2026

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 \$140,000 in funding for 2026. 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. 2026 is the year when all marketing and program will be branded to encourage all in our reach to not just come to our event or program but to come South Carolina, come to Hilton Head Island and come to The Heritage Library. We are currently developing a branded "tag line" for rack cards, ads, posters, TV, website, social media and more that encourages visitation. It will be a focus for all marketing in 2026. We will get the word out about the richness of our history and culture and why that makes a visit to Hilton Head Island even more appealing.

There are 3 additional projects currently in development with production planned for 2026 if funding is received: 1. Revised and updated historic sites brochure. Additional and updated information is being added to the previous brochure including maps and artwork. This is one of our most popular print pieces and improvements will support not just the Library but our partner organizations as well.; 2. In late 2024 and early 2025 we had success with providing history scavenger hunt materials to family reunions and corporate groups. We are currently developing a more formal end product that small and large groups can use to create their own tours and contests around local historic and cultural sites. This product can be used for a fun family outing or a corporate team building adventure. Again, it will be of benefit to a number of our partner organizations. 3. Building on the oral histories project to include video and updated stories. We believe that this project will help in bring in visitors looking for a history experience.

Every state has an organization that is ready to help market programs, projects and events around the 250th anniversary of the American Revolution. Every county in SC has an organization that is helping to not only get the word out but they also support funding applications to the state for programs, projects and events. We are partnering with local groups including the public library, Sea Pines Company, Hilton Head Symphony, Gullah Kinfolk Traveling Theater, local schools, Coastal Discovery Mueum and more to build program around the anniversary and use it to promote tourism to the Island. State grants require local match and we hope to secure ATAX for match that will make our ATAX go farther as we celebrate 250 years a nation. SCDOT has put up road signs throughout the state identifying American Revolution historic sites and Zion Cemetery is one of those sites. The four signs directing visitors to Zion Cemetery were paid for by SCDOT. We will build on these parternships to promote cultural toursim to our area.

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. These groups stayed on Hilton Head, went out to eat on Hilton Head and shopped on Hilton Head.

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, 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, film producers, travel writers, the Chamber of Commerce, vacation rental companies and more. These collaborations increase our reach and help to drive tourists to the Island.

The Library displays rack cards and brochures 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.

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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. Showcasing history and culture drives tourism and contributes to the Island and state economy.

2026

Accommodations Tax Funds Request Application

Date Received: 09/03/2025 Time Received: 04:23 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 5, 2025

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(s): Throughout the year Event Location(s): 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 - \$140,000 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 and signage targeting tourist participation. \$120,00000 for marketing of programs, tours, sites, library services, events, partner events, classes and programs utilizing marketing resources including website, social media, video production, postcards, QR codes, photography, trade show registration, Eventbrite (event posting), rack cards, brochures, radio and TV. This marketing funding is utilized to promote the Island as a premiere destination featuring a rich history and culture.

How does the organization/project/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 documented? (250 words or less)

The numbers provided above are full year ending June 30, 2025. 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), subtract the number of registered visitors (tickets and QR codes) to the site, and that is the 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. This year we partnered with 2 visitor centers for Carolina Day events and could document 500 participants, 99% were guests to the area and 76% spent at least 1 night on HHI.

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 are available to us.

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, American Ancestors, SC250, SCPRT, and more. We own, maintain and market 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 began a major push toward celebrating the 250th Anniversary of the American Revolution. We are a part of a growing network of partners supporting this national celebration including America 250 and NPS. We are Hilton Head Island's center for family and local history and we promote our island and its rich culture and history to a national audience.

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

Site Preservation & Improvement: \$20,000. Our historic sites must be preserved in order to provide places and programs that tell our history to visitors from all over. Funding supports preservation efforts and impovements at our sites. This funding request supports work that safeguards the sites on our Island and enhances the visitor experience. Support for Zion Cemetary and Ft Mitchel also comes from the Library's operating account, tours, program, events, and additional grants and donations as shown in the budget. We cannot protect these sites and attract more visitors without ATAX support.

General Promotion: \$120,000: The Library markets HHI as a destination whose history and culture will enhance the visitor experience. We tell the Island's story

through interpretive signs at historic sites, print collateral distributed throughout 3 states, TV and radio advertising, social media messaging and advertising, print advertising, website, email blasts, trade shows, events and partner events. We produce and distribute video stories focused on local history. We partner with other private and public libraries to promote local history, family history and HHI. We are partnering with American Ancestors and CLIR (\$38,000 grant) on an oral histories project that will tell our local story and reach a national audience. Two additional projects - historic sites brochure and history scavenger hunt packages will be developed and produced. All our programming is designed to bring local and family history to life and promote HHI as a destination rich in history and culture.

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. The the cost of everything is rising and that includes the costs associated with marketing and site improvements. We are faced with significant increases in ticketing fees, print costs, labor and materials at sites, advertising costs and more. If funding is reduced, then we have to re-examine all aspects of marketing, programming and site preservation and cut efforts to reach out to guests while also cutting what we can offer guests. 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 experience consistent growth in visitor and tourist numbers year over year at a rate of 5-8%. The Library served 15,326 tourists and visitors between July 2024 and June 2025 documented through ticket sales, event registrations, QR codes, people counters, surveys and more. We utilize our partner relationships to add marketing impact and grow our marketing reach which multiplies economic impact. According to MNTN Research 70% of travelors are interested in cultural immersion and tours. 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.

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 The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.	0	%
5 - Tourist Public Transportation Tourist shuttle transportation.	0	%
6 - Waterfront Erosion/Control/Repair Control and repair of waterfront erosion.	0	%
7 - Operation of Visitor Information Centers Operating visitor information centers.	0	%
Total:	100	%

- 6. If not covered elsewhere in the application, please describe (a) how the organization will collaborate with other organizations to enhance tourism efforts, and (b) provide a venue or service not otherwise available to visitors to the Town of Hilton Head Island. (250 words or less)
 - A. The Library historically and consistently collaborates with organizations across Hilton Head Island and beyond 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, the RBC Heritage, and Culture HHI. We work with the Heritage Tourism Task Force, Beaufort County Historical Resource Consortium, Office of Cultural Affairs and Gullah Geechee Land & Cultural Preservation Task Force. 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, USCB, local K12 schools and more. We regularly feature local artists and authors at our events and programs. We partner beyond HHI with America250, SC250, BC250, American Ancestors, Family Search Center, 10 Million Names and public libraries.
 - 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 roots 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, Thomas Barnwell 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. New partnerships mean that the Library will have more than 60 new outlets for promoting Hilton Head Island as a special and unique cultural tourism destination. In 2026 we are growing our partnership with American Ancestors and producing an oral histories project that will be made available on multiple websites and used to market the Island and its history nationally. This project is funded through Recordings at Risk a project of the Council on Library and Information Resources. It will be shared with additional local and state organizations.

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.

43%	Government Sources		Private Contributions, Donations and Grants
2%	Corporate Support, Sponsors	6%	Membership, Dues, Subscriptions



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

Yes X No ___

If so, please list top 3 sources and amounts.

Peeples Foundation \$40,000.00

Garcia Family Foundation \$15,000.00

Community Foundation of the Lowcountry \$13,000.00

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Provided: Yes

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

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2024- Previous FY 1

2023- Previous FY 2

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

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2023 - Previous FY 2

2024 - Previous FY 1

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2022 - Previous FY 2

2023 - Previous FY 1

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 has procurement guidelines, which are utilized and followed in the expenditue of ATAX grant funds.
 - Utilize and follow organization's own procurement guidelines
 - Our organization does not have or follow procurement guidelines

F. MEASURING EFFECTIVENESS:

If you received 2024 or 2025 HHI ATAX funds

1. List any ATAX award amounts received in 2024 and/or 2025.

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
2025	\$20,200.00	Tourism Related Facilities
2025	\$122,980.00	Tourism Advertising/Promotion

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

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 programming, are photographed by numerous marketing groups, and appear on social media. They are a marketing tool and an asset used by the Library, our partners, and

guests to promote tourism to HHI. Work in FY25 included erosion mitigation caused by weather and vandalism; tree preservation work that is historically significant to the site; tree work to protect the safety of visitors and historic assets; post storm clean up; site prep at the beginning of each tour season; storm related repairs, vandalism related repairs; enhanced landscaping for special events, and parking area repairs. Long range plans for site improvements, including accessibility are underway. Marketing and Promotion: Videos, print marketing, social media, website, 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 while promoting HHI as a history and culture destination. We made improvements at both sites, produced programming and events, maintained and grew partnerships and grew visitor 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 asked 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. Visitor comments are recorded and reviewed regularly. We measure carefully and conservatively. Our tourist numbers are probably higher but can't always be documented. We examine the data for our 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 you create 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 - 2026 Application

TOPIC	PLAN/GOAL	BUDGET	YTD	RESULTS
Tourism	Improve, protect and preserve historic			Improvements to our sites are ongoing as well as preservation efforts and
Related	sites in a manner that will attract			interpretive signage.
Facilities	visitors, provide a safe and enjoyable			 Both sites face erosion issues that are being addressed as funding
	experience, grow program experiences			allows. This summer's rain has resulted in the need to do more
	and enhance Hilton Head Island's image			work than routine, especially around erosion and that work was
	as a premiere historic and cultural			begun in the early spring and continues into the late fall.
	destination.			 The high amount of rain has also resulted in overgrowth that will
				require bushhogging that goes beyond routine maintenance. That work will be done in the fall.
				 Both sites face storm damage and vandalism each year and that
				means extra work. Signage at Ft. Mitchel and Zion Cemetery was
				damaged and repaired. The mausoleum at Zion Cemetery was
				broken into and marble for gravestone repairs was stolen. Locks on
				the mausoleum were replaced including creating a double lock
				system. The Library added a permanent door and gate on the mausoleum
				completing its restoration.
				 The sites were decorated for events and holidays helping to draw
				in visitors. Decorating the sites will continue into the holiday
				season.
				4 travel marketing groups photographed our sites to be used in
				their tourism marketing. 6 travel bloggers visited our sites this year. These professional groups will not use our sites if they are
				not preserved and protected.
				 We are focusing on making each of the sites more accessible.
				Accessible sites attract more visitors so improved and increased
				pathways are being planned for.
				The extra work that we have been able to do is a driving factor in
				growing our guest numbers year over year. Continuing research into
				each site improves program and marketing which in turn grows
				numbers. Improving the appearance and safety at the sites is that first
				impression that brings guests in. both sites are waterfront sites,
				protecting and preserving the sites also helps protect local waterways.
				We would not be able to preserve these sites without funding from
				protecting and preserving the sites also helps protect local wat

		\$20,280	\$8,000	
TOPIC	PLAN/GOAL	BUDGET	YTD	RESULTS
Tourism Advertising & Promotion	Cultural Tourism is travel motivated by a desire to experience and learn about the distinctive cultural aspects of a destination, such as its arts, heritage, lifestyle, history, and traditions. Our overall marketing plan targeted that market group, but expanded out to showcase history and culture to all visitors. Our marketing was specific – local history, family history, great visitor experience. We informed tourists and visitors of our classes, events, tours and programs through print media, television, radio, video and social media. Built partnerships that expanded outreach and increased visitor numbers and tourist participation while promoting Hilton Head Island as a premiere destination with diverse and interesting offerings for all guests to our Island.			 The following reflects marketing and promotion effectiveness: Print marketing reached 7.5 million people - an increase of 500,000 over last year. Increases can be attributed to marketing partners that include SCPRT, SC Living, Savannah Hilton Head Airport, Charlotte Airport and American Ancestors. Produced 48,000 pieces of print collateral and distributed over various markets and into 3 states. Delivered 2.3 million emails – an increase of 300,000 over last year. Email engagement grew from 60% to 65%. Utilized radio and television (approximate reach 750,000) to promote programs. 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 (these films were shown on SCETV as well as film festivals both national and international). Partnered with American Ancestors and the 10 Million Names Project to increase national coverage of Hilton Head history. Part of this partnership going into 2026 will be a project that digitizes interviews of HHI leaders from the 1980s and 1990s. These oral histories will make our local history accessible to a national audience and increase interest in our unique and important role in history to that same national audience. Partnered with Mr. Thomas C. Barnwell, Jr. to produce a video that features the tabby preservation work that is underway on Mr. Barnwell's property. This video will again promote HHI as destination rich in history. 4 marketing and travel groups photographed our sites to be used in their tourism marketing. 6 travel bloggers visited our sites this year. This is marketing of HHI that comes through Heritage Library but is made possible because our marketing efforts are getting the sites noticed by others that want to share what we offer. We presented programs at our sit

\$122.080	\$80,000	to promote and present Da Gullah American Revolution Show in July. The previews and shows had more than 1,000 in attendance at 5 performances with approximately 60% counting as tourists. 2. We are currently working on a video that tells the story of SC women in the American Revolution. 3. As we continue to join the national promotion of the 250 th anniversary, we are partnering with local artists to create projects that promote Hilton Head Island's history and culture as well as this important anniversary. "A Stitch in Time" is a quilt that was created by 4 local artists that depicts SC and HHI in the American Revolution while also highlighting 250 years on HHI history. This art piece is traveling to various locations to promote our local history. It will be viewed at various visitor centers, libraries, SC Artisans Center and other locations and all locations will provide print material that promotes our Island along with presenting the story that the quilt tells. We expect that more than 50,000 people will view this piece. We will continue to work with local artists in different mediums as we celebrate 250 years of our country and promote HHI as destination in rich in history and culture. • Over 70% of our 45,000+ per month website views are from visitors located 50+ miles away. That is an increase of 10% and an intentional result of adding QR codes and other measures to drive guests to our website to provide a full picture to all that we offer. Interest in our history does mean interest in visiting our Island and will increase cultural tourism on our Island. We will spend the full amount of funding allocated in 2025 as we press forward with fall and winter events, programs and marketing efforts.
\$122,980	\$80,000	

2025 Guest Survey

The following questions were sent to 150 random participants in Heritage Library activities (library visits, tours, classes, author events, partner programs, and other events. Names and emails recorded through ticketing, check in, join our mailing list and registrations were recorded on a spreadsheet. Each entry was given a number and numbers were picked at random for participation in the survey. The survey was sent 2 times (quarterly) between January 1, 2025 and June 30, 2025.

Survey Questions:

Thank you very much for recently attending an event sponsored by The Heritage Library or visiting with us at the Library. Please take a moment to provide just a little information about yourself to we can continue to learn about our guests and improve the programming we offer.

1.	Please provide your home zip code:
2.	How many people were in our party?
3.	What do you look for when planning for travel and vacation (check all that apply):
	a Beach and water access
	b Sporting activities (fishing, golf, boating, tennis, etc.)
	c Historic and cultural sites and tours
	d Theater, art galleries, concerts, museums, etc.
	e Activities for children
	f Special events, festivals
	gOther
4.	Please tell us how you learned about us (check all that apply):
	a Television (program and advertisements)
	b Ticketing Services (Eventbrite, Zeffy, Square, etc.)
	c Websites (Heritage Library, Chamber of Commerce, Culture HHI, etc.)
	d Print media (Island Events, Pink Magazine, Local Life, Hilton Head Island Sun, etc.)
	e Email blasts
	f Rack Cards and brochures
	g Social Media
	h Other
	If you do <u>not</u> reside on Hilton Head Island, please answer the following:
5.	How many days did you visit our Island?
6.	If your visit included an overnight stay or stays, where did you stay?
	a Hotel, Motel
	b VRBO, Airbnb, etc.
	c Villa, Condo, Time Share rental
	d Single family home rental
	e Stayed with friends or family
	How many times have you visited Hilton Head Island?
8.	Do you plan on returning to Hilton Head Island?

Survey Results:

We had 43 responses to the survey: 1. 9 residents, 12 visitors, and 22 tourists; 2. Average group size was 4; 3. Only 10% were not looking for "activities for children" all other categories were regularly checked. (85% of respondents look for arts, history, and culture when planning their travel); 4. Websites, rack

cards, brochures, social media, and print media were the favorite sources for learning about us. 21 respondents checked other and included comments about "word of mouth", referred by friends, and visiting family or friends; 5. Average stay was 7 days; 6. 95% of responses included paid for accommodations; 7. Average times respondents had visited the Island was 5 times; and 8. All but one group plans to return (the one group that did not plan to return had traveled from Poland and did not know if they would have the opportunity again).



E.I.N. 58-2332014

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Vice President
Sarah Takacs
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Luana Graves Sellars
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Board of Directors

Resolution: 2026 Accommodations Tax Application - Approval to Submit August 7, 2025

Resolved: The Heritage Library Foundation will submit an application for Accommodations Tax funding through the Town of Hilton Head Island for the 2026 funding year. The total amount of the application will be \$140,000 for the promotion of classes, tours, forums, programs, ancestry research, events and the repair 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 programming to visitors throughout the year, while also promoting Hilton Head Island as a tourism destination that celebrates history and culture.

Voting in favor: Rick Dekker, Ezra Callahan, Luana Graves-Sellars, Sarah Takacs, Greg DeLoach, Jim MacLeod, Herbert Ford, Tom Kraft, Laurette Doscher-Benfante, Galen Miller, and Peter Cooper.

