subtract line 18 from line 12								14,798		
Not Assets or Fund Balances	20	Total assets (Par	t V line 16\				pagini	ning of Curre		End of Year		
8 G 6 W	20						` <del> </del>		,672	552,691		
Apr	21	Total liabilities (Pa					` <u> </u>		,891	132,110		
		Signature I	nd balances. Subtract I	ine 21 from line 20	******		•	405	,781	420,581		
Pai	_											
			that I have examined this retu tion of preparer (other than of					viedge and b	elief, it is			
				Pata	Q Por	1-4		***		9/1/2022		
Clas		PETER C		por	01 00-070					1/1/2022		
Sigi	- 4	Signature of officer								8		
Her	В ,	PETER C	COOPER, TREASUR	LER								
		Type or print n	name and title									
		Print/Type preparer	's nam <del>a</del>	Preparer's signature	\	Date		Check		PTIN		
Paid		Jennifer I	R Hall	Januar &	thu	08-31-202	22_	self-em	ployed	P00647809		
Pre	oarer			RHall EPA	LLC			m's EiN ▶				
	Only			Summit Dr S				опа ло.				
				SC 29910	mini anala		. "		843-	315-3575		
May t	he IRS	discuss this retur	rn with the preparer she		ructions					AMERICA CONTRACTOR OF THE PROPERTY OF THE PROP		
			proposition						100			

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury mal Revenue Service

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

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

**Open to Public** Inspection

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20												
									Employer Identification number 58-2332014			
$\overline{}$	Address o	-										
$\overline{}$	łame chi	100-100 (100-100-00 100-000 100-0000 100-00000 100-000000 100-000000 100-000000 100-000000 100-000000 100-000000 100-000000 100-0000000 100-0000000 100-0000000 100-0000000 100-0000000 100-0000000 100-00000000										
7	nitial retu	50.000		686-6560								
Цr	Inal retu	turn/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts										
∐ /	\mended	ended return HILTON HEAD ISLAND, SC 29938-5950 \$ 319,3										
$\sqcup$ $\iota$	Application pending F Name and address of principal officer: H(a) is this a group return for subordinates? Yes											
	H(b) Are all subordinates Included? Yes No											
1_1	Tax-exempt status: X 501(c)(3)											
J	Website: ▶ WWW.HERITAGELIB.ORG H(c) Group examption number ▶											
K F	C Form of organization: X Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation: 1997 M State of legal domicile: SC											
Part I Summary												
1 Briefly describe the organization's mission or most significant activities: OPERATE A HISTORY AND GENEALOGY RESEARCH												
m		LIBRARY										
<b>Governance</b>		41200412		-99								
E		*			×	- 0						
Ze Ze	2	Check this hov	if the organization	discontinued its one	rations or disposed o	f more than 2	5% of its	net assets.				
යි	3		members of the gover		COLUMN TO A COLUMN				3	15		
•ĕ	1000		endent voting members						4	15_		
Activities &	4		177					-	5			
Ž	5		ndividuals employed in						6	0		
Aci	6		volunteers (estimate if n							100		
	7a		usiness revenue from F					_	7a	0_		
	Ь	Net unrelated bus	siness taxable income i	from Form 990-T, Pa	rt I, line 11				7b	00		
								Prior Year		urrent Year		
	8	Contributions and	d grants (Part VIII, line	1h)			•	302,0	29	300,060		
NE	9	Program service	rice revenue (Part VIII, line 2g)							16,261		
Revenue	10	Investment incom	come (Part VIII, column (A), lines 3, 4, and 7d)									
E e	11	Other revenue (P	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									
	12	Total revenue - ac	add lines 8 through 11 (must equal Part VIII, column (A), line 12) 324, 340 319, 300									
	13	Grants and simila	d similar amounts paid (Part IX, column (A), lines 1-3)									
	14		or for members (Part IX, column (A), line 4)									
	15		compensation, employee benefits (Part IX, column (A), lines 5-10)									
es Se			ndraising fees (Part IX, column (A), line 11e)									
e			expenses (Part IX, colu			124,331	A STATE OF THE PARTY OF THE PAR		hand fellings			
Expenses	17		(Part IX, column (A), lin	197 6	7,600 259,50							
ш	18	CONTRACTOR OF THE PROPERTY OF	Add lines 13-17 (must	:	232,600		304,502					
	19		penses. Subtract line 1		91,740		14,798_					
. 41		LIBABIIDB 1892 GY	Jenses, Subtractinia i	ning of Current Y								
Net Assets or Fund Balances		Total access (Dec	V Une del				Begini			JOHNSON MINISTER		
9 8	20	Total assets (Par	WILLIAM CONTROL DUCKEN				·	537,6		552,691		
¥ P	21	Total liabilities (Pa	36 - 27 - 27 - 27 - 27 - 27 - 27 - 27 - 2		* * * * * * * * * * *		•	131,8		132,110		
			d balances. Subtract l	ine 21 from line 20			• [	405,7	81	420,581		
Pal		Signature I						dedes and ballet	In the			
Unde true.	r panaltii comect, s	es of perjury, i deciare t und complete. Deciarat	that I have examined this retu tion of preparer (other than off	m, including accompanyin ficer) is based on all inform	g schedules and statemen ration of which preparer ha	is, and to the bes a any knowledge	t of my know	vieoge and belief,	It is	,		
		Tests		Pata	DP-na				9/	1/2027		
Clar	_	PETER COOPER BOOK CO-OPLE								12.57		
Sign Signature of officer Date												
Here PETER COOPER, TREASURER												
Type or print name and title												
		Print/Type preparer	's name	Preparer's signature	. 1	Date		Check _	if PTIN			
Paid		Jennifer H	R Hall Showler Ctru 08-31-2022				22	self-employed P006		47809		
	oarer		Jennifer	RHALL EPA I	LC	per united	Fin	m'a EIN 🕨	N >			
Use	Only	Firm's address	25 Clark	Summit Dr St	e 103		Ph	one no.				
				SC 29910				84	843-815-3575			
May t	he IRS	discuss this retur	rn with the preparer sho		ructions					Yes No		
					5000	A STATE OF THE STA		**				

