Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Inspection

Interr	nal Rever	nue Service	► Information about Fo	orm 990 and its instructions	is at www.ir	rs.gov/form990.	Inspection
A F	or the	2013 calend	dar year, or tax year beginning		lending		
B	Check if applicable	C Name o	of organization			D Employer identific	ation number
	Addres	S GLOE	BAL HERITAGE FUND				
	Name change	5	Business As	,		20-50	09512
]Initial return	Number	E Telephone number				
	Termin ated	625	EMERSON STREET		200	(650)	
	Ameno	City or i	town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	3,151,083.
	Application pendin	FALC	ALTO, CA 94301	·		H(a) Is this a group ref	
	ponum	F Name a	and address of principal officer:VIN AS C ABOVE	ICENT L. MICHAEL	1	for subordinates? H(b) Are all subordinates ind	
				(insert no.)	or 527	If "No," attach a I	ist. (see instructions)
			GLOBALHERITAGEFUND			H(c) Group exemption	
				ssociation Other	L Year	of formation: 2006 M	State of legal domicile: CA
Pa	art I	Summary					
é			be the organization's mission or most				
Activities & Governance	1 -		OGICAL SITES AND C				
ern	1		ox if the organization disco			1 1	
Š	1		ting members of the governing body			3	15
ಹ			dependent voting members of the go				13
es			of individuals employed in calendar				
Ϊ	6	Total number	of volunteers (estimate if necessary)	·		6	0
Act			ed business revenue from Part VIII, co				0.
	b	Net unrelated	business taxable income from Form	990-T, line 34			<u> </u>
Revenue						Prior Year	Current Year
	1		and grants (Part VIII, line 1h)			3,030,742.	3,151,056.
	ł	•				0.	0.
Re			come (Part VIII, column (A), lines 3, 4			1,787.	27.
	1		e (Part VIII, column (A), lines 5, 6d, 8d			23,157.	0.
			e - add lines 8 through 11 (must equal			3,055,686.	3,151,083.
			milar amounts paid (Part IX, column (296,000.	260,000.
	l		to or for members (Part IX, column (A			0.	1 027 120
Expenses	15		er compensation, employee benefits (1,317,516.	1,037,130.
ens	16a		fundraising fees (Part IX, column (A),			0.	0.
쏬	b		sing expenses (Part IX, column (D), lin			1 [10 007	1 077 207
_	17 '		es (Part IX, column (A), lines 11a-11d			1,510,207.	1,277,397.
			es. Add lines 13-17 (must equal Part I			3,123,723.	2,574,527.
		Revenue less	expenses. Subtract line 18 from line	12		-68,037.	576,556.
ance	00.	Tatal assats (Dort V line 16)			ginning of Current Year 1,308,821.	End of Year 1,827,847.
Asse Ball	20		(D +) (I' = 00)			109,804.	52,274.
Net Assets or Fund Balances	21 22		fund balances. Subtract line 21 from			1,199,017.	1,775,573.
	art II	Signatur		Tillle 20		1,100,011.	1,113,313.
			I declare that I have examined this return,	including accompanying schedul	ac and etatem	ente and to the heet of my	knowledge and helief it is
			e. Declaration of preparer (other than office				knowledge and belief, it is
ti do	, 001100	L, dira dompioto	. Decide allower property (earlor than emili	or) is based on an information of w	mon proparor	nao any knowledge.	
Sig	,	Signatur	e of officer			Date	
Her	- 1	,		ECUTIVE DIRECTO)R		
1 101			print name and title	ECOLIVE DIRECTO	<u> </u>		
		Print/Type pre	•	Preparer's signature	A 0 1	Date Check	PTIN
Paid	,		J. YATES	The state of the s	To Vi	if self-employed	P00701936
	- t		▶ FRANK, RIMERMAN	& CO. LLP	1 1	Firm's EIN	94-1341042
	Only		1801 PAGE MILL R			THIII O LIN	
230	Jy	, am o additoo	PALO ALTO, CA 94			Phone no (6	50)845-8100
N 400	, +ba IE	20 diaguas thi	is return with the preparer shown sho			Tritolio no. (O s	Y Voc No