Voting in opposition: None

August 7, 2025

Rick Dekker, President

_ August 7, 2025

Heritage Library Budget

Income	2025	2026
Unrestricted		
Individual Donations	6,000	5,000
Business Donations	2,000	4,000
Birdies for Charity	2,500	3,000
Champions for Charity	1,000	1,000
Program	22,000	20,000
Matching Funds Gifts	3,000	2,000
Memberships	19,000	20,000
Books & Publications	3,000	2,000
Investment Income	5,000	5,000
Grants-Restricted		
Community Foundation	13,000	10,000
SC Humanities	0	2,500
Family Foundations	40,000	29,300
SC 250th	400	8,000
Grants - Unrestricted		
Peeples Foundation	42,000	42,000
Garcia Family Foundation	15,000	15,000
Government - Restricted		
ATAX	143,000	140,000
Other Income		
Gifts In-kind	2,000	2,500
Miscellaneous	1,200	1,200
Total Income	320,100	312,500

Expenses	2025	2026
General Program Expense		
Program	3,800	4,000
Ft. Mitchel Preservation, Repair, Improvements/ATAX	10,010	10,000
Ft. Mitchel Preservation, Repair Improvements/Other	2,000	3,000
Zion Preservation, Repair, Improvements/ATAX	10,010	10,000
Zion Preservation, Repair, Improvements/Other	13,320	2,500
Heirs Property Family Research Project	500	920
Volunteer Appreciation	2,500	2,500
Equipment Purchases/Lease	1,200	1,200
Equipment Maintenance	800	800
Telephone & Internet	3,500	3,500
Utilities	4,200	4,200

Marketing/Tourism Promotion	109,000	110,000
Marketing/Other	4,000	4,000
Dues & Subscriptions	2,000	2,000
Rent	38,000	38,000
Permits & Fees	1,800	1,200
Postage & shipping/ Tourism Promotion	1,000	1,200
Postage & Shipping	1,500	1,200
Printing & Signage/Tourism Promotion	11,980	12,000
Printing & Signage/ Other	2,500	3,000
Office Supplies	2,000	2,500
Travel	100	100
Library & OnLine Research	9,800	10,000
Janitorial Services	1,680	1,680
Storage	3,300	3,300
Miscellaneous	500	500
Professional & Financial Services		
Contracts	55,000	55,000
Bank Charges	1,200	1,000
Non-Bank Finance Charges (SBA)	9,500	9,500
Insurance D&O	1,500	1,500
Insurance Property & Liability	3,900	3,900
Credit Card Processing Fees	2,500	2,800
Accounting Fees	5,000	5,000
Legal Fees	500	500
Total Expenses	320,100	312,500

Note: \$13,000 from CFL Zion Fund covered costs of additional repairs at Zion

Statement of Financial Position

Heritage Library Foundation, Inc.

As of August 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
Assets	
Current Assets	
Bank Accounts	
Cash in Banks	\$0.00
PayPal Bank	9,384.93
Pinnacle Bank	95,922.37
Pinnacle Bank - History Day	11,360.00
South State Bank	7,413.30
Total for Cash in Banks	\$124,080.60
Merchant Services	0.00
Savings	150,000.00
Total for Bank Accounts	\$274,080.60
Accounts Receivable	· •
Accounts Receivable (A/R)	0.00
Total for Accounts Receivable	\$0.00
Other Current Assets	\$0.00
Book Store Inventory	5 204 64
Deferred Leasehold Improvements	5,204.61 0.00
Trade Accounts Receivable	0.00
Uncategorized Asset	0.00
Undeposited Funds	0.00
Total for Other Current Assets	\$5,204.61
Total for Current Assets	\$279,285.21
Fixed Assets	
Accumulated Depreciation	-121,941.00
Furniture & Fixtures	\$48,890.00
Computer Hardware	67,529.22
Server	14,996.32
Total for Furniture & Fixtures	\$131,415.54
Library Collections	\$0.00
Books	161,752.56
Periodicals & Pamphlets	28,906.00
Total for Library Collections	\$190,658.56
Real Estate	\$0.00
Leasehold Improvements	\$0.00 24,416.70
Zion Chapel of Ease Cemetery	10,550.00
Total for Real Estate	\$34,966.70
Total for Fixed Assets	***
	\$235,099.80

Statement of Financial Position

Heritage Library Foundation, Inc.

As of August 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
Other Assets	
CFL Agency Account	312.11
Endowment Fund Securities - WFA	53,555.54
Security Deposit	2,581.00
Total for Other Assets	\$56,448.65
Total for Assets	\$570,833.66
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	
Rent	2,377.00
Total for Accounts Payable	\$2,377.00
Credit Cards	
Pinnacle Bank CC	0.00
Total for Credit Cards	\$0.00
Other Current Liabilities	
Loans from Officers & Trustees	0.00
Pinnacle Line of Credit	0.00
Total for Other Current Liabilities	\$0.00
Total for Current Liabilities	\$2,377.00
Long-term Liabilities	
SBA Loan - EIDL	104,664.78
Small Business Administration Loan	21,087.41
Total for Long-term Liabilities	\$125,752.19
Total for Liabilities	\$128,129.19
Equity	
Opening Balance Equity	0.00
Retained Earnings	437,466.61
Net Income	5,237.86
Total for Equity	\$442,704.47
Total for Liabilities and Equity	\$570,833.66

Heritage Library Foundation, Inc.

January 1-August 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
Income	
Contributed Support	\$0.00
Donations	\$0.00
Annual Appeal	6,800.00
Birdies for Charity	1,597.18
Business Donations	2,000.00
Foundation/Trust Donations	18,200.00
Individual Donations	4,625.00
Patron Donations	97.00
Total for Donations	\$33,319.18
Grants	\$0.00
ATAX Grants	108,417.23
CFL - Zion	13,500.00
Total for Grants	\$121,917.23
Membership	\$0.00
Academic Membership	25.00
Annual Membership	3,616.50
Total for Membership	\$3,641.50
Total for Contributed Support	\$158,877.91
Earned Revenues	\$0.00
Book Sale	712.35
Education Programs	\$95.00
Genealogy Classes	1,694.00
History Class	770.00
Lectures & Events	500.00
Tours	\$775.00
Zion	760.00
Total for Tours	\$1,535.00
Total for Education Programs	\$4,594.00
Investment Income	\$0.00
Dividend Income	2.18
Unrealized Gains (Losses)	239.11
Total for Investment Income	\$241.29
Library Services	\$0.00
Copies	15.25
Total for Library Services	\$15.25
Total for Earned Revenues	\$5,562.89
PayPal Sales	48.64
Total for Income	\$164,489.44

Heritage Library Foundation, Inc.

January 1-August 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
Cost of Goods Sold	0.00
Gross Profit	\$164,489.44
Expenses	
Ask My Accountant	134.52
G&A Expense	\$0.00
Advertising & Marketing	\$34,156.45
Fundraising	\$0.00
Advertising/Promotional	9,719.12
Total for Fundraising	\$9,719.12
General Advertising	20,397.00
Total for Advertising & Marketing	\$64,272.57
Executive Director	29,220.00
Financial Expenses	\$0.00
Interest Paid	1,298.75
Investment Expense	1.17
Total for Financial Expenses	\$1,299.92
Insurance	925.00
Meetings & Events	1,997.52
Processing Fees	\$44.87
PayPal Fees	0,97
Total for Processing Fees	\$45.84
Total for G&A Expense	\$97,760.85
General Program Expenses	\$0.00
2 Corpus Christi Dr.	\$0.00
Janitorial Expense	1,050.00
Rent	20,648.00
Repairs and Maintenance	265.00
Utilities	1,710.01
Total for 2 Corpus Christi Dr.	\$23,673.01
Beach City Storage	1,884.00
Copier	1,007.04
Dues and Subscriptions	923.44
Internet Service	1,463.66
Office Supplies & Software	2,692.89
Postage	514.71
Post Office Box	840.00
Printing & Reproduction	921.51

Heritage Library Foundation, Inc.

January 1-August 31, 2025

DISTRIBUTION ACCOUNT	TOTAL
Professional Services	\$50.00
Computing Services	1,374.32
Total for Professional Services	\$1,424.32
Repairs and Maintenance - Fort Mitchel	5,230.00
Repairs and Maintenance - Zion Cemetery	8,323.58
Telephone	119.98
Total for General Program Expenses	\$49,018.14
Program Specific Expenses	\$0.00
History & High Tea	1,125.00
Online Research Subscriptions	10,686.06
Total for Program Specific Expenses	\$11,811.06
volunteer appreciation	527.01
Total for Expenses	\$159,251.58
Net Operating Income	\$5,237.86
Other Income	0.00
Other Expenses	0.00
Net Other Income	\$0.00
Net Income	\$5,237.86

Heritage Library Foundation, Inc.

January-December, 2024

DISTRIBUTION ACCOUNT	TOTAL
Income	
Contributed Support	\$0.00
Donations	\$3,317.00
Annual Appeal	3,350.00
Birdies for Charity	2,335.46
Business Donations	4.03
Foundation/Trust Donations	60,400.02
Individual Donations	34,488.03
Matching Funds Gift	800.00
Patron Donations	290.09
Total for Donations	\$104,984.63
Grants	\$0.00
ATAX Grants	118,055.69
Total for Grants	\$118,055.69
Membership	\$0.00
Academic Membership	220.00
Annual Membership	17,480.00
Total for Membership	\$17,700.00
Total for Contributed Support	\$240,740.32
Earned Revenues	\$0.00
Book Sale	590.79
Education Programs	\$0.00
Genealogy Classes	1,428.00
History Class	5,373.00
Tours	\$1,878.00
Ft. Mitchel	48.00
Zion	507.00
Total for Tours	\$2,433.00
Total for Education Programs	\$9,234.00
Investment Income	\$0.00
Dividend Income	8.58
Interest Income	9.74
Unrealized Gains (Losses)	4,464.68
Total for Investment Income	\$4,483.00
Library Services	\$0.00
Copies	145.00
Daily Patron Fee	30.00
Total for Library Services	\$175.00
Miscellaneous Revenue	144.53
Total for Earned Revenues	\$14,627.32

Heritage Library Foundation, Inc.

January-December, 2024

DISTRIBUTION ACCOUNT	TOTAL
PayPal Sales	7,598.00
Uncategorized Income	0.00
Total for Income	\$262,965.64
Cost of Goods Sold	0.00
Gross Profit	\$262,965.64
Expenses	
G&A Expense	\$0.00
Advertising & Marketing	\$54,205.16
Fundraising	\$0.00
Advertising/Promotional	11,978.56
Total for Fundraising	\$11,978.56
General Advertising	36,531.40
Total for Advertising & Marketing	\$102,715.12
Education & Training	120.59
Executive Director	49,992.00
Expense-NOC	3,874.10
Financial Expenses	\$0.00
Interest Paid	6,651.02
Total for Financial Expenses	\$6,651.02
Insurance	3,234.00
Meetings & Events	71.37
Processing Fees	\$0.00
Bank Charges & Fees	443.62
Credit Card Processing Fees	1,063.39
PayPal Fees	627.75
QuickBooks Payments Fees	75.00
Total for Processing Fees	\$2,209.76
Volunteer Awards	46.72
Total for G&A Expense	\$168,914.68
General Program Expenses	\$0.00
2 Corpus Christi Dr.	\$0.00
Janitorial Expense	1,680.00
Rent	30,972.00
Repairs and Maintenance	155.59
Utilities	4,393.16
Total for 2 Corpus Christi Dr.	\$37,200.75
Beach City Storage	3,607.48
Copier	2,314.43
Dues and Subscriptions	11,563.42
Internet Service	1,185.25

Heritage Library Foundation, Inc.

January-December, 2024

DISTRIBUTION ACCOUNT	TOTAL
Office Supplies & Software	4,044.78
Postage	690.96
Printing & Reproduction	958.11
Professional Services	\$0.00
Accounting	7,651.85
Computing Services	3,228.15
Website	295.32
Total for Professional Services	\$11,175.32
Repairs and Maintenance - Fort Mitchel	9,097.00
Repairs and Maintenance - Zion Cemetery	15,538.07
Supplies	486.07
Telephone	227.90
Total for General Program Expenses	\$98,089.54
Program Specific Expenses	\$307.11
Website Development Cost	16,000.00
Total for Program Specific Expenses	\$16,307.11
Property Tax	461.14
volunteer appreciation	409.43
Total for Expenses	\$284,181.90
Net Operating Income	-\$21,216.26
Other Income	0.00
Other Expenses	0.00
Net Other Income	\$0.00
Net Income	-\$21,216.26

Heritage Library Foundation, Inc.

Balance Sheet Comparison

As of December 31, 2024

	TOTAL	
	AS OF DEC 31, 2024	AS OF DEC 31, 2023 (PY)
ASSETS		
Current Assets		
Bank Accounts		
Cash in Banks	184,715.56	218,903.88
Merchant Services	0.00	0.00
Savings	100,000.00	100,000.00
Total Bank Accounts	\$284,715.56	\$318,903.88
Accounts Receivable		
Accounts Receivable (A/R)	300.00	300.00
Total Accounts Receivable	\$300.00	\$300.00
Other Current Assets		
Book Store Inventory	4,843.22	4,843.22
Credit Card Receivables	1,561.53	
Deferred Leasehold Improvements	0.00	0.00
Trade Accounts Receivable	0.00	0.00
Uncategorized Asset	243.00	0.00
Undeposited Funds	0.00	0.00
Total Other Current Assets	\$6,647.75	\$4,843.22
Total Current Assets	\$291,663.31	\$324,047.10
Fixed Assets		
Accumulated Depreciation	-121,941.00	-121,941.00
Furniture & Fixtures	129,991.46	129,991.46
Library Collections	190,843.05	188,080.88
Real Estate	35,427.84	34,966.70
Total Fixed Assets	\$234,321.35	\$231,098.04
Other Assets		
CFL Agency Account	394.32	394.32
Endowment Fund Securities - WFA	49,001.31	49,001.31
Security Deposit	2,581.00	2,581.00
Total Other Assets	\$51,976.63	\$51,976.63
TOTAL ASSETS	\$577,961.29	\$607,121.77

Heritage Library Foundation, Inc.

Balance Sheet Comparison

As of December 31, 2024

	TOTAL	-
	AS OF DEC 31, 2024	AS OF DEC 31, 2023 (PY)
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Rent	2,581.00	0.00
Total Accounts Payable	\$2,581.00	\$0.00
Credit Cards		
Pinnacle Bank CC	972.44	417.81
Total Credit Cards	\$972.44	\$417.81
Other Current Liabilities		
Loans from Officers & Trustees	0.00	0.00
Pinnacle Line of Credit	0.00	0.00
Total Other Current Liabilities	\$0.00	\$0.00
Total Current Liabilities	\$3,553.44	\$417.81
Long-Term Liabilities		
SBA Loan - EIDL	100,854.54	108,000.00
Small Business Administration Loan	21,355.42	22,385.42
Total Long-Term Liabilities	\$122,209.96	\$130,385.42
Total Liabilities	\$125,763.40	\$130,803.23
Equity		
Opening Balance Equity	0.00	0.00
Retained Earnings	476,318.54	456,779.60
Net Income	-24,120.65	19,538.94
Total Equity	\$452,197.89	\$476,318.54
TOTAL LIABILITIES AND EQUITY	\$577,961.29	\$607,121.77

2023 P&L

Heritage Library Foundation, Inc.