	m 990 (2021) THE HERITAGE LIBRARY FOUNDATION INC	58-2332014 Page 2
Pε	artilli Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:  OPERATE A HISTORY AND GENEALOGY RESEARCH LIBRARY	
	OPERATE A HISTORY AND GENEALOGY RESEARCH LIBRARY	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	····∐ Yes K No
2	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ va= □ Na
	If "Yes," describe these changes on Schedule Q.	Tes Kino
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	ed by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(6) organization 501(c)	
	the total expenses, and revenue, if any, for each program service reported.	
8		
4a	/ / / / / / / / / / / / / / / / / / / /	* *
	MAINTAIN TWO HISTORICAL SITES: (1) FT. MITCHEL, A CIVIL WAR COASTAL DEFENS	
	CHAPEL OF EASE CEMETERY MAUSOLEUM. OVER 5500 PEOPLE VISITED THE SITES, BOT	
	ON THE NATIONAL REGISTER OF HISTORIC PLACES IN 2017.	
		<del>( - v - i.,) -</del> (
4b	(Code: ) (Expenses \$ 51,229 including grants of \$ ) (Revenue	9 \$ 300,060)
	MAINTAIN BOOKS, DOCUMENTS, AND DIGITAL COLLECTIONS AND PROVIDE ONLINE ACCE	
	PUBLIC RESEARCH. SERVED 5800 RESEARCH PATRONS, PUBLISHED QUARTERLY NEWSLET	
	HISTORICAL PAPERS FOR MEMBERS AND THE PUBLIC. VOLUNTEERS PROVIDED 8500 HOU	RS OF SERVICE.
	The state of the s	
	5.5110.5	
		W-1-1-1
		<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	
	EDUCATIONAL PROGRAM EXPENSE: CONDUCTED TOURS OF FT. MITCHEL AND ZION CHAPE	
	MAUSOLEUM AS WELL AS CONDUCTED VARIOUS CLASSES ON GENEALOGY AND LOCAL HISTORY	
	THREE DAY CHRISTMAS PROGRAM, INCLUDING A TOUR OF ZION CEMETERY, HOSTED A H. "GHOSTS AND MYTHS" AND A CHRISTMAS PROGRAM CALLED "COLONIAL CHRISTMAS" AT	
	HISTORICAL BIKE TOURS WERE CONDUCTED AND A PARTNERSHIP WAS DEVELOPED WITH	
	CAROLINA BEAUFORT.	
1d	Other program services (Describe on Schedule O.)	
154	(Expenses \$ including grants of \$ ) (Revenue \$	ì
le	Total program service expenses > 108,125	
EA		Form 990 (2021)

Form 990 (2021) THE HERITAGE LIBRARY FOUNDATION INC 58-2332014 Part IV Checklist of Regulred Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? # "Yes," 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III X 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? # 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 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," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 116 X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c . . . . . . . . . . . . . . . . . . . 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110 X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete ж 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X

Х

20a

21

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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

			Yes	Na
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			
00		22	50% W	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		1	
	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			20,000
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
ď	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
ь	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?	.00.0000000		
	If "Yes," complete Schedule L, Part i	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		500	
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	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
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		İ	
	"Yes," complete Schedule L, Part IV	28c	$\longrightarrow$	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	1		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	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	1		
	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	2000200		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	$\rightarrow$	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
	1 ( 5		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		70.1	
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable		611	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		3.1	
	reportable gaming (gambling) winnings to prize winners?	10	х	

Form 990 (2021) THE HERITAGE LIBRARY FOUNDATION INC Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent . . . . . . . . . . . . . . . . . 15 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? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . . . . . . . . . . . . x 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . . . . 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b x Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . . . . . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . X c Did the organization regularly and consistently monitor and enforce compliance with the policy? # "Yes," 12c X 13 Did the organization have a written whistleblower policy? 13 х 14 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? a The organization's CEO, Executive Director, or top management official ............ 15a Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a

#### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed South Carolina
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

organization's exempt status with respect to such arrangements?

Own website Another's website X Upon request Other (explain on Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

PETER COOPER (843) 686-6560, PO BOX 5950, HILTON HEAD ISLAND, SC 29938-5950

Form 990 (202				FOUNDATION							-233			Page	
Part VII	Compensation	of Officers	, Director	s, Trustees,	Key Empl	oyees,	High	est (	Comp	ens	ated	Emp	loye	es, ar	)(
	Independent C	ontractors			0.00	550 05							1000		
	Check if Schedule O	contains a resp	onse or note	to any line in this	Part VII										1

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

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

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

Check this box if neither the organization nor a		n com	pens	ated	d and	v curre	nt of	fficer, director, or tr	ustee.	
The state of the s	A Particular of the Control of the C		1-21-0	170.00	(C)					
(A) Name and title	(B) Average hours per week	Position (do not check more than o box, unless person is both officer and a director/fust						(D) Reportable compensation from the	(E) Reportable compensation from related organizations W-2/	(F) Estimated amount of other compensation from the
	(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/ 1099-NEC)	1099-MISC/ 1099-NEC	organization and related organizations
(1) BARBARA CATENACI	40.00								_	
EXECUTIVE DIRECTOR	2.00	Х		-				45,000	0	0
(2) BARRETT RIORDAN BOARD MEMBER	3.00	x		İ				0	o	0
(3) IVA WELTON	5,00	_^_	$\dashv$	$\dashv$	_			<u> </u>		0
BOARD MEMBER		х		_				0	0	0
(4) ERIC WASHINGTON	2.00									
BOARD MEMBER		х						0_	0	0
(5) HERBERT FORD	1.00		Ì					12 1,059 50		
BOARD MEMBER		х						0	0	0_
(6) CLAUDIA KENNEDY	2_00			Ì						
HEAD LIBRARIAN		Х	_	_				0	0	0
(7) JAMES MACLEOD	1_00					ļ	- 1		V40.00	
BOARD MEMBER		Х	$\dashv$	-	-		-	0	0	00_
(8) NATHANIEL JONES	1_00							220	8	450
BOARD MEMBER		X	$\dashv$	-	$\dashv$	$\rightarrow$	$\dashv$	0	00_	0
(9) DODI ESCHENBACH	2.00		i	Į						-
BOARD MEMBER		Х	-		$\dashv$	_	$\dashv$	0	0	0
(10)GREG DELOACH	5.00	v			- 1				0	0
BOARD MEMBER	3.00	Х_	$\dashv$	$\dashv$	$\dashv$		$\dashv$	0	U	U
(11) JAMES ROBINSON BOARD MEMBER		x						0	0	0
(12)PETER_COOPER_	10.00	^	1	$\dashv$	$\dashv$		$\dashv$	0		
TREASURER				x				0	0	0
(13)EZRA CALLAHAN	15.00						$\dashv$	<u> </u>	<b>J</b>	U
PRESIDENT				x				0	0	0
(14)SARAH O'LEARY TAKACS	10.00				$\neg$	1	7			
VICE PRESIDENT				х				0	0	0
EGA										Form 990 (2021)