	t 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:
	THE ORGANIZATION'S MISSION IS TO PROTECT, PRESERVE, AND CREATE
	COMMUNITY DEVELOPMENT OPPORTUNITIES TO SUSTAIN SIGNIFICANT AND
	ENDANGERED CULTURAL HERITAGE SITES IN THE DEVELOPING WORLD.
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 \$ 1,494,878. including grants of \$ 260,000.) (Revenue \$) THE ORGANIZATION IDENTIFIES CULTLURAL HERITAGE SITES IN DEVELOPING
	COUNTRIES THAT ARE IN DIRE NEED OF STABILIZATION AND PRESERVATION. IT
	IDENTIFIES MAJOR CONSTITUENCIES SUCH AS CITY GOVERNMENTS, LOCAL
	HERITAGE ORGANIZATIONS, UNIVERSITIES, ETC. WHO WISH TO HAVE INPUT INTO
	THE NATURE OF THE PRESERVATION. THE ORGANIZATION THEN LOCATES EXPERTS
	WHO CAN PLAN AND CARRY OUT THE PRESERVATION AND FUNDS THOSE EXPERTS.
	THIS PROCESS IS OVERSEEN BY THE ORGANIZATION'S SENIOR ADVISORY BOARD,
	PROGRAM AND PLANNING COMMITTEE AND STAFF. DURING 2013, THE ORGANIZATION
	FUNDED CONSERVATION PLANNING AND PRESERVATION PROJECTS IN ELEVEN (11)
	SITES AROUND THE WORLD. AT THE SAME TIME, THE ORGANIZATION ALSO
	INVESTIGATED THREE (3) MORE POSSIBLE CONSERVATION PROJECTS.
4b	(Code:) (Expenses \$ 98,426 • including grants of \$) (Revenue \$
	THE ORGANIZATION IS DEVELOPING THE "GLOBAL HERITAGE NETWORK", AN
	INNOVATIVE EARLY WARNING AND THREAT MONITORING SYSTEM FOR IRREPLACEABLE
	CULTURAL HERITAGE SITES IN DEVELOPING COUNTRIES. THE GLOBAL HERITAGE
	NETWORK USES SOCIAL NETWORKING, SATELLITE IMAGING, ADVANCED SCIENTIFIC
	MAPPING TECHNOLOGIES AND ON-THE-GROUND SITE ASSESSMENTS TO IDENTIFY AND
	HELP PRESERVE THE EARTH'S MOST SIGNIFICANT AND ENDANGERED CULTURAL
	HERITAGE SITES.
	2 500
4c	(Code:) (Expenses \$ 2,500. including grants of \$) (Revenue \$) THE ORGANIZATION PROVIDES SUPPORT TO YOUNG RESEARCHERS TO MAKE A
	DIFFERENCE WHILE GAINING SKILLS AND EXPERIENCE IN HERITAGE
	PRESERVATION.
	I REDERVATION:
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,595,804.

332002 10-29-13

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)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		21
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
.0	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-10		
•	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		Х
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		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			37
	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		37	
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	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	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		Х
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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? 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		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming					
	(gambling) winnings to prize winners?			1c	Х			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	7					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х		
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х		
С	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							
	any contributions that were not tax deductible as charitable contributions?			6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut							
	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 ser	vices p	rovided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired					
	to file Form 8282?			7с		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	ct?	7e				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Discourse of the section 509(a)(3) supporting organizations.	id the s	upporting					
	$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any tim	ne during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?			9a				
b	Did the 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	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	10411	?	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		,					
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c						
	· · · · · · · · · · · · · · · · · · ·			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b				
				Form	990	(2013)		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
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	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	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		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ion:		
	ROBERT STANTON, CHIEF FINANCIAL OFFICER - (650) 325-7520			
	625 EMERSON STREET, SUITE 200, PALO ALTO, CA 94301			