January 1-December 30, 2023

Income 0.01rbituded Support \$2,585,51 Annual Appeal \$2,585,51 Annual Appeal \$0,775,28 Business Donations 10,000,12 Foundation/Trust Donations \$3,035,00 Individual Donations 2,366,28 Patron Donations \$60,01 Grants \$6,00,11 Grants \$155,210,00 ATAX Grants \$155,210,00 Total for Grants \$155,210,00 Membership 0 Academic Membership 10,000 Academic Membership 10,000 Anual Membership 11,847,25 Total for Membership 0 Heirs Property Family Research Project 146,99 Total for Membership Research Project 146,99 Total for Contributed Support \$235,570,77 Earned Ravanues 0 Book Sale 476,66 Education Programs 0 History Class 15,711.8 Lectures & Events 50,00 Total for Education Programs \$60,00 <t< th=""><th>DISTRIBUTION ACCOUNT</th><th>TOTAL</th></t<>	DISTRIBUTION ACCOUNT	TOTAL
Contributed Support 0 Donations \$22,565.51 Annual Appeal 12,393.33 Birdies for Charity 5,075.28 Business Donations 10,000.12 Foundation/Trust Donations 2,386.26 Individual Donations 580.01 Ordinations 580.01 Total for Donations 380.02 Grants 0 ATAX Grants 155,210.00 Membership 0 Academic Membership 0 Academic Membership 10,00 Academic Membership 10,00 Annual Membership 10,00 Are selticted Donations 11,347.25 Total for Membership 2,357.07 Easticted Donations 1,46,59 Total for Restricted Donations 3,46,59 Total for Contributed Support 323,570.77 Earned Revenues 0 Book Sale 4,60 Education Programs 0 Genealogy Classes 15,571.48 Itsory Class 15,571.48	Income	
Donations \$2,565,51 Annual Appeal 12,938,33 Birdes for Charity 5,076,28 Business Donations 10,000,12 Foundation/Trust Donations 53,035,00 Individual Donations 580,01 Patron Donations 580,01 Grants 10 ATAX Grants 10 Total for Grants \$152,210,00 Membership 10,00 Academic Membership 10,00 Annual Membership 10,00 Annual Membership 0 Restricted Donations \$11,947,25 Restricted Donations \$146,99 Total for Membership 0 Heins Property Family Research Project 1,46,99 Restricted Donations \$146,99 Total for Restricted Donations \$146,99 Total for Contributed Support \$253,570,77 Earned Revenues 0 Book Sale 476,46 Education Programs 1 Total for Contributed Support \$10,00 History Class 15		0
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Annual Membership \$11,847.25 Total for Membership \$11,947.25 Restricted Donations .0 Heirs Property Family Research Project .146.99 Total for Restricted Donations \$146.99 Total for Contributed Support \$253,570.77 Earned Revenues .0 Book Sale 476.46 Education Programs .0 Genealogy Classes .310.00 History Class .355.27 Tours .355.27 Tours .350.00 Fi. Mitchel .50.00 Zion .600.00 Total for Tours .560.00 Total for Tours .560.00 Interest Income .0 Interest Income .0 Interest Income .27.66 Library Services .0 Copies .9 Daily Patron Fee .22.28 Miscellaneous Revenue .4,608.46 Publishing Services .51,65.74 Total for Library Services .51,65.74 Tota	Membership	0
Total for Membership \$11,847.25 Restricted Donations 0 Heirs Property Family Research Project -146.99 Total for Restricted Donations \$253,570.77 Total for Contributed Support \$253,570.77 Earned Revenues 0 Book Sale 476.46 Education Programs 0 Genealogy Classes 310.00 History Class 15,571.18 Lectures & Events 353.27 Tours \$10.00 Ft. Mitchel 50.00 Zion 600.00 Total for Tours \$660.00 Total for Tours \$660.00 Total for Library Services 27.66 Total for Investment Income \$27.66 Library Services 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services \$21,586.04 Total for Earned Revenue 5,185.74 Sales 5,185.74	Academic Membership	100.00
Total for Membership \$11,947.25 Restricted Donations 0 Heirs Property Family Research Project -146.99 Total for Restricted Donations \$253,570.77 Earned Revenues 0 Book Sale 476.46 Education Programs 0 Genealogy Classes 310.00 History Class 15,571.18 Lectures & Events 353.27 Tours \$10.00 FL Mitchel 50.00 Zion 600.00 Total for Tours \$660.00 Total for Education Programs \$16,187.91 Investment Income 0 Interest Income 27.66 Total for Investment Income \$27.66 Library Services 0 Copies 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 5,185.74 Total for Earned Revenue 5,185.74 Sales 5,185.74	Annual Membership	11,847.25
Heirs Property Family Research Project - 146.99 Total for Restricted Donations - \$146.99 Total for Contributed Support \$253,570.77 Earned Revenues 0 Book Sale 476.46 Education Programs 0 Genealogy Classes 310.00 History Class 15,571.18 Lectures & Events -363.27 Tours \$10.00 FL Mitchel 50.00 Zion 600.00 Total for Tours \$660.00 Total for Education Programs \$16,187.91 Investment Income 0 Interest Income 2.766 Total for Investment Income \$27.66 Library Services 0 Copies 96.50 Daily Patron Fee 2.2.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services \$21,586.04 Publishing Services \$18.57 Sales \$21,386.04	Total for Membership	The state of the s
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Total for Contributed Support \$253,570.77 Earned Revenues 0 Book Sale 476.46 Education Programs 0 Genealogy Classes 310.00 History Class 15,571.18 Lectures & Events -353.27 Tours \$10.00 Ft. Mitchel 50.00 Zion 600,00 Total for Tours \$600,00 Total for Education Programs \$16,187.91 Investment Income 0 Interest Income 27.66 Total for Investment Income \$27.66 Library Services 96.50 Coples 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Heirs Property Family Research Project	-146.99
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Book Sale 476.46 Education Programs 0 Genealogy Classes 310.00 History Class 15,571.18 Lectures & Events -363.27 Tours \$10.00 Ft. Mitchel 50.00 Zion 600.00 Total for Tours \$660.00 Investment Income 0 Interest Income 27.66 Interest Income 27.66 Total for Investment Income 96.50 Library Services 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Total for Contributed Support	\$253,570.77
Book Sale 476.46 Education Programs 0 Genealogy Classes 310.00 History Class 15,571.18 Lectures & Events -353.27 Tours \$10.00 Ft. Mitchel 50.00 Zion 600.00 Total for Tours \$660.00 Investment Income 0 Interest Income 27.66 Interest Income 27.66 Total for Investment Income \$27.66 Library Services 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Earned Revenues	0
Education Programs 0 Genealogy Classes 310.00 History Class 15,571.18 Lectures & Events -353.27 Tours \$10.00 Ft. Mitchel 50.00 Zion 600.00 Total for Tours \$660.00 Total for Education Programs \$16,187.91 Investment Income 0 Interest Income 27.66 Total for Investment Income \$27.66 Library Services 0 Copies 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Book Sale	
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Lectures & Events -353.27 Tours \$10.00 Ft. Mitchel 50.00 Zion 600.00 Total for Tours \$660.00 Total for Education Programs \$16,187.91 Investment Income 0 Interest Income 27.66 Total for Investment Income \$27.66 Library Services 0 Copies 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	-	310.00
Tours \$10.00 Ft. Mitchel 50.00 Zion 600.00 Total for Tours \$660.00 Total for Education Programs \$16,187.91 Investment Income 0 Interest Income 27.66 Total for Investment Income \$27.66 Library Services 0 Copies 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	History Class	15,571.18
Ft. Mitchel 50.00 Zion 600.00 Total for Tours \$660.00 Total for Education Programs \$16,187.91 Investment Income 0 Interest Income 27.66 Total for Investment Income \$27.66 Library Services 0 Copies 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Lectures & Events	-353.27
Zion 600.00 Total for Tours \$660.00 Total for Education Programs \$16,187.91 Investment Income 0 Interest Income 27.66 Total for Investment Income \$27.66 Library Services 0 Copies 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Tours	\$10.00
Total for Tours \$660.00 Total for Education Programs \$16,187.91 Investment Income 0 Interest Income 27.66 Total for Investment Income \$27.66 Library Services 0 Copies 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Ft. Mitchel	50.00
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Investment Income 0 Interest Income 27.66 Total for Investment Income \$27.66 Library Services 0 Copies 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Total for Tours	\$660.00
Interest Income 27.66 Total for Investment Income \$27.66 Library Services 0 Copies 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Total for Education Programs	\$16,187.91
Total for Investment Income \$27.66 Library Services 0 Copies 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Investment Income	0
Library Services 0 Copies 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Interest Income	27.66
Copies 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Total for Investment Income	\$27.66
Copies 96.50 Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Library Services	0
Daily Patron Fee 22.28 Total for Library Services \$118.78 Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00		
Miscellaneous Revenue 4,608.46 Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00		
Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Total for Library Services	\$118.78
Publishing Services 166.77 Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Miscellaneous Revenue	4.608.46
Total for Earned Revenues \$21,586.04 PayPal Sales 5,185.74 Sales 25.00	Publishing Services	
PayPal Sales 5,185.74 Sales 25.00	10.00 1	to the state of th
Sales 25.00	PayPal Sales	
M. Al. 1. A.		
10tal for Income \$280,367.55	Total for Income	\$280,367.55

DISTRIBUTION ACCOUNT	TOTA
Other Income	
Other Expenses	
Net Other Income	vocano.
Net Income	-\$4,950.4

Heritage Library Foundation, Inc.

Balance Sheet

As of December 31, 2023

	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
	10,550.00
Zion Chapel of Ease Cemetery	-,

Heritage Library Foundation, Inc.

Balance Sheet

As of December 31, 2023

	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

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.



CERTIFIED PUBLIC ACCOUNTANTS
MEMBERS OF THE AMERICAN INSTITUTE OF CPAS & S.C. ASSOCIATION OF CPAS
www.robinsongrant.com

THE HERITAGE LIBRARY FOUNDATION INC. P.O. BOX 5950 HILTON HEAD ISLAND, SC 29938

THE HERITAGE LIBRARY FOUNDATION INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2024 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2024 FORM 990

THE ORIGINAL RETURN SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

MICHAEL R. PUTICH, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2024

PREPARED FOR:

THE HERITAGE LIBRARY FOUNDATION INC. P.O. BOX 5950 HILTON HEAD ISLAND, SC 29938

PREPARED BY:

ROBINSON GRANT & CO., P.A. P.O. DRAWER 22959 HILTON HEAD ISLAND, SC 29925

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2025

EOT. 8879-TE

IRS E-file Signature Authorization for a Tax Exemi

pt Entity		
, 2024, and ending	. 20	0004

OMB No. 1545-0047

Department of the Treasury

For calendar year 2024, or fiscal year beginning ZUZ4 Do not send to the IRS. Keep for your records. Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer **EIN or SSN** THE HERITAGE LIBRARY FOUNDATION INC. 58-2332014 Name and title of officer or person subject to tax PETER COOPER TREASURER 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. Form 990 check here 1a Form 990-EZ check here ... b Total revenue, if any (Form 990-EZ, line 9) ______2b 2a За Form 1120-POL check here Form 990-PF check here ... **4**a Form 8868 check here **b Balance due** (Form 8868, line 3c) **5b** 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here 9a b Tax due (Form 5330, Part II, line 19) Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 🗓 I am an officer of the above entity or 🔲 I am a person subject to tax with respect to (name _ , (EIN)_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit)

entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: chec	k one	box	only
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X lauthorize ROBINSON GRANT & CO., P.A.

to enter my PIN

32014

Enter five numbers, but

as my signature on the tax year 2024 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 2024 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.

Certification and Authentication Part III

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

57429710333

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

MICHAEL R. PUTICH, CPA

05/15/25

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

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

Form 8879-TE (2024)

Form **990**

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 Open to Public Inspection

Department of the Treasury

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

A For the 2024 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change THE HERITAGE LIBRARY FOUNDATION INC. 58-2332014 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final P.O. BOX 5950 843-686-6560 termin-ated City or town, state or province, country, and ZIP or foreign postal code 262,965. G Gross receipts \$ Amended HILTON HEAD ISLAND, SC H(a) Is this a group return F Name and address of principal officer: PETER COOPER for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.HERITAGELIB.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1997 M State of legal domicile; SC Part I Summary Briefly describe the organization's mission or most significant activities: OPERATE A HISTORY AND GENEALOGY Activities & Governance RESEARCH LIBRARY Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 15 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 0 5 Total number of volunteers (estimate if necessary) 100 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 274,860. 240,740. Revenue Program service revenue (Part VIII, line 2g) 28,624. 17,598. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,824. 4,483. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 167. 144. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 311,475. 262,965. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 59,834. 49,992. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 121,309. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 237,577. 255,378. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 297,411. 305,370. 19 Revenue less expenses. Subtract line 18 from line 12 14,064. -42,405.5 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 596,828. 555,692. Total liabilities (Part X, line 26) 130,803. 132,072. 466,025. Net assets or fund balances. Subtract line 21 from line 20 423,620. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign PETER COOPER Here TREASURER Type or print name and title Preparer's name Preparer's signature MICHAEL R. PUTICH, CPA Paid MICHAEL R. PUTICH, C 05/15/25 self-employed P00853466 ROBINSON GRANT & CO., P.A. Preparer Firm's name Firm's EIN 57-0735924 Use Only Firm's address P.O. DRAWER 22959 HILTON HEAD ISLAND, SC 29925 Phone no.843-815-6161 May the IRS discuss this return with the preparer shown above? See instructions X Yes LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2024) 432001 12-10-24

	m 990 (2024) THE HERITAGE LIBRARY FOUNDATION INC. 58-2332014 Page
Pa	rt III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: OPERATE A HISTORY AND GENEALOGY RESEARCH LIBRARY
	OTENATE 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?
	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?
	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
4	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 24,635. 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 9500
	DEFENSE BATTERY; (2) ZION CHAPEL OF EASE CEMETERY MAUSOLEUM. OVER 9500 PEOPLE VISITED THE SITES, BOTH OF WHICH WERE PLACED ON THE NATIONAL
	REGISTER OF HISTORIC PLACES IN 2017.
	ADDIDITE OF MIDIORIC FEACUD IN 2017.
4b	(Code:) (Expenses \$16,307. including grants of \$) (Revenue \$7,391.
	MAINTAIN BOOKS, DOCUMENTS AND DIGITAL COLLECTIONS AND PROVIDE ONLINE
	ACCESS TO DATABASES FOR PUBLIC RESEARCH. SERVED 12000 RESEARCH
	PATRONS, PUBLISHED QUARTERLY NEWSLETTERS, PRODUCED HISTORICAL PAPERS
	FOR MEMBERS AND THE PUBLIC. VOLUNTEERS PROVIDED 8655 HOURS OF SERVICE.
4c	(Code:) (Expenses \$ 58,147. including grants of \$) (Revenue \$
	EDUCATIONAL PROGRAM EXPENSE: CONDUCTED TOURS OF FT. MITCHEL AND ZION
	CHAPEL OF EASE CEMETERY MAUSOLEUM, AS WELL AS CONDUCTED VARIOUS CLASSES
	ON GENEALOGY AND LOCAL HISTORY. 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.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$
ŧe	Total program service expenses 99,089.

Form **990** (2024)

Form 990 (2024)

Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 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 X 3 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 4 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 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 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 X 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 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 X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 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 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 Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 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 X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 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, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Х 17 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 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Х

Form 990 (2024)

For	m 990 (2024) THE HERITAGE LIBRARY FOUNDATION INC. 58-233	32014	4 i	Page
Pa	art 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			1
	Schedule J	23		X
248	a 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			١
	Schedule K. If "No," go to line 25a	24a	4_	X
	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	_	-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d	-	_
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a	-	X
į,	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	1		
06	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%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26	-	X
21	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			
20	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):	100		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1		
h	"Yes," complete Schedule L, Part IV	28a		X
D	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
29	"Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	-	X
00	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
31	contributions? If "Yes," complete Schedule M	30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	-	X
ŲŽ.				37
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	<u>X</u>
-	sections 301 7701-2 and 301 7701-32 (# Ill/sell assertion Colored to B. B. 14			v
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
-				v
35a	Did the experimental plants and applications of the state	34	-	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	X
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	05.		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	_	
				v
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	\rightarrow	X
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	07		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	_	
		20	x	
Par	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	_
	Check if Schedule O contains a response or note to any line in this Part V			\neg
		·····		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	February 1 (F. 1900) and 1 (F. 1900)	- 1		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4	-	

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

THE HERITAGE LIBRARY FOUNDATION INC. Form 990 (2024) 58-2332014 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5h c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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 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. 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: a Initiation fees and capital contributions included on Part VIII, line 12 10a **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X If "Yes," complete Form 4720, Schedule O. 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?

If "Yes," complete Form 6069.

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Form 990 (2024) THE HERITAGE LIBRARY FOUNDATION INC. 58-2332014 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 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? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 6 Did the organization have members or stockholders? X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X **b** Each committee with authority to act on behalf of the governing body? Х 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 Х 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? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe 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 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Х Did the organization have a written whistleblower policy? X X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization X 15b 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? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

exempt status with respect to such arrangements?	
Section C. Disclosure	

17	List the states wit	h which a copy	y of this Form 990	is required to	be filed	SC

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website Another's website
- X Upon request
- Other (explain on Schedule O)
- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

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.
- 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) 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)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of 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)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BARBARA CATENACI	40.00									
EXECUTIVE DIRECTOR		X						49,992.	0.	0.
(2) RICHARD DEKKER	8.00									
BOARD MEMBER		X			2.1			0.	0.	0.
(3) LYDIA INGLETT	6.00									
BOARD MEMBER		Х						0.	0.	0.
(4) ERIC WASHINGTON	6.00									
BOARD MEMBER		X						0.	0.	0.
(5) HERBERT FORD	6.00									
BOARD MEMBER		X						0.	0.	0.
(6) THOMAS CRAFT	6.00							1		
BOARD MEMBER		X						0.	0.	0.
(7) JAMES MACLEOD	6.00									
BOARD MEMBER		Х						0.	0.	0.
(8) NATHANIEL JONES	6.00									
BOARD MEMBER		X					_	0.	0.	0.
(9) GALEN MILLER	6.00									
BOARD MEMBER	-	Х					_	0.	0.	0.
(10) GREG DELOACH	8.00									
BOARD MEMBER	5.00	X					-	0.	0.	0.
(11) JAMES ROBINSON	6.00									
BOARD MEMBER (12) PETER COOPER	16.00	X	-	-	-	-	-	0.	0.	0.
TREASURER	16.00			. ,				0		
(13) EZRA CALLAHAN	16.00		-	Х	-	\dashv	+	0.	0.	0.
PRESIDENT	10.00			x				0.	0	
(14) SARAH O'LEARY TAKACS	6.00			4	-	-	+	0.	0.	0.
VICE PRESIDENT	0.00		- 1	x	- 1			0.	0	0
(15) LUANA GRAVES-SELLARS	8.00		+	4		-	-	0.	0.	0.
SECRETARY	0.00			x				0.	0.	0.
(16) LAURETTE DOSCHER-BENFANTE	12.00		\dashv	-		1	1	0.	0.	0.
BOARD MEMBER	12.00	x						0.	0.	0.
			1	\dashv		1	-	0.	0.	0.