Las	Section A. Officers, Directors, Trustees	s, Key Empi	yees,	and	riig	nes	t Com	pen	sated Employees	(continuea)	
(A) Name and title		(B) Average hours per week	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee						(D)  Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
		(list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	uana graves sellars Retary	2.00			×				0	0	0
						-					
(17)_											
(18)_											
(19)_											
(20)_											
(21)_											
(22)_								i.			
(23)_								ĺ			
(24)_									inger con a See Afr		
(25)_			1000								
1b	Subtotal							•			7.
d	Total (add lines 1b and 1c)								45,000	0	0
2	Total number of individuals (including but not limite	- 0.	64 00	- 0	- 65						
	reportable compensation from the organization	<u> </u>									0
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule	I for such indi	ividual								Yes No
4	For any individual listed on line 1a, is the sum of re- organization and related organizations greater than \$	6150,000? <i>  </i> '	Yes,"	comp	olete	Scl	nedule				
5	individual	compensation	from	any t	ınrel	atec	l organ	izati			4 X
Sect	for services rendered to the organization? If "Yes," of ion B. Independent Contractors	complete Sch	eaule .	i ior	SUCI	n pe	rson				5   X
1	Complete this table for your five highest compensation	ted independ	ent coi	ntrac	tors	that	receiv	red r	nore than \$100,000	) of	
	compensation from the organization. Report compe										
	(A) Name and business addres	3							(B) Description of service	29	(C) Compensation
									e.		
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose	liste	d ab	ove) w	ho			
	was a second of the sec	wr graenas		100				_		1 manuary	

Form 990 (2021)
Part VIII THE HERITAGE LIBRARY FOUNDATION INC Statement of Revenue 58-2332014 Page 9 Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	Related or exampt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 18			March III	William Street	30000112 012
21 m	b	Membership dues 1b	14,965				
i, Grants mounts	С	Fundraising events 10	29,932				
S, G	d	Related organizations 10					
Contributions, Gifts, Grants and Other Similar Amounts	0	Government grants (contributions) 16	120,389				
	f	All other contributions, gifts, grants,					
		and similar amounts not included above 1f	134,774				
Ē	g						
E S	165	1 The state of the	\$				
	h	Total. Add lines 1a-1f		300,060			
Program Service Revenue	-		Business Code	P. LOUIS CO., LANSING, MICH.			
		PUBLISHING REVENUE		1,341	1,341		
P P		LIBRARY SERVICES	519100	517	517		
en S	120	EDUCATIONAL PROGRAMS	611710	14,403	14,403		
Rev	d		-				
2		All other program service revenue					
<u>n.</u>	10.000	Total. Add lines 2a-2f		16,261		PERSONAL PROPERTY.	7 1- 2 6 6 10 1
	1		CONTRACTOR AND CONTRACTOR	10,201			
	3	Investment income (including dividends, interest, other similar amounts)		2,934	2,934		
	4	Income from investment of tax-exempt bond proc		2,334	2,334		
	5	Royalties		45	45		
		(i) Real	(ii) Personal	AS		No the Severity II	EASTERNAL TO A STATE OF THE PARTY OF THE PAR
	6a	Gross rents 6a	pry r Greenar				
	5.5000000	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	>				
	7a	Gross amount from (i) Securities	(ii) Other		ADDRESS NOTES	A 18 18 18	
		sales of assets					
		other than inventory 7a					
	ь	Less: cost or other basis					
Revenue		and sales expenses 7b					
Š		Gain or (loss) 7c		nace value			ENERGIS DIRE
Be	d	Net gain or (loss)					
her	2004/17/2004	Gross income from fundraising					
Q E		events (not including \$ 29,932					
		of contributions reported on line					
		1c). See Part IV, line 18 8		An and Albanda			
		Less: direct expenses	-l			Stell Stell Steller	LUBANU AYAN
	100						75 mm 1737
		Gross income from gaming					
		activities, See Part IV, line 19 99					
			▶			HIPPOTON TO STATE OF THE STATE	
		, , , , , , , , , , , , , , , , , , , ,		4 1 3 4 1 1 1 4 5 4			STINITURE OF STREET
		Gross sales of inventory, less returns and allowances					
	l .	Less: cost of goods sold 10					
						F 320-200-100-100-100-100-100-100-100-100-1	
		יייי פוניייייייייייייייייייייייייייייייי	Business Code		Shawing and		
nous	11a						
	b						
Ven	c						
Miscellanous Revenue	3,635,63	All other revenue					
Ξ	5.0000	Total. Add lines 11a-11d			S. Med 46 34		
		Total revenue. See instructions		319,300	19,240	. 0	0