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	box	not c	ss pe	ition more rson	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) VINCENT L. MICHAEL	40.00	, ,		х	3,7	7,7		175 000	0	21 220		
(2) JEFFREY MORGAN	20.00	Х		Δ.	Х	Х		175,000.	0.	21,339.		
VICE CHAIRMAN	20.00	x		X				20,000.	0.	21,625.		
(3) JAN SCHOLES	1.00	122						20,000.	0.	21,023.		
FINANCE COMMITTEE	1.00	x		Х				0.	0.	0.		
(4) DANIEL K. THORNE	5.00	 -										
CHAIRMAN		x						0.	0.	0.		
(5) THOMAS JOYCE	1.00											
PROGRAM & PLANNING CHAIRPERSON		X						0.	0.	0.		
(6) ALEC MERRIAM	1.00											
FINANCE COMMITTEE CHAIRPERSON		X						0.	0.	0.		
(7) JAMES BOND	1.00											
TRUSTEE		Х						0.	0.	0.		
(8) ALLISON HUYUH	1.00]						_	_	_		
TRUSTEE		Х						0.	0.	0.		
(9) FIRTH GRIFFITH	1.00	ļ										
TRUSTEE	1 00	Х						0.	0.	0.		
(10) CATHY MCMURTRY	1.00	ļ								•		
TRUSTEE	1 00	Х						0.	0.	0.		
(11) PAUL SLAWSON	1.00	,,								0		
TRUSTEE	1 00	Х				_		0.	0.	0.		
(12) GEORGE SYCIP TRUSTEE	1.00	x						0.	0.	0.		
(13) PATRICK WHITNEY	1.00	^				<u> </u>		0.	0.	0.		
TRUSTEE	1.00	X						0.	0.	0.		
(14) TONY WHEELER	1.00	<u> </u>				<u> </u>		0.	0.	<u></u>		
TRUSTEE	1.00	x						0.	0.	0.		
(15) ROBERT WOODS, JR.	40.00											
VP OF DEVELOPMENT		1		х				46,410.	0.	0.		
(16) ROBERT STANTON	40.00											
CFO/TREASURER			L	Х	L		L	141,666.	0.	19,941.		

(A) Name and title	(B)	1		_ (C	•			(D)	(E)		ı	(F)	
Name and title	Διιριασο	Position					Domaidal-1-	l ' '		_		- d	
raine and and	Average hours per		(do not check more than one box, unless person is both an					Reportable compensation	Reportable compensation			stimate nount	
	week			d a dir					from related		"	other	
	(list any	ctor						the	organization		com	pensa	
	hours for	rdire				pa:		organization	(W-2/1099-MIS	SC)	fr	om th	е
	related	stee o	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
	organizations	al frus	nal tr		loyee	somp e					l	d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
	iii ie)	P P	lus	#0	Key	E High	For						
		$\frac{1}{2}$											
		T											
		-											
		_											
		-											
		\vdash											
1b Sub-total							—	383,076.		0.	6	2,9	
c Total from continuation sheets to Pa	art VII, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	383,076.		0.	6	2,9	05.
2 Total number of individuals (including	but not limited to t	nose	liste	ed ab	oove	e) wh	no re	eceived more than \$100	,000 of reportab	le			_
compensation from the organization	<u> </u>											Yes	No
3 Did the organization list any former of	fficer, director, or tr	uste	e, ke	y em	olar	yee,	or I	highest compensated e	mployee on			100	110
line 1a? If "Yes," complete Schedule J				•	-						3		Х
4 For any individual listed on line 1a, is t													
and related organizations greater than	•							•	o. ga _ a		4	Х	
5 Did any person listed on line 1a receiv									dual for services				
rendered to the organization? If "Yes,"	•				•						5		Х
Section B. Independent Contractors													
1 Complete this table for your five higher the organization. Report compensation	•								•	npens	ation 1	from	
(A		Cui	criai	ilg w	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		(B)	, cur.		((C)	
Name and bus		N	INC	3				Description of s	ervices	C	ompe		n
							+						
							\dashv						
2 Total number of independent contract \$100,000 of compensation from the o		not li	mite	d to		se lis)	sted	d above) who received m	ore than				

		Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII			
		Check if Schedule O cont	anis a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts ıts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
s, G		Fundraising events						
Sift; ar /		Related organizations						
imi		Government grants (contribut						
tion r S	f	All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abo	ve 1f 3,	151,056.				
d O	g	Noncash contributions included in lines	1a-1f: \$					
a C	h	Total. Add lines 1a-1f		<u></u>	3,151,056.			
				Business Code				
ice	2 a							
Program Service Revenue	b							
n S en	С							
Jrar Rev	d							
roc	е							
ъ.		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including			27			27
		other similar amounts)			27.			27.
	4	Income from investment of tax						
	5	Royalties						
	•	0	(i) Real	(ii) Personal	-			
	6 a							
		Less: rental expenses						
		Rental income or (loss)		<u> </u>				
		Net rental income or (loss)						
	<i>i</i> a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
	b	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)		<u> </u>				
ø		Gross income from fundraising						
	0 4	including \$	`					
eve		contributions reported on line						
Other Revenu		Part IV, line 18	,					
the	b	Less: direct expenses						
0		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities	<u></u>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	e	Business Code				
	11 a	•						
	b							
	C							
		All other revenue						
		Total Add lines 11a-11d			3,151,083.	0.	0.	27.
33200 10-29	12 9	Total revenue. See instructions.		<u></u>	J, 131,003•	U • [0.	Form 990 (2013)