	(A) Name and title		Position (do not check more than on box, unless person is both a officer and a director/trustee						(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of 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)	organizations (W-2/1099-MISC/ 1099-NEC)		compensation from the organization and related organizations		
								_					
				-				-			-		_
						-	H				-		-
						+					-		
								1					
								1					
1b Subtotal						1			49,992.		0.		0.
d Total (add li	continuation sheets to Pa								49,992.		0.		0.
	r of individuals (including b on from the organization	out not limited to the	se li	isted	abo	ove)	who	rec	eived more than \$100,0	000 of reportable			(
3 Did the orga	nization list any former of	ficer, director, truste	e, ke	ey er	nplo	yee	, or l	highe	est compensated emplo	oyee on	ſ	Ye	s No
4 For any indiv	es," complete Schedule J idual listed on line 1a, is th	ne sum of reportable	con	nper	nsati	ion a	and a	othe	r compensation from th	e organization		3	X
	organizations greater than on listed on line 1a receive											4	X
rendered to	the organization? # "Yes." endent Contractors					-			•			5	Х
1 Complete thi	s table for your five highes										ensati	on from	
the organizat	tion. Report compensation (A)					h or	with	nin th	(B)		_	(C)	
	Name and busir	ness address	NO:	NE	_			+	Description of se	rvices	Co	mpensat	tion
			_	-	_	_	_	+			_		
								-					
							_	+					
					_			-					_
2 Total number	of independent contracto	rs fincluding but set	lim:	- ا	to +l-	0000	lieta	ad c'	one) who received	o than			
	compensation from the or		. 111111	ıcu	io ii	0	пос	u al	ove) who received mor	e ulaii			

Form 990 (2024) THE HER

_		Check if Schedule C	cor	ntains a res	onse	or note to any lin	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	a Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		1b		17,700.				
S, G		c Fundraising events		1c		5,685.				
ar E		d Related organizations		1d						
S, E		e Government grants (con				118,056.				
tion y	1	f All other contributions, gifts	-				-			
in the		similar amounts not include				99,299.				
dut		9 Noncash contributions included i	n lines	1a-1f 1g	\$					
OF		h Total. Add lines 1a-1f					240,740.			
						Business Code				
စ္ပ	2 :	a EDUCATIONAL			_	611710	9,234.	9,234.		
Program Service Revenue	- 1	PUBLISHING R				513130	8,189.	8,189.		
S	•	LIBRARY SERV	ICE	ES		519200	175.	175.		
ra s		d								
5 9	•									
۵	1	f All other program service revenue								
\rightarrow		Total. Add lines 2a-2f				17,598.				
	3	Investment income (including dividends, inter				est, and				
- 1		other similar amounts)					4,483.	4,483.		
- 1	4									
- 1	5	Royalties		T						
- 1				(i) Rea	al .	(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b						11	
		Rental income or (loss)	60	:						
		Net rental income or (loss		Lao						
	7 a	Gross amount from sales of			ties	(ii) Other	1			
- 1		assets other than inventory 7a								
	b	Less: cost or other basis								
ž		and sales expenses			_		91			
Other Revenue		Gain or (loss)								
Œ.	_ d	Net gain or (loss)								
‡	8 a	Gross income from fundraisi								
0				85. of		1				
		contributions reported on	line	1c). See						
					8b	0.				
	C	, , , , , , , , , , , , , , , , , , , ,		_			0.			
	9 a	Gross income from gamir	-							
		Part IV, line 19			9a					
		Less: direct expenses			9b					
- 1		Net income or (loss) from	~	<u> </u>	s					
- 1	то а	Gross sales of inventory,			1					
		and allowances			10a					
- 4		Less: cost of goods sold 10b								
+	С	Net income or (loss) from	sales	s of invento	y					
2		MISCELLANEOUS				Business Code	144	144		
Miscellaneous Revenue	11 a	WIT DC DITTIMINE OUD	_		-	900099	144.	144.		
scellaneo Revenue	b		_	_	_					
Sce Be	C	All other revenue	_		-					
Σ		All other revenue					111			
		Total savague San instruction					144.	22 225	0	^
	12	Total revenue. See instruction	การ				262,965.	22,225.	0.	0.

Form 990 (2024) THE HERITAGE LIBRARY FOUNDATION INC. Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must co	mplete column (A).	
	Check if Schedule O contains a respons		this Part IX	1 7	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22 _				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	49,992.		49,992.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	(
	column (A), amount, list line 11g expenses on Sch O.)	101 200			
12	Advertising and promotion	121,309.			121,309.
13	Office expenses	8,039.		8,039.	
14	Information technology	11,175.		11,175.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	110		440	
19	Conferences, conventions, and meetings	118.		118.	
20	Interest Payments to affiliates	6,651.		6,651.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	3,553.		2 552	
23		3,234.		3,553.	
23 24	Other expenses. Itemize expenses not covered	3,234.		3,234.	
- 4	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 0.)				
а	EDUCATIONAL PROGRAM EXP	58,147.	58,147.		
	HISTORIC PRESERVATION	24,635.	24,635.		
	ONLINE RESEARCH SUBSCRI	16,307.	16,307.		
d	BANK & PROCESSING FEES	2,210.	20,5071	2,210.	
-	All other expenses			2,210+	
25	Total functional expenses. Add lines 1 through 24e	305,370.	99,089.	84,972.	121,309.
26	Joint costs. Complete this line only if the organization		22,005	0-/5/21	121,307.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 318,904. 274,755. Cash - non-interest-bearing 1 1 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 300. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 4,843. 4,843. Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 164,958. basis. Complete Part VI of Schedule D 10a 135,788. 32,723. 29,170. b Less: accumulated depreciation ______10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 49,396. 53,762. 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 193,162. 190,662. Other assets. See Part IV, line 11 15 15 596,828. 555,692. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 130,385. 128,870. 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 418. 3,202. 25 130,803. 26 132,072. 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 355,724. 423,310. 27 27 Net assets with donor restrictions 110,301. 310. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 466,025. 423,620. 32 Total net assets or fund balances 32 596,828. 33 555,692. Total liabilities and net assets/fund balances

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

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

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

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

<u>3a</u>

X

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.

Name of the organization

Employer identification number

58-2332014

OMB No. 1545-0047

Inspection

_		THE	HERITAGE I	LIBRARY FOUND	ATION	INC.			58-2332014				
Pa	art I	Reason for Public	Charity Status.	(All organizations must	complete	this part.)	See instruction	s.					
The	organ	nization is not a private foun	dation because it is:	(For lines 1 through 12,	check only	one box.)							
1	Ш	A church, convention of c	hurches, or associat	ion of churches describe	d in secti	on 170(b)	(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organi	zation operated in co	onjunction with a hospita	ıl describe	din secti	on 170(b)(1)(A)	(iii). Ente	r the hospital's name,				
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7		An organization that norm	ally receives a substa	antial part of its support	from a gov	ernmental	unit or from th	e general	public described in				
		section 170(b)(1)(A)(vi). (0											
8	Щ	A community trust describ											
9		An agricultural research or											
		or university or a non-land-	grant college of agri	culture (see instructions).	. Enter the	name, city	, and state of	the colleg	e or				
		university:											
10	X	An organization that norma											
		activities related to its exer											
		income and unrelated busi		e (less section 511 tax) fro	om busine	sses acqu	ired by the orga	anization a	after June 30, 1975.				
		See section 509(a)(2). (Co											
11	\vdash	An organization organized											
12		An organization organized											
		more publicly supported or							Check the box on				
_		lines 12a through 12d that											
а	L	Type I. A supporting organization											
		the supported organization			a majority	of the direc	tors or trustee	s of the su	upporting				
h		organization. You must o			A. 201 10								
IJ		Type II. A supporting org											
		control or management or organization(s). You mus			ame perso	ns tnat co	ntrol or manag	e the sup	oorted				
C		Type III functionally inte			in connoc	tion with	and functionally	. !	ماهاني، لي				
·		its supported organizatio						/ integrate	ed with,				
d		Type III non-functionally						ad araani	ration(a)				
_		that is not functionally int											
		requirement (see instruct						an attentiv	reness				
е		Check this box if the orga						Type III					
		functionally integrated, or					Type II, Type II	, Type III					
f	Enter	r the number of supported o	inations	,									
g	Provi	de the following information		ed organization(s).									
	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of r	nonetary	(vi) Amount of other				
		organization ————————————————————————————————————		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)				
otol													

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	1-1/	1 1	197	(4) 2020	(9) 232 1	TIT TOTAL
	membership fees received. (Do not				1		
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf			1			
3	The value of services or facilities						
٠	furnished by a governmental unit to						
	the organization without charge						
	***					1	
4 5	Total. Add lines 1 through 3						
3	•	il ba uns					
	by each person (other than a					The state of	
	governmental unit or publicly		A Comment			ALTERNATIVE STATE	
	supported organization) included on line 1 that exceeds 2% of the					N	
	amount shown on line 11,						
	column (f)						
_							
	Public support. Subtract line 5 from line 4.						
					T		
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4					-	
8	Gross income from interest,						l I
	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					1 1	
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				V 1 - 1 - 1 - 1 - 1 - 2		
12	Gross receipts from related activities,	etc. (see instruction	ons)	***************************************		12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third, i	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
	tion C. Computation of Publi						
14	Public support percentage for 2024 (li	ne 6, column (f), d	ivided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2023	Schedule A, Part	II, line 14	***************************************		15	%
16a	33 1/3% support test - 2024. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization			***************************************	
b	33 1/3% support test - 2023. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion	••••		
17a	10% -facts-and-circumstances test	- 2024. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts						
	meets the facts-and-circumstances tes						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the facts-and-circu						
	Private foundation. If the organization						
					,		

Schedule A (Form 990) 2024 THE HERITAGE LIBRARY FOUNDATION INC.

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

Se	ction A. Public Support	elow, please comp	nete Part II.				
Cal	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and					1	17
	membership fees received. (Do not						
	include any "unusual grants.")	302,029.	300,060.	311,536.	274,860.	240,740.	1429225.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	21,296.	16,291.	15,752.	28,791.	17,742.	99,872.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	323,325.	316,351.	327,288.	303,651.	258,482.	1529097.
72	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons	112,353.	68,889.	154,508.	155,210.	118,056.	609,016.
k	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	112,353.	68,889.	154,508.	155,210.	118,056.	609,016.
8	Public support. Subtract line 7c from line 6.						920,081.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	323,325.	316,351.	327,288.	303,651.	258,482.	1529097.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,020.	2,934.	-8,437.	7,824.	4,483.	7,824.
b	Unrelated business taxable income					,	.,
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	1,020.	2,934.	-8,437.	7,824.	4,483.	7,824.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	324,345.	319,285.	318,851.	311,475.	262,965.	1536921.
14	First 5 years. If the Form 990 is for the	e organization's fire	st, second, third, fo	ourth, or fifth tax y		11(c)(3) organization	n,
	check this box and stop here						
	tion C. Computation of Public						
	Public support percentage for 2024 (lin			olumn (f))		15	59.87 %
	Public support percentage from 2023					16	65.65 %
	tion D. Computation of Invest						
	Investment income percentage for 202			e 13, column (f))		17	.51 %
	Investment income percentage from 2					18	.27 %
	33 1/3% support tests - 2024. If the c						
	more than 33 1/3%, check this box and						X
	33 1/3% support tests - 2023. If the cline 18 is not more than 33 1/3%, chec						[a
	Private foundation. If the 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")? # "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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? /f "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
	H	
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10a		= 1
10b		
A (Form	990)	2024

Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	1.33	F-0	30
	11c below, the governing body of a supported organization?	11a		
ь	A family member of a person described on line 11a above?	11b		\vdash
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
	provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	110		
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	103	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		200	
	supervised, or controlled the supporting organization.	2		
Sec	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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	10011		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	24-14		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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			
	A MARKAN TO A MARK			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		_
				_
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
_	entity (see instructions).	r		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	_	
b	Did the activities described 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		7-7	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	milk.		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "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			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

_	edule A (Form 990) 2024 THE HERTTAGE LIBRARY FO irt V Type III Non-Functionally Integrated 509(a)(3) Support			58-2332014 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			- Part VII See instructions
	All other Type III non-functionally integrated supporting organizations me			Fart VI). See instructions.
Sec	tion 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	10.3		
	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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			7-44-1-1
	(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	on 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-functional	ally integrated	d Type III supporting organ	nization (see
	instructions).	-		•

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

Part VI. See instructions.

Breakdown of line 7:

a Excess from 2020 b Excess from 2021 c Excess from 2022 d Excess from 2023 e Excess from 2024

and 4c.

8

7 Excess distributions carryover to 2025. Add lines 3j

Schedule A	(Form 990) 2024	THE HE	RITAGE	LIBRARY	FOUNDAT	ION INC.	58-2332014	Page 8
Part VI	line 1; Part IV, Section A, line	s 1, 2, 3b, 3c, 2 D, lines 2 and	10, 4c, 5a, 6, 3; Part IV, Se	9a, 9b, 9c, 11a, ction E. lines 1c.	ו; and זוכ; ו 2a, 2b, 3a and .	art IV, Section E 3b: Part V. line 1	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Sectio 1: Part V. Section B. line 1e: Pa	n C
	Section D, lines 5, 6, a (See instructions.)	nd 8; and Part	V, Section E,	lines 2, 5, and 6	6. Also complete	this part for any	additional information.	,
-								
-								
,								
	+							

Schedule A

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

2024

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2020 Amount	2021 Amount	2022 Amount	2023 Amount	2024 Amount
	112,353.	68,889.	154,508.	155,210.	118,056
	-				
	1				
			+		
otal to Schedule A, art III, Line 7a	112,353.	68,889.	154,508.	155,210.	118,056.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization **Employer identification number** THE HERITAGE LIBRARY FOUNDATION INC. 58-2332014 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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

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) (Rev. 12-2024)

Employer identification number

THE HERITAGE LIBRARY FOUNDATION INC.

58-2332014

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al 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	\$118,056.	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
2	PEEPLES FOUNDATION PO BOX 5950 HILTON HEAD ISLAND, SC 29938	\$\$	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
3	NORMA & NORMAN HARBERGER 4416 HUNTERS RUN DRIVE CLEMMONS, NC 27102	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupated Payroll 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 Onnocash Onnocash If for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onnocash 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
		\$	15
(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

HE HE	RITAGE LIBRARY FOUNDAT	ION INC.		58-2332014
Part III		ons to organizations described through (e) and the following line charitable, etc., contributions of \$1,00	ne entry. For ora	c)(7), (8), or (10) that total more than \$1,000 for the yanizations year. (Enter this info. once.)
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	Rel	ationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
art i	(b) i di pose oi giit	(c) ose of gift		(a) Description of now girt is neid
/-		(e) Transfer o	of gift	
-	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of transferor to transferee
-				
) No. rom art i	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
_				
		(e) Transfer o	f gift	
-	Transferee's name, address, ar	ad ZIP + 4	Rela	ationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
art I -	,	.,,======		.,,
-		(e) Transfer o	f gift	
	Transferee's name, address, an	d ZIP + 4	Rela	ationship of transferor to transferee
2				

SCHEDULE D

Supplemental Financial Statements

(Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service 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

Open to Public Inspection

Name of the organization

THE HERITAGE LIBRARY FOUNDATION INC.

Employer identification number 58-2332014

Pa	ort I Organizations Maintaining Donor Advise		or Accounts.	Complete if the
_	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Funds a	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			
	are the organization's property, subject to the organization's			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	
	impermissible private benefit?		•••••	Yes X No
Pa	rt II Conservation Easements. Complete if the org		Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically imp	ortant land area
	Protection of natural habitat	Preservation o	f a certified historic	c structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation	easement on the last
	day of the tax year.		Heli	d at the End of the Tax Year
а		3	2a	
b			2b	
С			2c	
đ				
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization durin	ng the tax
	year			
4	Number of states where property subject to conservation easi			
5	Does the organization have a written policy regarding the peri	• • •		
	violations, and enforcement of the conservation easements it	***************************************		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easement	ts during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservat	tion easements du	ring the year
_	Daniel de la constant			
8	Does each conservation easement reported on line 2d above			
_				Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stateme	ents that describes	the
Pai	organization's accounting for conservation easements. III Organizations Maintaining Collections of	Art Historical Treasures or Ot	har Cimilar Ac	coto
- 44	Complete if the organization answered "Yes" on Form 9		ilei Siilillai As	5CI3.
12	If the organization elected, as permitted under FASB ASC 958			
10				
	of art, historical treasures, or other similar assets held for publ service, provide in Part XIII the text of the footnote to its finance			
h	If the organization elected, as permitted under FASB ASC 958			
b	art, historical treasures, or other similar assets held for public of			
	provide the following amounts relating to these items.	exhibition, education, or research in furth	erance of public se	ervice,
			•	
2	If the organization received or held works of art, historical treas	sures or other similar assets for fine sold		
~	the following amounts required to be reported under FASB AS		gain, provide	
а			.	
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		\$	

Sch	edule D (Form 990) (Rev. 12-2024) THE HE	RITAGE LIB	RARY FOUND	ATION IN	VC.	Cimalla.	58-23	3201	<u>4</u> P	age 2
	rt III Organizations Maintaining C							S (contil	rued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that r	nake sig	nificant i	use of its			
	collection items (check all that apply).									
а		d	Loan or exc	change progran	n					
b		е	Other							
С										
4	Provide a description of the organization's c						se in Part	XIII.		
5	During the year, did the organization solicit of							_		
Da	to be sold to raise funds rather than to be m	aintained as part of the	ne organization's co	ollection?			L	Yes	X	No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	gements Comple art X, line 21.	te if the organization	n answered "Ye	es" on Fo	orm 990,	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian, or other intermed	liary for contribution	ns or other asse	ets not in	rcluded				
	on Form 990, Part X?		***************************************			· · · · · · · · · · · · · · · ·		Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount	ŧ	
С	Beginning balance		***************************************			1c				
d	Additions during the year				· · · · · · · · · · · · · · · · · · ·	1d				
	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on F					·?	L	Yes		No
Do	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided in Par	t XIII					<u></u>
Fa	rt V Endowment Funds Complete if							4 . 5		
		(a) Current year	(b) Prior year	(c) Two years				(e) Four		
_	Beginning of year balance	49,396.	44,115.	52,.	223.		34,289.		30,	512.
b	***************************************	4 002	5 824		100		15,000.			
C .	Net investment earnings, gains, and losses	4,883.	5,734.	-8,	108.		2,934.		3,	777.
	Grants or scholarships				_					
е	Other expenditures for facilities									
	and programs	F17	453							
	Administrative expenses	517.	-453.	44.	115					
g	End of year balance	53,762.	49,396.		115,		52,223.		34,2	289.
2	Provide the estimated percentage of the curr) held as:						
a	Board designated or quasi-endowment		_%							
þ	Permanent endowment	%								
С		%								
0-	The percentages on lines 2a, 2b, and 2c should be the second and the second sec		to all a little							
Sa	Are there endowment funds not in the posses organization by:	ssion of the organizat	tion that are neig an	ia aaministerea	for the			Г	Yes	No
	(i) Unrelated organizations?							1	X	NO
								3a(i)	_	X
h	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organization.	tione lietad ae raquira	d on Schedulo P2				•••••	3a(ii)	_	-22
4	Describe in Part XIII the intended uses of the							30		
_	t VI Land, Buildings, and Equipme		mione farias.							_
	Complete if the organization answered		Part IV, line 11a. Se	ee Form 990, P	art X, lin	e 10.				
	Description of property	(a) Cost or other	her (b) Cost	or other	(c) Acc	umulated	t	(d) Book	value	
1a	Land			0,550.		- STORESTON I		1 በ	, 55	0 -
	Buildings			5,5501					, , , ,	
	Leasehold improvements		2.	4,417.		8,64	9.	15	,76	8
	Equipment			9,991.	12	27,13			, 85	
	Other			/		.,			, , , ,	
	Add lines 1a through 1e. (Column (d) must ed		line 10c. column i	(B))				29	,17	0.
							_			_