Pa	rt X Statement of Functional Expenses			When the because the table to	
Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all colu	ımns. All other organiza	ations must complete co	lumn (A).	
	Check if Schedule O contains a response or note to a	ny line in this Part IX			
Do I	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(8) Program service	(C) Management and	(D) Fundralsing
8b, :	9b, and 10b of Part VIII.	iotal experience	expenses	general expenses	ехрепзез
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NO.			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	45,000		45,000	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				200000
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				302 0 00
11	Fees for services (nonemployees):				
а	Management			1	
b	Legal		50000 F 100 00 00 00		
6	Accounting				
d	Lobbying				
u	Professional fundraising services. See Part IV, line 17			- A - ( LOS - ) 2- 30 W( 1/5)	
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
40	SENSON — SANCE — CONTROL OF A CONTROL OF CASE	124,331			124,331
12	Advertising and promotion			5, 912	124,331
13	Office expenses	5,912		7,451	
14	Information technology	7,451		7,451	
15	Royalties			-	
16	Occupancy	-			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			0.010	
19	Conferences, conventions, and meetings	2,310	Color	2,310	
20	Interest	522	***	522	
21	Payments to affiliates				5 ASS
22	Depreciation, depletion, and amortization	5,673		5,673	
23	Insurance	2,630		2,630	- WASTE TO THE
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				HYBERCHELLY ET R
a	EDUCATION PROGRAM EXPENSES	43,101	43,101		<u> </u>
b	HISTORIC PRESERVATION	56,896	56,896		
C	BANK & PROCESSING FEES	2,548		2,548	
d	ONLINE RESEARCH SUBSCRIPTION	8,128	8,128		
0	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	304,502	108,125	72,046	124,331
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	10000			

Form 990 (2021) TE
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	264,824	1	268,062
	2	Savings and temporary cash investments	204,024	2	200,002
	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,	300	gyldath 36	300
	5			11111	
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	The Part of the Pa	5	
		Loans and other receivables from other disqualified persons (as defined	Who were a linear a	Total Si	COLUMN TO THE RESERVE TO THE
	6			6	
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
20	7		4 7.63	8	4,843
Assets	8		4,763	9	4,843
4	9			3	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 157, 952		100	20.014
	Ь	Less: accumulated depreciation	41,684	10c	36,011
	11	Investments - publicly traded securities		12	
	12	Investments - other securities. See Part IV, line 11	1,150	13	590
	13	Investments - program-related. See Part IV, line 11	34,289	_	52,223
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	190,662		190,662
	16	Total assets. Add lines 1 through 15 (must equal line 33)	537,672	16	552,691
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	****	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
1227	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
63	22	Loans and other payables to any current or former officer, director,			
H C		trustee, key employee, creator or founder, substantial contributor, or 35%	CARLEST NO. NO. 14		
Liabilities		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	131,891	24	131,326
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	22	of Schedule D		25	784
	26	Total ilabilities. Add fines 17 through 25	131,891	26	132,110
เก		Organizations that follow FASB ASC 958, check here			
8		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	390,781	27	344,581
B	28	Net assets with donor restrictions	15,000	28	76,000
פני		Organizations that do not follow FASB ASC 958, check here ▶ □			
正		and complete lines 29 through 33.		£ 50 B	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	***************************************
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	200 B	31	
ě	32	Total net assets or fund balances	405,781	32	420,581
	33	Total liabilities and net assets/fund balances	537,672	33	552, 691

		2332	2014	Р	age 12
Pa	rt XII Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1		1		319,	300
2	Total expenses (must equal Part IX, column (A), line 25)	2		304	502
3	Revenue less expenses, Subtract line 2 from line 1	3		14,	798
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		405,	781
5	Net unrealized gains (losses) on investments	5			2
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		420,	581
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other		158	EVE T	100
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	-			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		7/201	TO THE	SERVICE STREET
	reviewed on a separate basis, consolidated basis, or both:			LES	
	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		55(0)	130	
	separate basis, consolidated basis, or both:		5.00		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		17-173		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				Carlor
	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		100	Mag	1473
	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		1	O. Marian	-
	Single Audit Act and OMB Circular A-133?		За		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
- T	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	0.00.000.0	. 3b		
EEA		ideo	Form	990 (2	2021)

#### **SCHEDULE A** (Form 990)

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection Employer Identification number

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

THE HERITAGE LIBRARY FOUNDATION INC Page 2 Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2020 (f) Total (a) 2017 (b) 2018 (c) 2019 (e) 2021 Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .... Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..... The value of services or facilities furnished by a governmental unit to the organization without charge .... Total. Add lines 1 through 3 ..... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . Section B. Total Support (c) 2019 (f) Total (b) 2018 (d) 2020 (e) 2021 Calendar year (or fiscal year beginning in) ▶ (a) 2017 Amounts from line 4 . . . . . . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from Net income from unrelated business activities, whether or not the business is regularly carried on ..... 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 11 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 S

15 P	ublic support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) ublic support percentage from 2020 Schedule A, Part II, line 14	14		%
15 P	ublic support percentage from 2020 Schedule A, Part II, line 14	15		
160 0	transition of the second secon			%
b	3 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 ox and stop here. The organization qualifies as a publicly supported organization		centre 🖭	
th	3 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is box and stop here. The organization qualifies as a publicly supported organization			<b>'</b>
1: P	0%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 0% or more, and if the organization meets the facts-and-circumstances test, check this box and start VI how the organization meets the facts-and-circumstances test. The organization qualifies a	<b>op here.</b> s a publici	Explain in ly supported	
b 1	ganization	16b, or 1 nd <b>stop h</b>	7a, and line ere. Explain	
0	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies ganization			

instructions ......