Form 990 (2013) GLOBAL HERITA Part IX | Statement of Functional Expenses

	t IX Statement of Functional Expens										
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 respor				<u> </u>						
	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 governments and										
	organizations in the United States. See Part IV, line 21	260,000.	260,000.								
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22										
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	445,982.		75,759.	370,223.						
6	trustees, and key employees Compensation not included above, to disqualified	443,302.		73,733.	310,223						
Ü	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	437,449.	243,166.	10,131.	184,152.						
8	Pension plan accruals and contributions (include	, , , , , ,	,	,	,						
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	101,521.	30,005.	9,475.	62,041.						
10	Payroll taxes	52,178.	23,698.	7,645.	20,835.						
11	Fees for services (non-employees):										
а	Management										
b	Legal	200.		200.							
С	Accounting	35,700.		35,700.							
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,	E 0.4		E 0.4							
	column (A) amount, list line 11g expenses on Sch O.)	504. 26,716.		504.	26 716						
12	Advertising and promotion	34,558.		914.	26,716. 33,644.						
13	Office expenses	23,507.	4,486.	1,357.	17,664.						
14	Information technology	23,307.	4,400.	1,337.	17,004.						
15 16	Royalties	79,535.	23,507.	7,423.	48,605.						
17	Occupancy Travel	17,350.	6,400.	2,789.	8,161.						
18	Payments of travel or entertainment expenses	2.7000	0,1000		0,2021						
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	15,603.	2,250.	428.	12,925.						
20	Interest		-								
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	4,683.	1,311.	515.	2,857.						
23	Insurance	8,834.	2,871.	519.	5,444.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	PROJECT FUNDING	987,830.	987,830.								
b	TELEPHONE	20,675.	6,108.	1,931.	12,636.						
С	RECRUITING	12,715.		150.	12,565.						
d	OTHER	4,172.	4,172.								
е	All other expenses	4,815.		1,445.	3,370.						
25	Total functional expenses. Add lines 1 through 24e	2,574,527.	1,595,804.	156,885.	821,838.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										

Form 990 (2013)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			418,050.	1	368,290.
	2	Savings and temporary cash investments			71,929.	2	85,049
	3	Pledges and grants receivable, net			796,675.	3	1,363,451
	4	Accounts receivable, net		-	4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
	`	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Αs	8	Inventories for sale or use			8		
	9				12,199.	9	5,772
	1	Land, buildings, and equipment: cost or other	I I			9	37112
	lua	basis. Complete Part VI of Schedule D	100	101.363.			
	Ь		10a	101,363.	9,968.	10c	5,285
	1	Investments publish traded sequrities	LIOD		3,300.	11	3,203
	11	Investments - publicly traded securities		12			
	12	Investments - other securities. See Part IV, line					
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	1,308,821.	15	1,827,847		
	16	Total assets. Add lines 1 through 15 (must equ			109,804.	16	52,274
	17	Accounts payable and accrued expenses			100,004.	17	J2,274
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ties	22	Loans and other payables to current and former					
Ē		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		Schedule D			109,804.	25	52,274
	26	Total liabilities. Add lines 17 through 25			109,004.	26	34,414
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🕰 and			
ces		complete lines 27 through 29, and lines 33 an			8,236.		355,366
an	27	Unrestricted net assets			1,190,781.	27	1,420,207
Ва	28	Temporarily restricted net assets			1,190,701.	28	1,420,207
pur	29					29	
Ę		Organizations that do not follow SFAS 117 (A	SC 958	s), check here			
S O		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			1 100 017	32	1 775 572
_	33	Total net assets or fund balances			1,199,017.	33	1,775,573
	34	Total liabilities and net assets/fund balances			1,308,821.	34	1,827,847. Form 990 (2013)