Schedule D (Form 990) (Rev. 12-2024)

Part VIII Investments - Lither Securities	GE HIDRAKI FOO	JNDATION INC.	58-2332014 Page
Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 000. Bort IV line 1	Ith Con Form 000 Doub V	line 40
(a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
1) Financial derivatives	(b) Book value	(c) Motriod of Valdatio	on. Cost of end-of-year market value
o) Olasak k til 19 til 19			
2) Closely neid equity interests 3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
(1) ENDOWMENT FUND SECURITIES	53,762.		MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	53,762.		
Part IX Other Assets	E		
Complete if the organization answered "Yes" o		ld. See Form 990, Part X,	
	Description		(b) Book value
(1) SECURITY DEPOSITS			2,581
T TDD ADV COLLECTIONS			
(2) LIBRARY COLLECTIONS			190,581
(3)			190,581
(3) (4)			190,581
(3) (4) (5)			190,581
(3) (4) (5) (6)			190,581
(3) (4) (5) (6) (7)			190,581
(3) (4) (5) (6) (7) (8)			190,581
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
(3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			193,162
(3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of			
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the properties of the organization of liability			193,162
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			
(3) (4) (5) (6) (7) (8) (9) Patal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CREDIT CARDS			
(3) (4) (5) (6) (7) (8) (9) Intal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			
(3) (4) (5) (6) (7) (8) (9) Patal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CREDIT CARDS (3)			
(3) (4) (5) (6) (7) (8) (9) Patal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) CREDIT CARDS (3) (4)			
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5)			
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6)			
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6) (7)	n Form 990, Part IV, line 11	e or 11f. See Form 990, P	

	edule D (Form 990) (Rev. 12-2024) THE HERITAGE LIBRARY FO	ements With Revenue p	58-2332014 Page 4 er Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	3.4
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	f. ī	
a b	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.) Add lines 4a and 4b		
_5	***************************************		4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial State	ements With Expenses	ner Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line		per neturn
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	200
b	Prior year adjustments	2b	
c	Other losses	2c 2c	
d	Other (Describe in Part XIII.)	2d	
	Add lines 2a through 2d		20
3	Subtract line 2e from line 1	••••••	2e
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Par	t XIII Supplemental Information		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 1a and 4; Part III, lines 2d and 4b. Also complete this part to provide any and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any and 4b; and Part XII, lines 2d and 4b.		IIIIe 4; Part A, line 2; Part Al,
			-
	1		

SCHEDULE G (Form 990)

(Rev. December 2024)

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

Open to Public Inspection

THE HER	RITAGE LIBRARY FOUN	DAT.	ION	INC.		Employer ide	entification number 014							
Part I Fundraising Activities	- Complete if the organization answer				line 17									
required to complete this part required to complete this part and indicate whether the organization raise. a	sed funds through any of the followin e Solicita s f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with providuals or entities (fundraisers) pursu-	tion of tion of fundra (includation	nongeralsing	overnment grants nment grants events ficers, directors, trus undraising services?	stees,	Yes								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of		or control of		or control of		or control of from acti	(iv) Gross receipts from activity	tò (o f	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No											
	-													
F otal														
List all states in which the organization or licensing.	n is registered or licensed to solicit co	ontribu	ıtions	or has been notified	it is ex	cempt from reg	istration							

Schedule G (Form 990) (Rev.	12-2024) THE	HERITAGE	LIBRARY	FOUNDATION	TNC -	

58-2332014 Page 2

		(a) Event #1 ANNUAL	(b) Event #2 BIRDIES &	(c) Other events NONE	(d) Total events	
		APPEAL (event type)	CHAMPIONS FO (event type)	(total number)	(add col. (a) through col. (c))	
lg Lg		(Grone typo)	(event type)	(total number)		
Hevenue	Gross receipts	3,350.	2,335.		5,685	
2	Less: Contributions	3,350.	2,335.		5,685	
3	Gross income (line 1 minus line 2)					
4	Cash prizes					
	Noncash prizes					
6	Rent/facility costs					
Sesue 6	Food and beverages					
	Entertainment					
9	Other direct expenses					
10	Direct expense summary. Add lines 4 three					
art l	Net income summary. Subtract line 10 from Gaming. Complete if the organization		000 Pert IV Br - 40			
-1.41	\$15,000 on Form 990-EZ, line 6a.	ion answered res on romi	1990, Part IV, line 19, or re	ported more than		
		(-) Dinne	(b) Pull tabs/instant	(10)	(d) Total gaming (add	
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c	
1	Gross revenue					
2	Cash prizes					
2						
3	Noncash prizes					
3	Noncash prizes					
3	Noncash prizes Rent/facility costs					
3	Noncash prizes Rent/facility costs					
3 4 5	Noncash prizes Rent/facility costs Other direct expenses	Yes%	Yes % [Yes%		
3	Noncash prizes Rent/facility costs		☐ Yes % ☐ No	Yes %		
3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	No	No		
3 4 5	Noncash prizes Rent/facility costs Other direct expenses	Yes%		No		
3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro	Yes%	No	No		
3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	No	No		
3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract liner the state(s) in which the organization co	Yes% No ugh 5 in column (d) ie 7 from line 1 column (d) inducts gaming activities:	No	No		
3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract liner the state(s) in which the organization come organization licensed to conduct gaming	Yes % No ugh 5 in column (d) e 7 from line 1 column (d) nducts gaming activities: g activities in each of these s	No No tates?	No	Yes No	
3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract liner the state(s) in which the organization co	Yes % No ugh 5 in column (d) e 7 from line 1 column (d) nducts gaming activities: g activities in each of these s	No No tates?	No	Yes No	
3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract liner the state(s) in which the organization come organization licensed to conduct gaming	Yes % No ugh 5 in column (d) e 7 from line 1 column (d) nducts gaming activities: g activities in each of these s	No No tates?	No	Yes No	
3 4 5 6 7 8 Entire list in the state of the	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract liner the state(s) in which the organization come organization licensed to conduct gaming	Yes % No No ugh 5 in column (d) e 7 from line 1 column (d) nducts gaming activities:g activities in each of these s	No No tates?	No		

Schedu	lle G (Form 990) (Rev. 12-2024) THE HERITAGE LIBRARY FOUNDATION INC. 58-	2332014	Page 3
11 Do	pes the organization conduct gaming activities with nonmembers?	Yes	No
	the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	administer charitable gaming?	Yes	No
13 Ind	dicate the percentage of gaming activity conducted in:		
	e organization's facility	13a	%
b An	outside facility	13b	
14 Fn1	ter the name and address of the person who prepares the organization's gaming/special events books and records:		70
	to the harms and address of the person who prepares the organization's gaming/special events books and records.		
Nai	me		
7 100			
Δde	dress		
7101	oress		
15a Doe	es the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b If "\	Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	gaming revenue retained by the third party \$		
	Yes," enter the name and address of the third party:		
	,		
Nar	me		
Add	dress		
16 Gar	ming manager information:		
Nan	me		
Gar	ming manager compensation \$		
Des	scription of services provided		
1			
	Director/officer Employee Independent contractor		
17 Mar	ndatory distributions:		
	ne organization required under state law to make charitable distributions from the gaming proceeds to		
	in the state gaming license?	Yes	No
	er the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	anization's own exempt activities during the tax year \$		
Part IV	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III lines 9 9	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	b, 10b,

Schedule G	(Form 990)	THE HERITAGE	LIBRARY	FOUNDATION	INC.	58-2332014	Page 4
Part IV	Supplementa	THE HERITAGE					- 1077
	33						
							-
-							
	_						

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 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 58-2332014

FORM 990, PART VI, SECTION A, LINE 3: THE BOARD OF DIRECTORS HAS DELEGATED THE DUTIES OF MANAGEMENT OF THE HERITAGE LIBRARY FOUNDATION TO EXECUTIVE DIRECTOR BARBARA CATENACI AS AN INDEPENDENT CONTRACTOR. PART VI, FORM 990, 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

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CLIENT'S COPY



Heritage Director < director@heritagelib.org>

Fwd: 2024 Electronic Return Accepted by the IRS

1 message

Barbara Catenaci bcatenaci@gmail.com
To: Catenaci Barbara director@heritagelib.org

Thu, May 15, 2025 at 4:30 PM

----- Forwarded message ------

From: <CCH-ReturnNotification@wolterskluwer.com>

Date: Thu, May 15, 2025 at 3:39 PM

Subject: 2024 Electronic Return Accepted by the IRS

To: <bcatenaci@gmail.com>

THE HERITAGE LIBRARY FOUNDATION INC.,

You are receiving this e-mail on behalf of ROBINSON GRANT & CO PA.

Your electronically filed Exempt federal income tax return for tax year 2024 has been acknowledged as accepted for processing by the IRS on 05/15/2025.

Your return was sent to the Ogden Service Center.

Your SubmissionID is 574297202513503c9e13.

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this return for you. Thank you.

Barbara Catenaci bcatenaci@gmail.com 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		G Gross receipts \$	311,475.			
	Ameno return	HILION HEAD ISLAND, SC 29936		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				
K F	orm of	organization: X Corporation Trust Association Other	L 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.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 76,046.
70	rotal program control corporates rotal rotal rotal rotal program control corporates rotal

			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	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	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	Х	
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	۱		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		_v
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		21
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	⊢ '°	- 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								
	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					
2 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		v					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 over, a			х					
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		^					
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
50		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	- 50							
oa	any contributions that were not tax deductible as charitable contributions?								
b	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 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							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		x					
d	15 N C 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
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	-							
	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 situated by the control of the co	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		Х					
	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	6 Did the organization have members or stockholders?										
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	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
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)	(C)		(D)	(E)	(F)				
Name and title	Average	Positio (do not check mor		ition		one	Reportable	Reportable	Estimated	
	hours per	box, unless p officer and a		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	<u> </u>	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)

Section A. Officers, Directors, Trus		oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/frustee)					an	(D) Reportable compensation	(E) Reportable compensatio	on			
	week (list any hours for related organizations below	ee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated Employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	ns compensation compensation compensation compensation from the		e ion ed	
	line)	<u>Pu</u>	lnst	Offi	Key	Hig	For						
		<u> </u>											
		<u> </u>											
		-											
		<u> </u>	Н										
			Ш										
		<u> </u>						59,834.		0.			
1b Subtotal c Total from continuation sheets to Part V	II. Section A							0.		0.			0.
d Total (add lines 1b and 1c)								59,834.		0.			0.
2 Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			0
compensation from the organization												Yes	No
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> :			•		•		•	•	•		3		Х
4 For any individual listed on line 1a, is the s											3		22
and related organizations greater than \$15			•								4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." cor											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest compensation. Report compensation for										pensat	ion fro	om	
(A) Name and business								(B) Description of s			(C) nsatio	n
Traine and business	address	INC	ONE	<u> </u>				Description of s	CI VICCS		Ompo	- ISatio	
							_						
							\dashv						
Total number of independent contractors (\$100,000 of compensation from the organ		ot lin	nited	l to t	thos		ted	above) who received mo	ore than				

58-2332014

	Check if Schedule O contains a response or note to any line in this Part VIII										
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) 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 1g \$		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 7a									
	b	Less: cost or other basis									
une		and sales expenses 7b									
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									
\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			
					(A) Beginning of year		(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					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		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	5				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	ne 11		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)

За

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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			
Part	t I	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 [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). (C	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). (Co	omplete Part II.)		_							
8 [A community trust describe		1)(A)(vi). (Complete Part	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	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, subjec	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 describe	d in section 509(a)(1) 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	supporting organization	and com	plete lines	12e, 12f, and	12g.				
а		☐ Type I. A supporting orga	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 req	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	ctions A and B.								
b		Type II. A supporting orga	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 manag	ge the supp	oorted			
		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	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	d organization(s). (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))	Yes	No						
Total							I		i			

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) 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) 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.)						
	Total support. 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	
	33 1/3% support test - 2023. If the o						
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization 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) 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 stop here. The	organization qualif	ies as a publicly s	upported organizat	tion	X
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

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		
- 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 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 1		
	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 Part VI 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		

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		
4 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):			
a Avera	age monthly value of securities	1a		
b Avera	age monthly cash balances	1b		
c 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 Part VI):			
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		
5 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
1 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:	ilers of: Section:							
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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							
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 g 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; Z, line 1. Complete Parts I and II.							
contributor, during literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering b) instead of the contributor name and address), II, and III.							
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the General Rule applies to this organization because it received nonexclusively be, etc., contributions totaling \$5,000 or more during the year\$							
answer "No" on Part IV, line	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must e 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 certifying 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 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 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 (e) and the following linch charitable, etc., contributions of \$1,0 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	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	
(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, recreating	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 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 equa	32,723.			

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)			100,001.
(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 2a through 2d	•	2e	
3	Subtr	act line 2e from line 1		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 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial 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 2a through 2d		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 4a and 4b		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		
			
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) Supplemental Infor	THE	HERITAGE	LIBRARY	FOUNDATION	INC.	58-2332014	Page 4
Part IV	Supplemental Inform	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

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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.

Αг	OI LITE	e 2022 Calendar year, or tax year beginning	enung				
B c	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)	E Telephone number	r			
	Final return	P.O. BOX 5950	843-686-	6560			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	318,941.			
	Ameno return	HILION HEAD ISLAND, SC 29938-3930		H(a) Is this a group re	eturn		
	Application	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	cluded? Yes No		
1 T	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
	Vebsit			H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	of formation: 1997 $_{ m N}$	State of legal domicile: SC		
Pa	ırt I	Summary					
é		Briefly describe the organization's mission or most significant activities: OPER. RESEARCH LIBRARY	ATE A	HISTORY AND	GENEALOGY		
Activities & Governance	l	Check this box if the organization discontinued its operations or dispose	and of more	than OEO/ of its not one	noto.		
err	l			1 _ 1	16		
é	ı				16		
જ		Number of independent voting members of the governing body (Part VI, line 1b)			0		
ties	ı	Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary)			100		
ţi	l				0.		
Ac	ı	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		Net unrelated business taxable income norm offin 990-1, 1 art 1, line 11		Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		300,060.	311,536.		
Jue	l	Program service revenue (Part VIII, line 2g)		16,261.	15,335.		
Revenue	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,934.	-8,348.		
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45.	418.		
	ı	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.		
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		0.	. 0.		
"	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		45,000.	49,576.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.			
ber	b	Total fundraising expenses (Part IX, column (D), line 25) 89, 31	54.				
ŭ	17	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.		
	19	Revenue less expenses. Subtract line 18 from line 12		14,798.	30,972.		
or		•		ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		552,691.	582,666.		
ASS	21	Total liabilities (Part X, line 26)		132,110.	130,705.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		420,581.	451,961.		
Pa	ırt II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.			
		Cignature of officer		Doto			
Sign		Signature of officer		Date			
Her	е	PETER COOPER, TREASURER Type or print name and title					
			П	Date Check	PTIN		
De: 4	i	Print/Type preparer's name Preparer's signature MTCHAEL B DIETTON CDA MTCHAEL B DIETTO	I	Date Check Cif Self-employ			
Paid Dran		MICHAEL R. PUTICH, CPA MICHAEL R. PUTIC Firm's name ROBINSON GRANT & CO., P.A.	<u>л, Ср</u>		7-0735924		
	arer Only	00050		Firm's EIN 5	1 0133344		
USE	Unity	Firm's address P.O. DRAWER 22959 HILTON HEAD ISLAND, SC 29925		Dhone no Q /	3-815-6161		
May	the I	RS discuss this return with the preparer shown above? See instructions	Filolie IIO.O 4	X Yes No			
· v · cu y	LI IO II	TO GROUPS STRUCTURED WITH THE PROPERTY OF OWN ADDIVE OUT HISTIGORIONS			140		