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

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

	ii tilo olganization lano to quality	dilaci mo to	OLO HIDIOG DON	3111 PIGGGG GG			
Secti	on A. Public Support	***					
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gilts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") •	184,262	357,464_	269,163	302,029	300,060	1,412,978
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24,474	32,252	37,088	21,296	16,291	131,401
3	Gross receipts from activities that are not an			10			
	unrelated trade or business under section 513					8040	
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	50					
	organization without charge					AND THE PARTY OF	
6	Total. Add lines 1 through 5	208,736	389,716	306,251	323,325	316,351	1,544,379
7a	Amounts included on lines 1, 2, and 3				9		
	received from disqualified persons .	31,625	209,238	47,929	112,353	68,889	470,034
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	31,625	209,238	47,929	112,353	68,889	470,034
8	Public support. (Subtract line 7c from						
<b>~</b>	line 6.)				121011 AS W.		1,074,345
	on B. Total Support	1 1 0047	41 2 0040	/-> 0010	(4) 0000	(a) 2021	(f) Total
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	
9	Amounts from line 6	208,736	389,716	306,251_	323,325	316,351	1,544,379
10a	Gross income from interest, dividends,			1			
	payments received on securities loans, rents,	70 PARAGE 1					
	royalties, and income from similar sources	1,401	458	954	1,020	2,934	6,767
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
21	acquired after June 30, 1975 Add lines 10a and 10b		4.50	054	1 000	2.934	6,767
C 44		1,401	458	954	1,020	2,934	0,707
11	Net income from unrelated business						
	activities not included on line 10b, whether						
12	or not the business is regularly carried on Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)	210.137	390,174	307,205	324,345	319,285	1,551,146
14	First 5 years. If the Form 990 is for the or	ganization's fir	st. second. this	rd, fourth, or fif	th tax year as	a section 501(	c)(3)
	organization, check this box and stop her	e					▶ □
Secti	on C. Computation of Public Suppo			<u> </u>			
15	Public support percentage for 2021 (line 8			13, column (f)	)	15	69.26 %
16	Public support percentage from 2020 Sch					16	65.60 %
Secti	on D. Computation of Investment In				200	S. Print	
17	Investment income percentage for 2021 (li	ne 10c, colum	n (f), divided b	y line 13, colur	nn (f))	17	0.00 %
18	Investment income percentage from 2020	Schedule A, P	art III, line 17			18	0.00 %
19a	33 1/3% support tests - 2021. If the organ	nization did no	t check the box	con line 14, an	d line 15 is me	ore than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this bo	ox and stop he	re. The organ	ization qualifie	s as a publicly	supported org	anization> 🛣
b	33 1/3% support tests - 2020. If the organization	did not check a b	ox on line 14 or li	ne 19a, and line 1	16 is more than 3	3 1/3%, and	
, s <del></del> 35	line 18 is not more than 33 1/3%, check this box a	nd stop here. Th	e organization qu	ialifies as a public	ly supported orga	anization	▶ 🔲
20	Private foundation. If the organization did	d not check a b	ox on line 14,	19a, or 19b, ch	neck this box a	nd see instruc	tions ▶ 📋

Schedule A (Form 990) 2021
Part IV Support **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.)

Are all of the organization's supported organizations listed by name in the organization's governing obcuments? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. In 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 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 what name how the organization made the determination.  Did the organization ensure that all support to such organization was used exclusively for section 170(c)(2)(8) uses a supported organization organization that does not have an IRS determination. Did the organization and supported organization and described 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 contribled or supervised by or in connection with its supported organization used to ensure that all support to the foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 505(c)(1) or (2)? If "Yes," which in Part VI have the organization had such control and discretion despite being contribled or supervised by or in connection with its supported organization used to ensure that all support to the foreign supported organizations during the tax year? If "Yes," and supported organizations and that the organization was accombinated with the supported organizations organization was accombinated in the organization's organization decident in Part VI.  Did the organization and substitution the result of an event beyond the organizat	secu	on A. All Supporting Organizations		Yes	No
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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	10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	100		
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determine whether the organization had excess business holdings.)	b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		i i i	1
		determine whether the organization had excess business holdings.)	10b		

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	TO SEE THE PROPERTY OF THE PRO			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Soot	provide detail in Part VI.	11c		
Secti	ion 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		163	140
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	1 3		135
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		605	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		830	
	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	fa Bill		
	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,			100
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		3.0	
		120013	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100 231	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			17/
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		1911
Secti	in D. All Type III Supporting Organizations			
0001	on bran type in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	177		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	199		
	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	130		W
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	Luzzi		7,7
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1 1/11/2	
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			
0	supported organizations played in this regard.	3		
***********	on E. Type III Functionally Integrated Supporting Organizations	loote	untin	nel.
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see   The organization satisfied the Activities Test. Complete line 2 below.	msu	ucioi	13).
a b	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions,	).		
2	Activities Test. Answer 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	02	MIN	
	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 on 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		144	
600	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		251	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	THE RESIDENCE OF THE PARTY OF T	100	- 1	

Schedule A (Form 990) 2021 THE HERITAGE LIBRARY FOUNDATION INC 58-2332014 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 **Current Year** Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3.

emergency temporary reduction (see instructions). ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

5

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Part	V Type III Non-Functionally Integrated 509(a)(	<ol><li>Supporting Organ</li></ol>	izations (continu	ed)	
Sect	ion D - Distributions		1002		Current Year
1	Amounts paid to supported organizations to accomplish	1			
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity		- 2000	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets	20-10-10-10-10-10-10-10-10-10-10-10-10-10	2 P.N.	4	550050000
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.		1222222	7	
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	П	
	(provide details in Part VI). See instructions.		**************************************	8	0.00
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			TOTAL.	
2	Underdistributions, if any, for years prior to 2021	ARTHUR HOUSE			
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021		DESTRUCTION OF THE		
a	From 2016				
b	From 2017				
С	From 2018				
d	U17 000000000000			100	
е	From 2020				
f	Total of lines 3a through 3e	678976			
	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount			1198	
	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years	HEALT LYSE, GOLD			
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if	PS TO THE REAL PROPERTY.		į.	
	any. Subtract lines 3g and 4a from line 2. For result			- 5	
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI, See instructions.		Company of the American	12.0	
7	Excess distributions carryover to 2022. Add lines 3j			3	Market Barrier
-	and 4c.		Carried Control		
8	Breakdown of line 7:		Chemical School	10.0	The state of the s
а	Excess from 2017	Strategy of the street of the street			
b	Excess from 2018				ic national list of the
C	Excess from 2019				
d	Excess from 2020	Testa Control of the		167	THE PRINCE OF
0	Excess from 2021				

### Schedule B (Form 990)

## **Schedule of Contributors**

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

> Attach to Form 990 or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information. Employer Identification number Name of the organization 58-2332014 THE HERITAGE LIBRARY FOUNDATION INC

Organization type (cneck 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.					
27.4	or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 terty) from any one contributor. Complete Parts I and II. See instructions for determining a tilons.					
Special Rules						
regulations under sections 16b, and that received from	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or n any one contributor, during the year, total contributions of the greater of (1) \$5,000; or ) 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) filling 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						
aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it wast 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

ARR 0 0 000	District the second to any one		PROPERTY N. 100 P. 100 P. 100 P.	-
1 PH 101	94 9C NC   11 M C 4 9C	LIMMARY	FOUNDATION	I INIT