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)		3,15					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,57	<u>4,5</u>	<u>27.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	57	<u>6,5</u>	56.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,19	9,0	<u> 17.</u>			
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						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,77	5,5	73.			
Pa	rt XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X 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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2013)			

332012 10-29-13

SCHEDULE A

(Form 990 or 990-EZ)

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.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

			HERITAGE FUN						2	0-5009	512			
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.						
The organ		•	because it is: (For lines - s, or association of chur	Ū	,	,	,	١.						
2		described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3 🖳	•	r a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4 🗀	city, and stat	edical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, and state: organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
5 🗀	-	ion operated for the (b)(1)(A)(iv). (Comple	_	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in				
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7 X														
8 🗌	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)									
9 🗌	An organizati	ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	nd gross re	ceipts	from		
	activities rela	ted to its exempt fu	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross	invest	ment		
	income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 3	30, 197	7 5.		
	See section	509(a)(2). (Complete	e Part III.)											
10	An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	I).						
11	An organizati	ion organized and op	perated exclusively for the	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes o	of one	or		
			ations described in secti				2). See se o	tion 509(a)(3). Ch	eck the box	that			
	a Type I		organization and compl	ete iines 1 ype III - Fui			c	Tvn	o III. No	n-functional	lly intor	aratad		
•	• •	· ·	at the organization is not		-	-						-		
e 📖			han one or more publicly											
									3(a)(1) 01	Section 303)(a)(∠).			
f		rganization, check th	ten determination from t											
g			nis box organization accepted ar											
9			lirectly controls, either al							,	Yes	No		
			upported organization?									110		
			n described in (i) above?											
			person described in (i) o											
h			about the supported or							[***3(***/				
				-										
` '	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lis	rganization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S	on in col. ed in the	(vii) Amoun sup	t of mor port	netary		
			(see instructions))	Yes	No	Yes	No	Yes	No					
Total														

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	3,270,770.	3,331,314.	2,253,764.	3,030,742.	3,151,056.	15,037,646.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	2 270 770	2 221 214	2 252 764	2 020 742	2 151 056	15 027 646
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	3,270,770.	3,331,314.	2,253,764.	3,030,742.	3,151,056.	15,037,646.
	governmental unit or publicly						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						5 240 000
_	column (f)						5,342,077.
	Public support. Subtract line 5 from line 4.						9,695,569.
	• • • • • • • • • • • • • • • • • • • •	() 0000	(1) 0040	() 0044	(1) 0040	() 0040	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2009 3,270,770.	(b) 2010 3,331,314.	(c) 2011 2,253,764.	(d) 2012 3,030,742.	(e) 2013 3,151,056.	(f) Total 15,037,646.
	Amounts from line 4	3,270,770.	3,331,314.	2,233,704.	3,030,742.	3,131,030.	13,037,040.
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	827.	9,113.	7.	1,787.	27.	11,761.
a	Net income from unrelated business	3271	3,223	, ,	27.0.0		
•	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 IV.)	896.	4,219.	4,838.	1,485.		11,438.
11	Total support. Add lines 7 through 10						15,060,845.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	k year as a sectio	n 501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2013 (li	ne 6, column (f) div	vided by line 11, co	lumn (f))		14	64.38 %
15	Public support percentage from 2012	Schedule A, Part I	I, line 14			15	61.48 %
16a	33 1/3% support test - 2013. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies a	as a publicly suppo	orted organization				►X
b	33 1/3% support test - 2012. If the or	•		•		,	
	and stop here. The organization qualit	fies as a publicly s	upported organizat	tion			▶□
17a	10% -facts-and-circumstances test	•					•
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test	- 2012. If the orga	nization did not ch	eck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th		·		•		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	16b, 17a, or 17b,		nd see instructions	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
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						
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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
•	· ·	•	•	•		· . 🗀
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	<u>%</u>
19a 33 1/3% support tests - 2013. If the	-					
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u> ▶□

Schedule A	(Form 990 or 990-EZ) 2013 GLOBAL HERITAGE FUND	20-5009512 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	a or 17b; and Part III, line 12.
-	Also complete this part for any additional information. (See instructions).	
-		
-		
-		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization **Employer identification number** 20-5009512 GLOBAL HERITAGE FUND