	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.
	TOR MEMBERS AND THE TODBIC: VOLONTEERS TROVIDED 0500 HOORS OF BERVICE:
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)
	EDUCATIONAL PROGRAM EXPENSE: CONDUCTED TOURS OF FT. MITCHEL AND ZION
	CHAPEL OF EASE CEMETERY MAUSOLEUM, AS WELL AS CONDUCTED VARIOUS CLASSES
	ON GENEALOGY AND LOCAL HISTORY. 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.
	OTTINGTOOTING THE THEORETIC THE THEORETIC TO THE THE THEORETIC TO THE THE THEORETIC TO THE THE THE THEORETIC TO THE THEORETIC TO THE THEORETIC TO THE THEORETIC
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program convice expenses 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	
е	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?			٦,
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
	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			x
1 <i>E</i>	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	14b		
15		45		x
16	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	46		x
47	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		x
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	17		 ^ `
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ '°	- 22	
19	,	10		x
20-	complete Schedule G, Part III	19 20a		X
20a		20a 20b		 ^
	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		21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41	l	

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
2 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 (
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		- V
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 C		3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	•	١.		.
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)'?	4a		X
b	If "Yes," enter the name of the foreign country	· (FD 4 D)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act		-		- v
5a		· · · · · · · · · · · · · · · · · · ·	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		 ^
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		1
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6-		X
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution		6a		 ^
D			6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	icae providad to the pavor?	7a		x
a			7b		1
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	roquirod	10		
С		•	7c		x
٨		7d	10		1
d e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	<u> </u>	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7 <u>9</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l				
•			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the appropriate appropriate and the second second by distributions and appropriate 40000		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
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				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	-	13b	4		
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				,,
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	_			177
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ncome?	16		X
	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 acti			1	1
	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						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
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		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			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,		37						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37						
12a	, , , , , , , , , , , , , , , , , , , ,	12a	X	37					
b	, , , , , , , , , , , , , , , , , , , ,	12b		X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			v					
	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		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?	4-	v						
	The organization's CEO, Executive Director, or top management official	15a	X	Х					
D	Other officers or key employees of the organization	15b		Λ					
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х					
_	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		<u> </u>					
D									
	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	IOD							
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) :	availak						
	for public inspection. Indicate how you made these available. Check all that apply.	Jilly)	avanal	510					
	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	ial						
	statements available to the public during the tax year.	α.							
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)	(C)					isatt	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per week	box	, unle	ss per	rson i	is both an tor/trustee)		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)				d relate anizatio	
	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				
compensation from the organization												V 1	0
3 Did the organization list any former officer,	director trust	مم اد	'AV 6	mnl	OVA	a or	hia	hest compensated empl	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
								ed organization or individual for services			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	;)	
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 contai	ns a response o	or note to any lin	e in this Part VIII			
			•	j	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		13,875.				
		Fundraising events		55,438.				
fts,		Related organizations		33,430.				
ig ig				160,571.				
Sir		Government grants (contributio	· —	100,571.				
atio	T	All other contributions, gifts, grants		01 652				
^듩		similar amounts not included above		81,652.				
ont	•	Noncash contributions included in lines 1a	-1f 1g \$		211 526			
O g	n	Total. Add lines 1a-1f		B	311,536.			
			DAMO	Business Code	14 001	14 001		
<u>e</u>		EDUCATIONAL PROG		611710	14,891.	14,891.		
er v	b	PUBLISHING REVEN		513130	379.	379.		
ı S.	С	LIBRARY SERVICES	<u> </u>	519200	65.	65.		
ran Sev	d	· -						
Program Service Revenue	е	· <u></u>						
<u>م</u>	f	All other program service reven			4			
	g				15,335.			
	3	Investment income (including d	ividends, intere	st, and				
		other similar amounts)			-8,348.	-8,348.		
	4	Income from investment of tax-	exempt bond p	roceeds				
	5	Royalties			418.	418.		
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
ē		and sales expenses						
Revenue	С	Gain or (loss) 7c						
ě		Net gain or (loss)						
her	8 a	Gross income from fundraising eve	nts (not					
퇀		including \$ 55,43						
		contributions reported on line 1						
		Part IV, line 18	′ I	0.				
	b	Less: direct expenses		0.				
		Net income or (loss) from fundra			0.			
		Gross income from gaming acti						
	- 4	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gamir						
		Gross sales of inventory, less re						
	10 4	and allowances	l l					
	h	Less: cost of goods sold						
		Net income or (loss) from sales						
-+	U	THE INCOME OF (1033) HOTH SAIRS	or inventory	Business Code				
sn	11 0			Business oode				
e e	11 a		_					
Miscellaneous Revenue	b							
Sce	C							
Ξ̈́		All other revenue						
		Total. Add lines 11a-11d			210 041	7 405	0.	0.
	12	Total revenue. See instructions			318,941.	7,405.	ı ∪•∣	U •

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			
					(A) Beginning of year		(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	stantial co	ntributor, or 35%			
		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 describ				6	
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	e 11		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	318	, 94	41.
2	Total expenses (must equal Part IX, column (A), line 25)	2	287	7,96	69.
3	Revenue less expenses. Subtract line 2 from line 1	3		9',9'	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	420	,58	81.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	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))	10	451	.,96	61.
Pa	t 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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	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 requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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	nization is not a private found	lation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(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 operate	ed by a go	vernmental ur	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6	A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	ılly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general į	oublic 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	: II.)				
9 🗌	An agricultural research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction 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, membershi	p fees, and	d gross receipts from
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	nd (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). (Co	mplete Part III.)						
11 🔲	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	ively for the benefit of, to	perform tl	ne functio	ns of, or to car	ry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section \$	509(a)(2).	See section 5	609(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	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es 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	n(s), by hav	ving
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge 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	ion with, a	and functionall	y integrate	ed with,
	its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		y integrated. A supp	oorting organization oper	ated in cor	nnection v	ith its suppor	ted organiz	zation(s)
	that is not functionally int	tegrated. The organiz	zation generally must sati	sfy a distr	ibution red	quirement and	an attentiv	/eness
	requirement (see instruct	ions). You must con	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	r Type III non-functior	nally integrated supportir	ng organiz	ation.			
	er the number of supported o	•						
	vide the following information (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monotoni	(vi) Amount of other
	organization	(II) EIN	(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)
			above (see instructions))	Yes	No	Capport (CCC III		capport (coe mondentino)
Total						I		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) 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) 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	Total support. 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 d	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) 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 organ- ization'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							
	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.	0,137.	3,071.	
	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>		- C 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 %	
	a 33 1/3% support tests - 2022. If the						, -	
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	nd stop here. 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 stop here. 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 1		
	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 Part VI 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		

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		
с	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.	or, July or less for t	ne year. (⊏nter this info. 0	nice.) *		
a) No.							
a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held		
Part I							
		(a) Transi	for of aift	1			
	(e) Transfer of gift						
_	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) Description of how gift is held			
Part I	(1,7 = 1,7 = 1, 1, 2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	(, ,	g (u) Desc				
_							
H		() =					
		(e) Trans	rer of gift				
L	Transferee's name, address, a	and ZIP + 4	F	Relationship of tra	nsferor to transferee		
	-						
a) No		<u> </u>		ı			
n) No. from	(b) Purpose of gift	(c) Use of	aift	(d) Description of how gift is he			
Part I	(b) I di pose oi giit			(-,			
-							
	(e) Transfer of gift						
L	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		nsferor to transferee		
		_					
N N I s				1			
a) No. from Part I	(b) Purpose of gift	(c) Use of	nift	(d) Door	ription of how gift is held		
Part I	(b) Ful pose of gift	(c) use or (gt	(u) Desc	A paon of now girt is field		
			_				
—							
L							
		(e) Trans	fer of gift				
	Transferee's name, address, and ZIP + 4		F	Relationship of tra	nsferor to transferee		
F	,		-				
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	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ınds or A	ccounts. Complete if the			
		(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 wr	riting that the assets held in donor	advised fun				
	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 adv	visors in writing that grant funds c	an be used o	only			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	pose confer				
	impermissible private benefit?			Yes X No			
Pai	t II Conservation Easements. Complete if the orga	inization 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	· —		orically important land area			
	Protection of natural habitat	Preserva	tion of a cert	ified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the	form of a co				
	day of the tax year.			Held at the End of the Tax Year			
_	Total number of conservation easements			2a			
b				2b			
	Number of conservation easements on a certified historic structure of the			2c			
d	Number of conservation easements included in (c) acquired aft						
_	historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated	by the organ	ization 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 perio	· · · · · · · · · · · · · · · · · · ·					
3	violations, and enforcement of the conservation easements it h		•	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha						
Ū	cian and volunteer nears devoted to monitoring, inspecting, ne	and ing or violations, and emoronic	g corisorvatio	on easements daring the year			
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing con	servation ea	sements during the year			
	3, 1 3,	3		3			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 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 s	atements th	at describes the			
	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, o	or Other S	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 staten	nent and bal	ance sheet works			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes thes	e items.				
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
				The state of the s			
2	If the organization received or held works of art, historical treas		ancial 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 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 Securities.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.					
(a) Description of security or category (including na	ame 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. (l	3) line 12)				
Part VIII Investments - Program F	Related.				
		on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value	
(1) ENDOWMENT FUND SECU	RITIES	44,115.	END-OF-YEAR MARKET	' VALUE	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		44 445			
Total. (Col. (b) must equal Form 990, Part X, col. (l	3) line 13.)	44,115.			
Part IX Other Assets.	word "Voo" o	on Form 000 Bort IV line 1	1d. See Form 990, Part X, line 15.		
Complete if the organization and		Description	Tu. See Form 990, Part X, line 13.	(b) Book value	
(1) SECURITY DEPOSITS	(4)	ocaciiption		2,581.	
(2) LIBRARY COLLECTIONS	<u> </u>			188,081.	
(3)	<u> </u>			200,0021	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part	X, col. (B) line	15.)		190,662.	
Part X Other Liabilities.					
		on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	_	
1. (a) Description of	iability			(b) Book value	
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
Total. (Column (b) must equal Form 990, Part	Y col (P) line	25.)			
2. Liability for uncertain tax positions. In Par				that reports the	
organization's liability for uncertain tax po	· ·		_	· —	

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

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

2021

OMB No. 1545-0047

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

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer THE HERITAGE LIBRARY FOUNDATION_INC 58-2332014 Name and title of officer or person subject to tax COOPER, TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here > Total revenue, if any (Form 990, Part VIII, column (A), line 12) 319,300 Form 990-EZ check here . . > 28 3a Form 1120-POL check here .> Total tax (Form 1120-POL, line 22) Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here . . ▶ Form 8868 check here . . . > 5a Form 990-T check here . . . ▶ Form 4720 check here . . . ▶ 7a 8a Form 5227 check here . . . ▶ FMV of assets at end of tax year (Form 5227, Item D) 9a Form 5330 check here . . . ▶ Tax due (Form 5330, Part II, line 19) 9b Form 8038-CP check here . . ▶ Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10b 10a Part II Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or I am a person subject to tax with respect to (name Under penalties of perjury, I declare that of entity) , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize Jennifer R Hall CPA LLC to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax ▶ Date ▶ 08-30-2022 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 579710 B6753 Don't enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature▶ Date > 08-31-2022

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A I	or the	2021 calendar y	ear, or tax year begin	nning		, 2021, 1	and end	ing		, 20
B (heck if a	applicable:	C Name of organization TE	E HERITAGE L	IBRARY FOUNDA	TION INC			D Empi	oyer identification number
	\ddress (change	Doing business as							58-2332014
	łame chi	ange	Number and street (or P	O. box if mail is not delive	ered to street address)		Room/sui	ite	E Telepi	hone number
	nitial retu	ım	PO BOX 5950				<u> </u>			(843) 686-6560
	Inal retu	rn/terminated	City or town, state or pro	wince, country, and ZIP or	foreign postal code				G Gros	s receipts
	mended	l return	HILTON HEAD IS	SLAND, SC 299	38-5950				\$	319,300
	pplication	n pending	F Name and address of pr	incipal officer:				H(a) to this a q	Lorb Leptur	for subordinates? Yes X No
								H(b) Are all s	subordinat	es included? Yes No
1 1	ax-exem	pt status: X 501	(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		If "No,"	attach a li	st. See instructions
J V	Yebsite:	► WWW.H	ERITAGELIB.ORG					H(c) Group s	motion	number
K F	orm of a	rganization: X Con	poration Trust Ass	sociation Other >		L Year of formati	ion: 199	97 M S	itate of leg	pal domicile: SC
Pa	rt II	Summary								
	1	Briefly describe t	he organization's missi	on or most significa	nt activities: OPE	RATE A HI	STORY	AND GE	NEALC	GY RESEARCH
ø		LIBRARY								
& Governance										
E			6.00%							
λOκ	2		► ☐ if the organization						1 . 1	1
ن خ	3	_	members of the gover						-	15_
8	4		endent voting members	-					4	15
Activities	5		ndividuals employed in		(Part V, line 2a)		• • • •		5	0
CE	6		volunteers (estimate if r	**					6	100_
			usiness revenue from F					• • • • •	7a	0
	Ь	Net unrelated but	siness taxable income	from Form 990-T, P	art I, line 11 · · ·				7b	00
								Prior Year		Current Year
	8	Contributions and	d grants (Part VIII, line	1h)			•	302	,029	300,060
anc.	9	_	revenue (Part VIII, line					21	, 238	16,261
Revenue	10		ne (Part VIII, column (A	•				1	,020	2,934
E e	11	•	Part VIII, column (A), lin						53	45
	12		dd lines 8 through 11 (r					324	,340	319,300
	13		ar amounts paid (Part I							0
	14	•	or for members (Part IX				٠ 📖			0
97	15		ompensation, employee					45	,000	45,000
Expenses			draising fees (Part IX, o			• • • • • • •				0
<u>6</u>	b		expenses (Part IX, coli		`	124,331	Mark Company		Allegia se	
ũ	17		(Part IX, column (A), lir				٠		, 600	259,502
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colum	ın (A), line 25)		٠	232	, 600	304,502
	19	Revenue less ext	penses. Subtract line 1	18 from line 12 🕠				91	,740	14,798
Net Assets or Fund Balances	1						Begir	nning of Curre	nt Year	End of Year
캶	20	Total assets (Par	t X, line 16)				•	537	, 672	552,691
₹ <u>₽</u>	21	Total liabilities (Pa	art X, line 26)				•	131	,891	132,110
			nd balances. Subtract I	ine 21 from line 20			•	405	,781	420,581
Pai		Signature								
Unde	r panaltic correct. a	es of perjury, I declare (and complete. Declarat	that I have examined this retu tion of preparer (other than of	m, including accompanyi ficer) is based on ali infon	ng schedules and stateme: mation of which preparer h	nts, and to the bes as any knowledge	it of my kno	wiedge and be	eliet, it is	4 1
				Pata	R Com	4 -				9/1/2022
Sigi	,	PETER C		7	01 00-0/2					
-	- 1	Signature of o	afficer						Dat	(8
Her	e	PETER C		LER						
			name and title	S		I Dete				DTIN
D-1		Print/Type preparer		Preparer's signature	Land	Date		Check		PTIN
Paid		Jennifer I		James K	AIDU	08-31-20		self-emp	ployed	P00647809
	oarer		Jennifer					irm'a EIN 🕨		
use	Only	Firm's address		: Summit Dr S	te 103		P	hone no.		
				SC 29910					• • • • • • • • • • • • • • • • • • • •	815-3575
May t	ne IRS	discuss this retu	rn with the preparer sho	own above? See ins	tructions					X Yes No

	m 990 (2021) THE HERITAGE LIBRARY FOUNDATION INC	58-2332014 Page 2
PE	Statement of Program Service Accomplishments	—
1	Check if Schedule O contains a response or note to any line in this Part III 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	п., п.,
	prior Form 990 or 990-EZ?	· · · · · · · · · · Yes · k No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	Services?	· · · · · · · · · · Yes 😾 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	-
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others,
	the total expenses, and revenue, if any, for each program service reported.	
48	(Code:) (Expenses \$56,896 including grants of \$) (Rever	nue \$ }
7.00	MAINTAIN TWO HISTORICAL SITES: (1) FT. MITCHEL, A CIVIL WAR COASTAL DEFEN	
	CHAPEL OF EASE CEMETERY MAUSOLEUM. OVER 5500 PEOPLE VISITED THE SITES, BO	
	ON THE NATIONAL REGISTER OF HISTORIC PLACES IN 2017.	
	The state of the s	
	- Arrest	
4b	(Code:) (Expenses \$) (Reven	
	MAINTAIN BOOKS, DOCUMENTS, AND DIGITAL COLLECTIONS AND PROVIDE ONLINE ACC PUBLIC RESEARCH. SERVED 5800 RESEARCH PATRONS, PUBLISHED QUARTERLY NEWSLE	
	HISTORICAL PAPERS FOR MEMBERS AND THE PUBLIC. VOLUNTEERS PROVIDED 8500 HO	
	- want	
4c	(Code:) (Expenses \$including grants of \$) (Reven	ue \$ <u>14,403</u>)
	EDUCATIONAL PROGRAM EXPENSE: CONDUCTED TOURS OF FT. MITCHEL AND ZION CHAP	EL OF EASE CEMETERY
	MAUSOLEUM AS WELL AS CONDUCTED VARIOUS CLASSES ON GENEALOGY AND LOCAL HIS	
	THREE DAY CHRISTMAS PROGRAM, INCLUDING A TOUR OF ZION CEMETERY, HOSTED A	
	"GHOSTS AND MYTHS" AND A CHRISTMAS PROGRAM CALLED "COLONIAL CHRISTMAS" AT HISTORICAL BIKE TOURS WERE CONDUCTED AND A PARTNERSHIP WAS DEVELOPED WITH	
	CAROLINA BEAUFORT.	1112 ONLYENGIII OF 5001
	NUTRICAL AND ADDRESS OF THE PROPERTY OF THE PR	
4d	Other program services (Describe on Schedule O.)	
7U	(Expenses \$ including grants of \$) (Revenue \$)
le	Total program service expenses 108,125	
46	TOTAL PROGRAM SCINICO CAPCIISCS F TUB. 123	