58-2332014

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_1_	TOWN OF HILTON HEAD ACCOM TAX  ONE TOWN CENTER  HILTON HEAD ISLAND SC 29928	\$68,889	Person Payroll Noncash  (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_2_	PEEPLES FOUNDATION  PO BOX 5950  HILTON HEAD ISLAND SC 29938	\$56,000	Person Repayroll Repayroll Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_3_	JOSE M GARCIA FOUNDATION  707 EAGLE ROCK AVENUE  WEST ORANGE NJ 07052	\$15,500	Person Reproved Payroll Roncash Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4	ACCELERATE SC  1201 MAIN ST STE 1600  COLUMBIA SC 29201	\$50,000	Person Reproved Payroll Reproved Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution					
_5_	BONNIE LOWREY  61 SKULL CREEK DRIVE  HILTON HEAD ISLAND SC 29926	\$50,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	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.

art IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

OMB No. 1545-0047

Employer Identification number

2021

Open to Public Inspection

THE	HERITAGE LIBRARY FOUNDATION INC		58-2332014
PE	Irt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Ac	counts.
	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 v	vriting that the assets held in donor advised	
	funds are the organization's property, subject to the organization		Yes X No
6	Did the organization inform all grantees, donors, and donor as		
	only for charitable purposes and not for the benefit of the don		
	conferring impermissible private benefit?	(Public Trick) - Trick) : 2.1.2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Yes X No
Pa	till Conservation Easements.	3 8 8 <del>800 8000</del>	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	***	
	Preservation of land for public use (for example, recreation		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a c	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		. 2b
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	Control Contro	
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	nization during the
	tax year 🕨		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservation e	asements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(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 footno	te to the organization's financial statements th	at describes the
D	organization's accounting for conservation easements.	of Ant Illiana last Turanaus and	Miner Official Control
Par			Miner Similar Assets.
	Complete if the organization answered "Yes" o		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publication in the same of		ance or public
100	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	**	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce 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 treas	<del>7</del> 7	, provide the
-	following amounts required to be reported under FASB ASC 99	(C)	
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ S

17								
ALC: UNKNOWN BOOK OF THE PARTY	D (Form 990) 2021 THE HERITAGE LIB					58-23		Page 2
Par			•					ntinued)
3	Using the organization's acquisition, accession	, and other records	s, check any of	the following that	make sig	inificant use of its		
	collection items (check all that apply):							
a	X Public exhibition			oan or exchange	programs	3		
Ь	X Scholarly research		е 📙	Other				_
C	X Preservation for future generations		r w 2 w					
4	Provide a description of the organization's colle XIII.	ctions and explain	now they furth	er the organization	n's exemp	it purpose in Part		
5	During the year, did the organization solicit or re	eceive donations of	art, historical	treasures, or othe	r similar			
	assets to be sold to raise funds rather than to b	e maintained as pa	art of the organ	ization's collection	n?		· · Yes	☐ No
Par	t IV Escrow and Custodial Arran							
	Complete if the organization a	nswered "Yes"	on Form 9	90, Part IV, lin	ne 9, or	reported an a	amount on I	Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custodian						<u>=</u>	5 <u></u> 1
	included on Form 990, Part X?		* * * * * * *		N. 180 N. 180 W		· · Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII an	d complete the foll-	owing table:		_			
						F	Amount	
C	Beginning balance					c		
d	Additions during the year				. 1	d		
e	Distributions during the year				1	8		
- 1	Ending balance				1	f		
2a	Did the organization include an amount on Forr	n 990, Part X, line	21, for escrow	or custodial acco	unt liabilit	y?	· · Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	olanation has b	een provided on l	Part XIII			
Par	t V Endowment Funds.							W.
	Complete if the organization a	nswered "Yes"	on Form 9	90, Part IV, lir	ne 10.			
		(a) Current year	(b) Prior year	ır(c) Two ye	ars back	(d) Three years bad	ck (e) Four y	ears back
1a	Beginning of year balance	34,289	30,	512 1	3,869_	17,70	3 1	5,000
b	Contributions	15,000			6,178			
C	Net investment earnings, gains, and			ĺ				
	losses	2,934	3,	777	465	(3,83	4)	2,703
d	Grants or scholarships							
8	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance	52,223	34,2	289 3	0,512	13,86	9 1	7,703
2	Provide the estimated percentage of the current							
а	Board designated or quasi-endowment	<b>&gt;</b>	%					
Ь	Permanent endowment	%	_					
C	Term endowment ▶ %	<b>-</b> 23 -						
	The percentages on lines 2a, 2b, and 2c should	egual 100%.						
За	Are there endowment funds not in the possessi	The state of the s	ion that are he	d and administere	d for the			
	organization by:						T	es No
	(I) Unrelated organizations						3a(I)	x
	(II) Related organizations						- 3a(II)	x
b							. 3b	-
4	20 100 Maria Caracteria							
Part						4. 4.4		
	Complete if the organization ar		on Form 99	90. Part IV. lin	e 11a.	See Form 990	). Part X. lir	ne 10.
	Description of property	(a) Cost or other	-	Cost or other basis	7	Accumulated	(d) Book v	
	cescipuoli ei proparty	(a) Cost of other	ATTENDED TO STATE OF THE PERSON.	(other)	35.00	epreciation	(w) DOUG V	normi St
1a	Land	• (0.000,0000,0000)		10,550	Fe, Also	regularde etc	1	0,550
ь	Buildings			10,000				
C	Leasehold improvements		100	23,116	1	3,853	1	9,263
	95				_			

d Equipment 124,286 118,088 6,198 36,011

Schedule D (Form		ION INC	58-	2332014	Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Forr	n 990, Part IV, lir	e 11b. See Form	1 990, Part X, Ii	ne 12.
0000	(a) Description of security or category (Including name of security)	(b) Book value		Method of valuation; r end-of-year market valu	e
(1) Financial	derivatives	W			
(2) Closely-he	eld equity interests				
(3) Other					
(ACFL AGI	ENCY ACCOUNT	590_	FMV		<u>:</u>
(B)					
_(C)					
_(D)					200
(E)					
_(F)					
(G)				- <u> </u>	-
(H)					
A-STATE OF THE PARTY OF THE PAR	n (b) must equal Form 990, Part X, col. (B) line 12.)	590_	1 Pl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27450	2.2
Part VIII	Investments - Program Related.  Complete if the organization answered "Yes" on Forr	n 990, Part IV, lir	ne 11c. See Form	1 990, Part X, li	ne 13.
	(a) Description of investment	(b) Book value		c) Method of valuation: r end-of-year market valu	0
(1ENDOWM)	ENT FUND SECURITIES	52,223	FMV		
(2)					
(3)					722.17
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)	52,223			Mary 1
Part IX	Other Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, lir	ne 11d. See Form	1 990, Part X, Ii	ne 15.
	(a) Description			(b) Book	value
(1)SECURI	TY DEPOSIT		200		2,583
(2LIBRAR	COLLECTIONS			1	88,08
(3)		,			
(4)					
_(5)					
(6)					
_(7)					
(8)		200			
(9)				_	
participant of the same of the	n (b) must equal Form 990, Part X, col. (B) line 15.)			1	90,66
Part X	Other Liabilities.  Complete if the organization answered "Yes" on Fornline 25.	n 990, Part IV, lir	ne 11e or 11f. Se	e Form 990, Pa	art X,
1	(a) Description of limbility (b) Book vs	lue Sava			LXXX

. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2EREDIT CARDS	784	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕟 🕨	784	

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

Schedule	D (Form 990) 2021 THE HERITAGE LIBRARY FOUNDATION INC	58-2332014	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	FEET I	
		1.50	
a	Net unrealized gains (losses) on investments	1335	
Ь	Donated services and use of facilities		
C	Recoveries of prior year grants	933	
d	Other (Describe in Part XIII.)	500	
0	Add lines 2a through 2d	28	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	100	
b	Other (Describe in Part XIII.)	4.3	
c	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		140.000
5 Dort			
Part		per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	8577	
b	Prior year adjustments	(G. 0.)	
C	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	A5761	
50.75	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	Other (Describe in Part XIII.)		
b	Property and the second	26324	
C		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.		
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
			50,000 10
		4071-2	
		7. 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
	•		
		2,440	

### SCHEDULE G (Form 990)

## **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.

OMB No. 1545-0047 2021

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	HERITAGE LIBRARY FOUNDAT	ION INC				58-233	2014	
Part	Fundralsing Activities. Form 990-EZ filers are not				erea "Yes" on Fo	orm 990, Part IV, I	ine 17.	
1	Indicate whether the organization rais				es. Check all that app	olv.		
a	The state of the s							
b	Internet and email solicitations		1 [		of government grant			
C	Phone solicitations		g [	Special fur	ndraising events			
d	In-person solicitations							
<b>2a</b>	Did the organization have a written or	STANTO STATE STOLEN STANTON STANTON	A - 10 TE - 10 A - 10					
	or key employees listed in Form 990,						Yes No	
þ	If "Yes," list the 10 highest paid individ		ndra/sers) pi	ursuant to ag	reements under whic	n the lundraiser is to be	•	
	compensated at least \$5,000 by the c	rganization.						
	(I) Name and address of individual or entity (fundralser)	(II) Activity	custody o	draiser have or control of butions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (I)	(vI) Amount paid to (or retained by) organization	
			Yes	No		coi. (i)		
1								
2								
3								
4	and the second s							
5								
6						W		
7	t. 100.00							
8								
			ļ	-				
9								
10							1	
Total .				>				
3	List all states in which the organization registration or licensing.				ons or has been notif	led it is exempt from		
					2000			
n		Committee of Parket II				T. Grand		
	4.50., 34-0.00						AUGUS	
7.00								
					the every			
						27 27 2000000		
107						14 (44,000) 1		

Part II

58-2332014

		than \$15,000 of fundraising gross receipts greater than		nd gross income on For	m 990-EZ, lines 1 and 6	b. List events with
¥ <u>0</u>		gross receipts greater trial	(a) Event #1  ANNUALAPPEAL (event type)	(b) Event #2 (event type)	(c) Other events  NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	15,439			15,439
	2	Less: Contributions Gross income (line 1 minus line 2)	15,439			15,439
		into 2)	23,433			
	4	Cash prizes				
	5	Noncash prizes				
Ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				-
	9	Other direct expenses			<u> </u>	
Pa	10 11 art III	Direct expense summary. Add line Net income summary. Subtract lin Gaming. Complete if the o \$15,000 on Form 990-EZ,	e 10 from line 3, column (d rganization answered "\	)	V, line 19, or reported π	15,439 nore than
Revenue		0 00000	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (e) through col. (c))
- Rei	1	Gross revenue	1000			
ses	2	Cash prizes			- F	
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes %	
	7	Direct expense summary. Add line	s 2 through 5 in column (d)	3 30 8 8 6 6 6 6 6 6 6 6 6		
10	8	Net gaming income summary. Sub	otract line 7 from line 1, colu	ımn (d)		
	a Is	nter the state(s) in which the organizathe organization licensed to conduct "No," explain:	gaming activities in each o	f these states?		· · · · Yes · · No
10		ere any of the organization's gaming "Yes," explain:	licenses revoked, suspend		tax year?	· · · Yes No
EEA					·····	Schedule G (Form 990) 202

### SCHEDULE O (Form 990)

## 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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

THE HERITAGE LIBRARY FOUNDATION INC	58-2332014
01. Management duties delegation (Part VI, line 3)	
THE BOARD OF DIRECTORS HAS DELEGATED THE DUTIES OF MANAGEMENT OF TH	E HERITAGE LIBRARY
FOUNDATION TO EXECUTIVE DIRECTOR BARBARA CATENACI AS AN INDEPENDENT	CONTRACTOR,
Without Earlies and Million Control of the Control	
02. Member election for additional members (Part VI, line 7a)	
THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERS OF THE ORGANIZATION	N
03. Form 990 governing body review (Part VI, line 11)	
THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY IN WHICH	OFFICERS AND DIRECTORS
ARE REQUIRED TO DISCLOSE INTERESTS THAT GIVE RISE TO CONFLICTS.	
04. CEO, executive director, top management comp (Part VI, line 15a	
EXECUTIVE DIRECTOR.	
05. Governing documents, etc, available to public (Part VI, line 19	1
FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.	