Form 990 (2021)
Part IV C Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		_X_	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3	ĺ	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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? #			
	"Yes," complete Schedule D, Part I	6	Х_	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "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		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			Х
10	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,	11131	1000	Line.
	VII, VIII, IX, or X as applicable.			
8	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		<u> </u>
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	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 Part X, line 167 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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Х.	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		v
12a	and the state of t			<u> </u>
120	Schedule D, Parts XI and XII	12a		х
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		- 1	
	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		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
4 00	assistance to 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	47		••
18	Part IX, 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	17		Х
ıu	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV

Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 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 Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 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? 25b х 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 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? # 28c х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X 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? // "Yes," complete Schedule N, Part II Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 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)? # "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 19? Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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. Check if Schedule O contains a response or note to any line in this Part VI 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. 1b 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? х Did the organization delegate control over management duties customarily performed by or under the direct 3 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 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 6 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: x Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 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 filing the form? 11a X 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? If "Yes," 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 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 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? Section C. Disciosure Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)

Carolin
21

- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records 20

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

Form 990 (202				FOUNDATION					58-233			age 7
Part VII	Compensation	of Officers	, Director	s, Trustees,	Key E	mployees,	Highest	Compe	nsated	Emplo	yees,	and
	Independent Co	ontractors										
	Check if Schedule O	contains a resp	onse or note	to any line in this	Part VII							

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (a)	Check this boy if neither the proprietion nor any relate		vs com	nari	e a le	d an	v curro	nt of	flicer director or to	netoo	
(A) Name and title Name and directorinustes Name and title Name and title	Chock this box in notities the organization not any leader	~ Wantedir	71 0011	Paik			y curre	ii. Ul	mon, unocion, or in	uətaa,	
Name and little Name and l											
hours per week (its and y hours for related organizations with the spanization (W-2) 1099-NEC 1099-NEC	• •		(da ı	nat ch							, ,
Per week (itst any hours for related organizations with the organi	Name and title	, -								, ,	
1099-MSC/ 1099		1	GINC	er au	o a o	recto	r/trustee,	'	from the		compensation
Comparizations		(list any	0 =	=	О	_	• I	п			
Comparizations			n divid	le thu	#ICe	ey e	arpic are	E S			
[1] BARBARA CATENACI		1	ctor	tion a		mpla	yea yea	٦			
[1] BARBARA CATENACI		-) tusti	ä		yee					
[1] BARBARA CATENACI		dotted line)	8	5100			료				
EXECUTIVE DIRECTOR							8				
EXECUTIVE DIRECTOR											
[2] BARRETT RIORDAN 3.00 BOARD MEMBER	(1) BARBARA CATENACI	40.00									
BOARD MEMBER			Х						45,000	0	0
1 1 1 2 2 2 2 2 2 2	(2) BARRETT RIORDAN	3.00									
BOARD MEMBER									0	0	0
Column	(3) IVA WELTON	5.00					Ì				
BOARD MEMBER			х					_	0	0	0
(5) HERBERT FORD	(4) ERIC WASHINGTON	2.00									
BOARD MEMBER								_	0	0	0
(6) CLAUDIA KENNEDY 2.00 HEAD LIBRARIAN X 0 0 0 (7) JAMES MACLEOD 1.00 BOARD MEMBER X 0 0 0 (8) NATHANIEL JONES 1.00 BOARD MEMBER X 0 0 0 (9) DODI ESCHENBACH 2.00 BOARD MEMBER X 0 0 0 (10) GREG DELOACH 5.00	(5) HERBERT FORD	1.00									
HEAD LIBRARIAN			Х		_				0	0	00
(7) JAMES MACLEOD	(6) CLAUDIA KENNEDY	2.00			ĺ						
BOARD MEMBER X 0 0 0 (8) NATHANIEL JONES 1.00 0 0 0 BOARD MEMBER X 0 0 0 (9) DODI ESCHENBACH 2.00 0 0 0 BOARD MEMBER X 0 0 0 (10)GREG DELOACH 5.00 0 0 0			Х		_			_	0	0	0
(8) NATHANIEL JONES 1.00 BOARD MEMBER X 0 0 0 (9) DODI ESCHENBACH 2.00 BOARD MEMBER X 0 0 0 (10)GREG DELOACH 5.00	(7) JAMES MACLEOD	1_00									
BOARD MEMBER X 0 0 0 (9) DODI_ESCHENBACH 2.00 0			Х		_	_		_	0	0	0
(9) DODI_ESCHENBACH	(8) NATHANIEL JONES	1 .00									
BOARD MEMBER X 0 0 0 0 (10)GREG DELOACH 5.00			X			_		-	0	00	0
(10)GREG_DELOACH5.00		2.00									
			Х					\dashv	0	0	0
		5 .00							_	_	
	BOARD MEMBER		Х	-	_			\dashv	0	0	0
(11) JAMES ROBINSON 3.00		3 .00									
BOARD MEMBER X 0 0 0			Х		\dashv	\dashv	\rightarrow	-	0	0	0
(12)PETER COOPER 10.00		10.00							.		
TREASURER X 0 0 0					X			\dashv	0	0	0_
(13)EZRA_CALLAHAN15.00		15.00				ĺ			_	_	_
PRESIDENT X 0 0					_X	-	-	-	0	0	0
(14)SARAH O'LEARY TAKACS 10.00		10.00							_]		_
VICE PRESIDENT					Х	ļ			0	0 [

Section A. Officers, Directors, Trustees	s, Key Empk	2yees,	and	Hig	nes	t Com	pen	sated Employees	(continuea)	
(A) Name and title	(B) Average hours per week	box	, unle	Po leck n	rson l	than one is both a r/trustee	ın	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	(F) Estimated amount of other compensation from the
	flist 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)		organization and related organizations
(15)LUANA GRAYES SELLARS SECRETARY	2.00			x				0	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							. ▶			
c Total from continuation sheets to Part VII, Sec							• ▶	45.000		
d Total (add lines 1b and 1c)					_			45,000 of	0	0
	>			******	1001	2170011		that \$100,000 or		0
3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule	J for such ind	ividual								Yes No
4 For any individual listed on line 1a, is the sum of re organization and related organizations greater than individual	\$150,000? #	"Yes,"	com	olete	Scl	nedule				4 x
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," of the organization?	compensation	from	any (unrel	atec	lorgar	nizati			
Section B. Independent Contractors	complete och	00010	7 101	3001	ı pu	3011				(5 X
1 Complete this table for your five highest compensation										
compensation from the organization. Report comp	ensation for th	ne cale	ndar	yea	r en	ding w	ith o		ation's tax year.	
(A) Name and business address	35							(B) Description of service	29	(C) Compensation
								•		
Total number of independent contractors (including received more than \$100,000 of compensation from			iose	liste	d ab	ove) w	ho			
WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										

Form 990 (2021) THE HERITAGE LIBRARY FOUNDATION INC

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exampt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaigns 1	a		100		
ន្ទន	b Membership dues 1	b 14,965				The same
E 5	c Fundraising events 1	c 29,932			TO SECTION A	
A G	d Related organizations 1	d		C - C - W	A Comment	and the second
E E	e Government grants (contributions) 1	e 120,389		2 10 10	10000	1000
tions, er Simi	f All other contributions, gifts, grants, and similar amounts not included above 1	1 134,774				
d Othe	g Noncash contributions included in lines 1a-1f	g S				
ប្ត ឌ	h Total. Add lines 1a-1f		300,060			
		Business Code				
0	2a PUBLISHING REVENUE	511130	1,341	1,341		
<u>\S</u>	b LIBRARY SERVICES	519100	517	517		
Ser	c EDUCATIONAL PROGRAMS	611710	14,403	14,403		-
Other Revenue Contributions, Gifts, Grants Revenue and Other Similar Amounts	d	011710	14/405	24/403		
Re						
Ē	f All other program service revenue					
	g Total. Add fines 2a-2i		16,261			
			10,201			1
	Investment income (including dividends, interes other similar amounts)		2,934	2,934		
	4 Income from investment of tax-exempt bond pro	-	2,934	2,334		
	5 Royalties	_	45	45		
		1	43	45		14585
	6a Gross rents 6a	(ii) Personal	A			1 12
		1		194		
7	b Less: rental expenses - 6b		510 010 010	10 200 50		6-3-
	c Rental income or (loss) 6c				- 14-74	
	d Net rental income or (loss)					
	7a Gross amount from [1] Securities	(ii) Other	- 1			and the same of
	sales of assets		1- 111	N. C.		1 10
	other than inventory 7a		14			1 -1,6
	b Less: cost or other basis		154 - 18			
ğ	and sales expenses · · 7b					
Š	c Gain or (loss) · · · · · 7c					
Œ.	d Net gain or (loss)					
je l	8a Gross income from fundraising					1
ŏ	events (not including \$ 29,932			1		
	of contributions reported on line	1				
- 1	1c), See Part IV, line 18	Ba	and James			10 3
	b Less: direct expenses	Bb				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming					55 16.1
	activities, See Part IV, line 19)a				
- 1	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less					
	_	Oa .		1		(e = 1
		ОЬ			100	
	c Net income or (loss) from sales of inventory .					
		Business Code	2.7			10.00
2 0	11a					
ğ	b					
S C	C					
Revenue	d All other revenue					
E .	e Total. Add lines 11a-11d					12.7
	12 Total revenue. See instructions		319.300	19-240	0	n

Page 10

Stater	nent of	Functional	Eynangas
		- Luciououau	LADUIIGUG

Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).					
	Check if Schedule O contains a response or note to	any line in this Part IX				
Do I	not include amounts reported on lines 6b, 7b,	(A)	(8)	(C) Management and	(D) Fundralsing	
8b, 5	9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21					
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and					
	foreign individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	45,000		45,000		
6	Compensation not included above, to disqualified					
	persons (as defined under section 4958(f)(1)) and	,				
	persons described in section 4958(c)(3)(B)					
7	Other salaries and wages					
8	Pension plan accruals and contributions (include		İ			
	section 401(k) and 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (nonemployees):					
a	Management					
b	Legal					
C	Accounting					
d	Lobbying			ELECTRIC CONTRACTOR OF THE CON	:	
8	Professional fundraising services. See Part IV, line 17 .		HALL MARKET AND			
f	Investment management fees				<u>. </u>	
g	Other. (If line 11g amount exceeds 10% of line 25, column					
	(A) amount, list line 11g expenses on Schedule O.)					
12	Advertising and promotion	124,331			124,331	
13	Office expenses	5,912		5,912		
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		2,310		
20	Interest	522		522		
21	Payments to affiliates			F (72		
22	Depreciation, depletion, and amortization	5,673		5,673 2,630		
23	Insurance	2,630	Mary Mary Mary	2,630	Secretary and the second	
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.)	43,101	43,101	long later and the later and t		
a	EDUCATION PROGRAM EXPENSES	56,896	56,896			
b	HISTORIC PRESERVATION	2,548	30,030	2,548		
c d	BANK & PROCESSING FEES ONLINE RESEARCH SUBSCRIPTION	8,128	8,128	2,340		
a	All other expenses	0,120	0,240			
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	304,304	200,220			
	organization reported in column (B) joint costs					
	from a combined educational campaign and fundraising solicitation. Check here					
	following SOP 98-2 (ASC 958-720)					

2 Savings and temporary cash investments			Check if Schedule O contains a response or note to any line in this Part X			
1 Cash - non-interest-bearing 264, 824 1 266, 062				(A)		
2 Savings and temporary cash investments				Beginning of year		End of year
3 Piedges and grants receivable, not 300 4 300		1 1	Cash - non-interest-bearing	264,824	1	268,062
4 Accounts receivable, net 1 Loars and other receivables from any current or former officer, director, trustees, key employee, creater or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loars and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 6 Loars and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loars receivable, net 9 Prepad expenses and defiered charges 9 Prepad expenses and defiered charges 10a Lard, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 10b 157, 952 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 21 Loars and other psychiates to unrelated third parties. 22 Loars and other psychiates to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Net assets with donor restrictions 18 Net assets with donor restrictions 19 Pati-in or capital surplus, or land, building, or equipment fund 30 Paki-in or capital surplus, or land, building, or equipment fund 31 Relating expenses and other payables to current funds 32 Total easens with donor restrictions 31 Hetlande earnings, endowment, accumulated income, or other funds 31 Hetlande earnings, endowment, accumulated income, or other funds 31 Total easens or Account payables to a curren		2				
Secure Learn and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5		3			3	
Tustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 6 6 6 6 6 6 6 6		4	Accounts receivable, net	300	4	300
Controlled entity or family member of any of these persons 5		5	Loans and other receivables from any current or former officer, director,			
Secure Comparison Compari			trustee, key employee, creator or founder, substantial contributor, or 35%			
Value Val			controlled entity or family member of any of these persons		5	
Notes and loans receivable, net		6	Loans and other receivables from other disqualified persons (as defined			
1 1 1 1 1 1 1 1 1 1			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
10a	60	7			7	
10a	80	8	Inventories for sale or use	4,763	8	4,843
Boasis Complete Part VI of Schedule D 10a 157, 952 10b 121, 941 41, 684 10c 36, 011 11 11 11 121, 941 41, 684 10c 36, 011 11 11 11 121, 941 41, 684 10c 36, 011 11 11 121, 941 131, 950 121 131 132 132 133 132, 223 14 Intragible assets See Part IV, line 11 14, 150 12 14, 14, 14, 14, 14, 14, 150 12 15, 900 14, 14, 14, 14, 150 12 14, 14, 14, 14, 150 12 15, 900 14, 14, 14, 14, 14, 150 14, 14, 14, 14, 150 15, 14, 14, 14, 14, 150 15, 14, 14, 14, 14, 150 15, 14, 14, 14, 14, 14, 15, 15, 14, 14, 14, 14, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15	Ø	9	Prepaid expenses and deferred charges		9	
b Less: accumulated depreciation 10b 121, 941 41, 684 10c 36, 011 11		10a	Land, buildings, and equipment: cost or other			
Investments - publicity traded securities			basis. Complete Part VI of Schedule D 10a 157, 952			
12 Investments - other securities. See Part IV, line 11 1,150 12 590 34,289 13 52,223 14 Investments - program-related. See Part IV, line 11 34,289 13 52,223 14 Intangible assets 14 15 Other assets. See Part IV, line 11 190, 662 15 190, 662 15 190, 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 Accounts payable and accrued expenses 18 19 Deferred revenue 19 19 19 19 19 19 19 1		Ь	Less: accumulated depreciation 10b 121, 941	41,684	10c	36,011
13 Investments - program-related. See Part IV, line 11 34,289 13 52,223 14 Intangible assets 14 15 Other assets. See Part IV, line 11 190,662 15 190,662 15 190,662 16 Total assets. Add lines 1 through 15 (must equal line 33) 537,672 16 552,691 17 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 19 19 19 19 19 19 1		11	Investments - publicly traded securities		11	
14 Intangible assets 14		12	Investments - other securities. See Part IV, line 11	1,150	12	590
15 Other assets. See Part IV, line 11 190, 662 15 190, 662 16 190, 662 16 190, 662 16 190, 662 16 190, 662 16 190, 662 16 190, 662 16 190, 662 16 190, 662 16 190, 662 17 17 17 17 17 17 17 1		13	Investments - program-related. See Part IV, line 11	34,289	13	52,223
16 Total assets. Add lines 1 through 15 (must equal line 33) 537, 672 16 552, 691 17		14	Intangible assets		14	
17		15	Other assets. See Part IV, line 11	190,662	15	190,662
18 Grants payable 18 18 19 Deferred revenue 19 19 19 19 19 19 19 1		16	Total assets. Add lines 1 through 15 (must equal line 33)	537,672	16	552,691
Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Yet assets without donor restrictions 390, 781 27 344, 581 Net assets with donor restrictions 390, 781 27 344, 581 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Total net assets or fund balances 405, 781 32 420, 581		17	Accounts payable and accrued expenses	!	17	
20 Tax-exempt bond liabilities 20		18	Grants payable		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21		19	Deferred revenue		19	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 Corganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions 28 Net assets with donor restrictions 390, 781 27 344, 581 28 Net assets with donor restrictions 390, 781 27 344, 581 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 405, 781 32 420, 581		20	Tax-exempt bond liabilities		20	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 3 Secured mortgages and notes payable to unrelated third parties 23 4 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 784 26 Total liabilities. Add lines 17 through 25 131, 891 26 132, 110 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions 390, 781 27 344, 581 and complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions 390, 781 27 344, 581 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 405, 781 32 420, 581		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 30 Total net assets or fund balances 405, 781 32 420,581	83	22	Loans and other payables to any current or former officer, director,			
Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 30 Total net assets or fund balances 405, 781 32 420,581	Ē	Ì	trustee, key employee, creator or founder, substantial contributor, or 35%			
Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 30 Total net assets or fund balances 405, 781 32 420,581	gp		controlled entity or family member of any of these persons		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	_	23	Secured mortgages and notes payable to unrelated third parties		23	
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties	131,891	24	131,326
of Schedule D		25	Other liabilities (including federal income tax, payables to related third			
26 Total flabilities. Add lines 17 through 25			parties, and other liabilities not included on lines 17-24). Complete Part X			
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions						784
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26		131,891	26	132,110
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions			Organizations that follow FASB ASC 958, check here			
27 Net assets without donor restrictions 390,781 27 344,581	8		and complete lines 27, 28, 32, and 33.			
28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete illnes 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 3405,781 32 420,581 357,672 33 552,691	an	27	Net assets without donor restrictions	390,781	27	344,581
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	B	28	_ F	15,000	28	76,000
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	ם		Organizations that do not follow FASB ASC 958, check here ▶ ☐			
29 Capital stock or trust principal, or current funds	T.		•			
Paid-in or capital surplus, or land, building, or equipment fund	0	29				
31 Retained earnings, endowment, accumulated income, or other funds 31	Sets.	30	· · · · · · · · · · · · · · · · · · ·			
32 Total net assets or fund balances	Ass	31				
552,691 552,691	et	32	Total net assets or fund balances		-	420,581
F 000 (7001)		33	Total liabilities and net assets/fund balances	537,672	33	

	1 990 (2021) THE HERITAGE LIBRARY FOUNDATION INC	58-23	32014		Page 12	
Pa	Part XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				🔲	
1	Total revenue (must equal Part VIII, column (A), line 12)	- 1		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				3 18 7	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.			i i yas		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		17.5			
	reviewed on a separate basis, consolidated basis, or both:		2			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1202	
b	Were the organization's financial statements audited by an independent accountant?		2	5	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			11 11 11	1000	
	separate basis, consolidated basis, or both:		123			
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				Ì	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	2		
	If the organization changed either its oversight process or selection process during the tax year, explain on		100			
	Schedule O.				7.4	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?		<u>3</u>	a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	<u> </u>		
EEA			Fo	rm 990	(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(s)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public

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.