# **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

Attachment Sequence No. 179

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

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

Name	(s) shown on return		Busi	ness or activity to w	hich this form rela	tes	identifyi	ng number
TH	E HERITAGE LIBE	VARY FOUND	ATION	FORE	4 990 - 1		58-233	2014
Pai			ertain Property U					
			property, complete					
1							1	
2	Total cost of section 179 property placed in service (see instructions)					2		
3						3		
4						4	3.	
5			tract line 4 from line					
	separately, see inst	ructions					5	
_6	(a) De	scription of proper	ty	(b) Cost (busin	ness use only)	(c) Elected cost		
7			t from line 29			0 000 000 0 0 0		
8						7	8	
9							9	
10	Carryover of disallo	wed deduction	n from line 13 of yo	ır 2020 Form 4	1562		10	
11						ee instructions	11	
12						11	12	
			n to 2022. Add lines			13	WE TH	MATERIAL TOP
-	THE STATE OF THE S		v for listed property.					
						clude listed property. Se	e instruc	tions.)
14			or qualified property					
	during the tax year.	See instruction	ons				14	
							15	28
							16	1,541
Par	IIII MACRS Dep	reclation (D	on't include listed p	operty. See ins	structions.)			
				Section A		on Carrier Car		
			aced in service in ta				17	4,132
	If you are electing to	o group any a	ssets placed in serv	ce during the t	ax year into o	ne or more general	17	4,132
	If you are electing to asset accounts, che	o group any a	ssets placed in serv	ce during the t	ax year into o	ne or more general		
	If you are electing to asset accounts, che Section B	o group any a ock here - Assets Plac	ssets placed in serv	ce during the t	ax year into o	ne or more general		
18	If you are electing to asset accounts, che Section B	o group any a	ssets placed in serv	ng 2021 Tax Y	ax year into o	ne or more general	System	
18	If you are electing to asset accounts, che Section B	o group any as ck here - Assets Place (b) Month and year placed in	ssets placed in serv ced in Service Durl (c) Basis for depreciati (business/investment us	ng 2021 Tax Y	ax year into or	ne or more general General Depreciation	System	1
18 (a)	If you are electing to asset accounts, che Section B  Classification of property  3-year property	o group any as ck here - Assets Place (b) Month and year placed in	ssets placed in serv ced in Service Durl (c) Basis for depreciati (business/investment us	ng 2021 Tax Y	ax year into or	ne or more general General Depreciation	System	1
18 (a)	If you are electing to asset accounts, che Section B  Classification of property  3-year property	o group any as ck here - Assets Place (b) Month and year placed in	ssets placed in serv ced in Service Durl (c) Basis for depreciati (business/investment us	ng 2021 Tax Y	ax year into or	ne or more general General Depreciation	System	1
(a) (b) C	If you are electing to asset accounts, che Section B  Classification of property  3-year property  5-year property	o group any as ck here - Assets Place (b) Month and year placed in	ssets placed in serv ced in Service Durl (c) Basis for depreciati (business/investment us	ng 2021 Tax Y	ax year into or	ne or more general General Depreciation	System	1
(a) 19a b c d	If you are electing to asset accounts, che Section B Classification of property 3-year property 5-year property 7-year property	o group any as ck here - Assets Place (b) Month and year placed in	ssets placed in serv ced in Service Durl (c) Basis for depreciati (business/investment us	ng 2021 Tax Y	ax year into or	ne or more general General Depreciation	System	1
(a) 19a b c d	If you are electing to asset accounts, che Section B Classification of property 3-year property 5-year property 7-year property 10-year property	o group any as ck here - Assets Place (b) Month and year placed in	ssets placed in serv ced in Service Durl (c) Basis for depreciati (business/investment us	ng 2021 Tax Y	ax year into or	ne or more general General Depreciation	System	1
(a) (b) c d d e f	If you are electing to asset accounts, che Section B  Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	o group any as ck here - Assets Place (b) Month and year placed in	ssets placed in serv ced in Service Durl (c) Basis for depreciati (business/investment us	ng 2021 Tax Y	ax year into or	ne or more general General Depreciation	System	1
(a) (b) c d d e f g	If you are electing to asset accounts, che Section B  Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property	o group any as ck here - Assets Place (b) Month and year placed in	ssets placed in serv ced in Service Durl (c) Basis for depreciati (business/investment us	ng 2021 Tax Y	ax year into or	ne or more general  General Depreciation (f) Method	System	1
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18  (e) 19a b c d e f g h i	If you are electing to asset accounts, che Section B  Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  20-year property  Residential rental property  Nonresidential real property  Section C-Class life  12-year  30-year  40-year  IV Summary (Section C-Listed property. Entitle	Assets Place  Assets Place  Assets Place  Assets Place  a instructions.  are amount fro	ssets placed in serv ced in Service Duri (c) Basis for deprecial (business/investment us only-see instructions ed in Service Durin	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 30 yrs. 40 yrs.	MM MM MM MM Ar Using the	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depri	1 eclation deduction
18  (e) 19a b c d e f g h i	If you are electing to asset accounts, che Section B  Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  20-year property  Residential rental property  Nonresidential real property  Section C-Class life  12-year  30-year  40-year  IV Summary (Section C-Listed property. Entitle	Assets Place  Assets Place  Assets Place  Assets Place  a instructions.  are amount fro	ssets placed in serv ced in Service Duri (c) Basis for deprecial (business/investment us only-see instructions ed in Service Durin	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 30 yrs. 40 yrs.	MM MM MM MM Ar Using the	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depri	1 eclation deduction
18  (e) 19a b c d e f g h i	If you are electing to asset accounts, che Section B  Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Class life 12-year 30-year 40-year IV Summary (Section Add amounts	Assets Place  Assets Place  Assets Place  Assets Place  Assets Place	ced in Service Duri (c) Basis for deprecial (business/investment us only-see instructions  ad in Service Durin  m line 28	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depri	1 eclation deduction
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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. Topies 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.