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). 1 A school described in section 170(b)(1)(A)(li). (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 7 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 h 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 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). (v) Amount of monetary (vi) Amount of (iv) is the organization (i) Name of supported organization nn EIN (iii) Type of organization other support (see listed in your governing support (see (described on lines 1-10 document? instructions) 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) Part II 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.) Section A. Public Support (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (e) 2021 (f) Total 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 (f) Total (b) 2018 (c) 2019 (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 12 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 Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))

	Public support percentage from 2020 Schedule A, Part II, line 14	/0
16a	33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	_
	box and stop here. The organization qualifies as a publicly supported organization	
b	33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check	_
	this box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is	
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in	
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported	_
	organization	Ш
b	10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain	

in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Support Schedule for Organizations Described in Section 509(a)(2) Schedule A (Form 990) 2021 Part III

(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 tito digalimaation iamo to ajaamij			- 1			
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	Gifts, 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						
	unrelated trade or business under section 513						ļ
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	208,736	389,716	306,251	323,325	316,351	1,544,379
7a	Amounts included on lines 1, 2, and 3					-	
	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						
C	Add lines 7a and 7b	31,625	209,238	47,929	112,353	68,889	470,034
8	Public support. (Subtract line 7c from						
	line 6.)					SWIN-TENED	1,074,345
	on B. Total Support		*******	1 2010	4 11 0000	(-) 0001	40 Tetal
	dar year (or fiscal year beginning in)>	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	208,736	389,716	306,251	323,325	316,351	1,544,379
10a	Gross income from interest, dividends,			,			
	payments received on securities loans, rents,	J					
	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						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	1,401	458	954	1,020	2,934	6,767
11	Net income from unrelated business)
	activities not included on line 10b, whether						
40	or not the business is regularly carried on					···	
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
10	(Explain in Part VI.)		<u> </u>				
13			000 174	207 005	324,345	319.285	1,551,146
14	and 12.) [First 5 years. If the Form 990 is for the or	210,137	390,174	307,205	th tax vear as		c)(3)
14	organization, check this box and stop her	gamzation s m	31, 3000114, 1111	id, toditil, or in			▶ □
Cooti	on C. Computation of Public Suppo			• • • • • • • •			
,	Public support percentage for 2021 (line 8			13 column (f)	\	15	69.26 %
15	Public support percentage from 2020 Sch	odulo A Part I	III line 15	10, 00/4/11/1 (1),	,	16	65.60 %
16 Sooti	on D. Computation of investment in					1	05.00
<u>3ecti</u> 17	Investment income percentage for 2021 (li	ne 10c colum	n (f), divided b	v line 13. colur	nn (f))	17	0.00 %
	Investment income percentage from 2020	Schedule A. P.	art III. line 17	,		18	0.00 %
18 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 m		3%, and line
138	17 is not more than 33 1/3%, check this by	ox and ston he	re. The organi	ization qualifie	s as a publicly	supported ora	anization▶ 🔽
b	33 1/3% support tests - 2020. If the organization	did not check a h	ox on line 14 or li	ne 19a, and line	16 is more than 3	3 1/3%, and	
5	line 18 is not more than 33 1/3%, check this box a	nd stop here. Th	e organization ou	alifies as a public	ly supported ora	anization	▶ □
20	Private foundation. If the organization did	not check a b	ox on line 14.	19a, or 19b, ch	eck this box a	nd see instruc	tions > 🗍

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	15		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		(20)	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	1900	000	XIII
ou	lines 3b and 3c below.	3a	-	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	LOWES !	Rest 1	STORE.
U	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		1000	
	organization made the determination.	3b	перш.	Samuel Co.
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	NE S	Roze	
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	ILIZA-SINI	1000
4	Was any supported organization not organized in the United States ("foreign supported organization")? If		10000	ed.
4a	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a	Hippon	10000
4.	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	70	Dennie C	
b			188	Sept.
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4b	0.000	
	despite being controlled or supervised by or in connection with its supported organizations.	40	53000	
C	Did the organization support any foreign supported organization that does not have an IRS determination		93	
	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)	4c	RATES.	ES SOR
	purposes.	40	1500000	TIE/C)
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		The state of	
	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;	25	100	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	5a	DESC.	
	was accomplished (such as by amendment to the organizing document).	Ja	LANE BY	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b	-	A1
	designated in the organization's organizing document?	5c		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30	0.0	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1387
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		No.	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	6	STATE OF THE PERSON	
	benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.		Section 2	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1877		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	7	RESERVE A	
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	10000		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	8		HAD.
	7? If "Yes," complete Part I of Schedule L (Form 990).	0	(53/5525)	111770
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		1393	
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	0-	Name of	10000
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	Electron 1	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	O.L.		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		2.5.5.5
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit		100	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		Tet.	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10	144	19=2
	supporting organizations)? If "Yes," answer 10b below.	10a		17.
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	4.77	1 7	
	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)		Laz	T 84
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	100		M
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	10000	BOD I
Ь	A family member of a person described in line 11a above?	11b	_	\vdash
C	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	1110		
	provide detail in Part VI.	11c	-	111111111
Secti	ion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		ELW.	137
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			H
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		5023	Sales of
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	7		200
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1000		Fins
	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	Harry Street		
	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	Lane.	
Secti	on C. Type II Supporting Organizations	<u> </u>	<u></u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	78 18	(10)	9/0
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1000	127	-
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		13.0	
	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	Maria.	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	53900	10000	
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	Page 1	133	100
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	12/00/01	-
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	1023	(Internal	12000
	a significant voice in the organization's investment policies and in directing the use of the organization's		1921	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instr	uctio	ns).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	/- 1	Yes	Mo
2	Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	20000	165	140
а	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	1000		
	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	15	1633	243
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	189		
	"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	14 7 24	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	194	- 59	25
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "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	OL.		
	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) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type ill non-functionally integrated supporting organi	zati	ons must complete Sect	
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		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	额		
	(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		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	Son of the state o	
2	Enter 0.85 of line 1.	2		198
	Minimum asset amount for prior year (from Section B, line 8, column A)	3	PERSONAL PROPERTY OF THE SEC.	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	MINERAL SERVICE	100
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-functional	ally	integrated Type III suppo	orting organization
	(see instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(Supporting Organ	izations (continue	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(ill) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See			- 1	
	instructions.				4.00
3	Excess distributions carryover, if any, to 2021				X CALLY STATE
а	From 2016				
b	From 2017				
С	From 2018				Color april 1
d	From 2019	Equip to the second		1	
е	From 2020			1	3-50
f	Total of lines 3a through 3e			311	01/10-1110
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount			1	
ī	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		No.		
4	Distributions for 2021 from				
	Section D, line 7: \$	The state of the s			
а	Applied to underdistributions of prior years				
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			ĕ	
	any. Subtract lines 3g and 4a from line 2. For result			- 1	
	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	N Whomas Shall he			
	Part VI, See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j		STREET VIEW		
	and 4c.			50	Service Co.
8	Breakdown of line 7:		B-365 A 314	99	
а	Excess from 2017			100	
b	Excess from 2018		147541-453		
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

THE HERITAGE LIBRARY FOUNDATION INC

➤ Attach to Form 990 or Form 990-PF.

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

Employer Identification number

58-2332014

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	▼ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization is covered	d by the General Rule or a Special Rule.				
Note: Only a section 501(c)(7), (8), instructions.	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					
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.					
contributor, during the year contributions totaled more during the year for an <i>excli</i> General Rule applies to the	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 that it doesn't meet the filing requirements of Schedule B (Form 990).					

THE HERITAGE LIBRARY FOUNDATION INC

Employer identification number

58-2332014

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	TOWN OF HILTON HEAD ACCOM TAX ONE TOWN CENTER HILTON HEAD ISLAND SC 29928	\$ 68,889	Person 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					
(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 Payroll Noncash (Complete 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 Payroll Noncash Complete Part II for noncash contributions.)					

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2021

QUA I

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	f the organization	Employer Identification number					
THE	HERITAGE LIBRARY FOUNDATION INC	58-2332014					
	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Ac	ecounts.				
	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	writing that the assets held in donor advised					
	funds are the organization's property, subject to the organization						
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used						
	only for charitable purposes and not for the benefit of the do						
	conferring impermissible private benefit?						
Par	III Conservation Easements.						
	Complete if the organization answered "Yes'	on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organiza						
	Preservation of land for public use (for example, recreation	· · · · · · · · · · · · · · · · · · ·	nistorically important land area				
	Protection of natural habitat	· =	certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quality	fied consensation contribution in the form of a	conservation				
_	easement on the last day of the tax year.	nio constitution contribution in the form of a c	Held at the End of the Tax Year				
а	Total number of conservation easements						
b	Total acreage restricted by conservation easements						
c	Number of conservation easements on a certified historic st						
d	Number of conservation easements included in (c) acquired	* *	20				
ď	historic structure listed in the National Register		. 2d				
3	Number of conservation easements modified, transferred, re						
3	tax year	seased, extinguished, or terminated by the orga	anzauon dunng me				
4	Number of states where property subject to conservation ea	eament is Inceted					
5	Does the organization have a written policy regarding the per						
-	violations, and enforcement of the conservation easements i		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
•	b	mailling of violations, and emorcing conservat	don easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of violations, and enforcing consensation	pacamente during the year				
•	> c	aling of violations, and entitleding conservation of	sasaments during the year				
8	Does each conservation easement reported on line 2(d) about	up patiefy the regularments of equiler 170/h)/A	MONO				
٥	and costion 170/h/4//DV6/2	ve salisty the requirements of section 170(h)(4	(D)(I)				
9	and section 170(h)(4)(B)(ii)?						
3	•						
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
1,011	Complete if the organization answered "Yes"		ottici Oliiliidi Assets.				
			olonga about works				
14	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works						
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
la.	service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
b		-					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 tree		n, provide the				
-	following amounts required to be reported under FASB ASC		.				
a	Revenue included on Form 990, Part VIII, line 1						
<u> </u>	Assets included in Form 990, Part X		▶ \$				

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	te D (Form 990) 2021 THE HERITAGE LITE THE H			reasures	or O		32014 Page 2 Assets (continued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):							
a			d 🔲 Loan o	r exchange p	rograms			
Ь			e 🔲 Other					
C								
4	•	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part						
_	XIII.							
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar							
Pa	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form								
	990, Part X, line 21.							
1a								
							Yes No	
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
C						2 [
d								
8	Distributions during the year				10	+		
	Ending balance				• <u>11</u>			
2a b	Did the organization include an amount on For If "Yes," explain the arrangement in Part XIII.				_			
	t V Endowment Funds.	Check here it the ex	piariation has been pi	OVIDED OIL F	art vin		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization	answered "Yes"	on Form 990, F	art IV. line	e 10.			
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years ba	ck (e) Four years back	
1a	Beginning of year balance	34,289	30,512		, 869_	17,70		
b	Contributions	15,000		16	,178			
c	Net investment earnings, gains, and							
	iosses	2,934	3,777		465	(3,83	2,703	
d	Grants or scholarships	······································	<u> </u>					
е	Other expenditures for facilities and							
	programs							
1	Administrative expenses	52.223	34,289	20	,512	13.86	9 17,703	
g 2	Provide the estimated percentage of the curre				,312	13,66	11,103	
a	Board designated or quasi-endowment		%	noid as.				
Ь	Permanent endowment							
C	Term endowment ▶ %	_						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held and	administered	for the			
	organization by:							
	(I) Unrelated organizations						3a(l) X	
	(ii) Related organizations						3a(II) X	
b	If "Yes" on line 3a(ii), are the related organizat	•					3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equip		viiient iunos.					
1 cit	Complete if the organization		on Form 990. P	art IV. line	11a. S	See Form 996	D. Part X. line 10.	
	Description of property	(a) Cost or othe		other basis		Accumulated	(d) Book value	
		(Investme	1	ther)		epreciation		
1a	Land			10,550			10,550	
b	Buildings							
C	Leasehold improvements			23,116		3,853	19,263	
d	Equipment		1	24,286		118,088	6,198	
	Other		1 (2) # (3)					
Total.	al. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶					36,011		

THE HERITAGE LIBRARY FOUNDATION INC 58-2332014 Page 3 Schedule D (Form 990) 2021 Investments - Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: (a) Description of security or category (b) Book value Cost or end-of-year market value (including name of security) (1) Financial derivatives . . . (2) Closely-held equity interests (3) Other 590 **FMV** (ACFL AGENCY ACCOUNT (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 590 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: (a) Description of investment Cost or end-of-year market value 52,223 **FMV** (1ENDOWMENT FUND SECURITIES (2) (3) (4)(5) $\{6\}$ (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) 52,223 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description 2,581 (1) ECURITY DEPOSIT 188,081 (2LIBRARY COLLECTIONS (3)(4)(5)(6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 190,662 Other Liabilities. Part X 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 (lability	(b) Bor	ok 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

	D (Form 990) 2021 THE HERITAGE LIBRARY FOUNDATION INC	58-2332014	Page 4
Part		per 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:	10.07	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
	Recoveries of prior year grants		
C	Other (Describe in Part XIII.)		
d			
0		. 20	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	100	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	150	
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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:	101.00	
8	Donated services and use of facilities	1000	
	Prior year adjustments	1/1/1	
þ			
C			
d	Other (Describe in Part XIII.)		
8	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	72.73	
C	Add fines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
Part	XIII Supplemental Information.		
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	Part X, line	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
., ,	The lines as and the state of the state of the state of the parties of the partie		
		April 1 hard	
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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 Inspection ▶Go to www.irs.gov/Form990 for Instructions and the latest Information. Internal Revenue Service Employer identification number Name of the organization 58-2332014 THE HERITAGE LIBRARY FOUNDATION INC Fundralsing Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Solicitation of government grants b Internet and email solicitations Special fundraising events c Phone solicitations In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid to (vI) Amount paid to (III) Did fundralser have (Iv) Gross receipts (I) Name and address of individual (or retained by) custody or control of (or retained by) (II) Activity or entity (fundralser) from activity fundraiser listed in contributions? organization col. (I) Yes No 1 2 3 4 5 6 7 B 9 10 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.

58-2332014

Fundralsing Events, Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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 (add col. (a) through NONE ANNUALAPPEAL col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 15,439 15,439 2 Less: Contributions 3 Gross income (line 1 minus 15,439 15,439 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment . . . 9 Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) 15,439 11 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) 7 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

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.

2021

Open to Public inspection

Employer identification number

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.

THE HERITAGE LIBRARY FOUNDATION INC 58-2332014 01. Management duties delegation (Part VI, line 3) THE BOARD OF DIRECTORS HAS DELEGATED THE DUTIES OF MANAGEMENT OF THE HERITAGE LIBRARY FOUNDATION TO EXECUTIVE DIRECTOR BARBARA CATENACI AS AN INDEPENDENT CONTRACTOR. 02. Member election for additional members (Part VI, line 7a) THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERS OF THE ORGANIZATION, 03. Form 990 governing body review (Part VI, line 11) THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY IN WHICH OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE INTERESTS THAT GIVE RISE TO CONFLICTS. 04. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD OF DIRECTORS INTERVIEWED, REVIEWED, AND APPROVED THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. 05. Governing documents, etc. available to public (Part VI, line 19) FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

4562 Form

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

2021 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.

Business or activity to which this form relates identifying number Name(s) shown on return THE HERITAGE LIBRARY FOUNDATION FORM 990 - 1 58-2332014 Part I | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation, Subtract line 3 from line 2. If zero or less, enter -0-........ Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 Total elected cost of section 179 property, Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disalfowed deduction from line 13 of your 2020 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 > 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II | Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 1,541 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2021 4,132 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use period service only-see instructions) 19a 3-year property b 5-year property C 7-year property d 10-year property 15-year property 20-year property g 25-year property 25 yrs. S/L S/L h Residential rental 27.5 yrs. MM 27.5 yrs. MM S/L property i Nonresidential real 39 yrs. MM S/L MM S/L property Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System S/L 20a Class life b 12-year 12 yrs. S/L MM S/L 30 yrs. c 30-year d 40-year S/L 40 yrs. Part IV Summary (See instructions.) 22 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . 22 5,673 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23