Pai	organizations Maintaining Donor Adviser organization answered "Yes" to Form 990, Part IV, line		s or Accounts. Complete if the
	organization answered Tes 10 F0111 990, Falt IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic 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.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne 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,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
Da	conservation easements.	i Art Historical Transcurse or C	Othor Cimilar Assats
Pai	Till Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9		Julier Similar Assets.
ıa	If the organization elected, as permitted under SFAS 116 (AS	,,	·
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	**	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pt	ublic service, provide the following amounts
	relating to these items:		▶ ↑
	(i) Revenues included in Form 990, Part VIII, line 1		
•		and the state of t	
2	If the organization received or held works of art, historical treating amounts required to be reported under SEAS 1.		ai gairi, provide
_	the following amounts required to be reported under SFAS 1		. σ
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2013

	t III Organizations Maintaining Co	ollections of Ar	rt, Hist	torical Tr	easures, c	r Oth	er Simila	ar Asse	ts (continu	ued)
3	Using the organization's acquisition, accession	n, and other record	ls, check	cany of the	following that	t are a s	significant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ıms				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's coll	lections and explain	n how th	ney further t	he organizatio	on's exe	empt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be main								Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								ine 9, or	
	reported an amount on Form 990, Part			· ·						
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	ns or other as	sets no	t included			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	, .	•	Ü						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on For								Yes	No
	If "Yes," explain the arrangement in Part XIII. (
	t V Endowment Funds. Complete if t									
		(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	` '			, ,					
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt vear end halanc	e (line 1	a column (:	a)) held as:					
– a	Board designated or quasi-endowment		%	g, oolanii (c	ajj riola ao.					
b	Permanent endowment	%	_′°							
	Temporarily restricted endowment	<u></u> /°								
·	The percentages in lines 2a, 2b, and 2c should	-								
32	Are there endowment funds not in the possess	•	ation tha	at are held a	nd administe	red for	the organiz	ation		
oa	by:	Sion of the organiza	ation the	it are ricid a	ina aaniinisto	ica ioi	inc organiz	ation	Г	Yes No
	(i) unrelated organizations								3a(i)	103 110
									3a(ii)	
b	(ii) related organizations	listed as required o	n Scher							
4	Describe in Part XIII the intended uses of the d								30	
	t VI Land, Buildings, and Equipme		WITHELLE	iuiius.						
	Complete if the organization answered		Part IV	line 11a S	66 Form 990	Part X	line 10			
	Description of property	(a) Cost or o			or other		ccumulate	<u>и</u>	(d) Book	valuo
	Description of property	basis (investn			(other)		preciation	iu	(u) BOOK	value
	Land	,	,	54010	(5.11.101)		F. COIGHOIT			
	Land									
b	Buildings									
	Leasehold improvements	l l		1 0	0,263.		94,9	78.	5	,285.
d	Equipment				1,100.		1,1			<u>,,200.</u>
	Other		Y colun	nn (R) line 1	-		-,-		-	285.

Schedule D (Form 990) 2013

Part VII	Investments - Other Securities.				
(a) Descrip	Complete if the organization answered "Yes" oftion of security or category (including name of security)	to Form 990, Part IV (b) Book value			-of-year market value
'''		(b) Book value	(C) Method of Va	idation. Cost of end	-or-year market value
	al derivatives				
	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.				
	Complete if the organization answered "Yes"	to Form 990 Part IV	line 11c See Form 990 P	art X line 13	
	(a) Description of investment	(b) Book value			of-year market value
(1)	(a) Decemplies of investment	(3) 2001. 14.140	(0)		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.		" 44 LO E 000 B		
	Complete if the organization answered "Yes"	to Form 990, Part IV Description	, line 11a. See Form 990, P	art X, line 15.	(b) Book value
(4)	(4)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) lin	e 15.)			
Part X	Other Liabilities.			· •	
	Complete if the organization answered "Yes"	to Form 990. Part IV	line 11e or 11f. See Form	990. Part X. line 25.	
1	(a) Description of liability	10 1 01111 000,1 011111	(b) Book value		
(1) Fed	deral income taxes		(,		
	derai income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col. (B) line	e 25.) >			
	for uncertain tax positions. In Part XIII, provide		ote to the organization's fir	nancial statements t	hat reports the
	ation's liability for uncertain tax positions under				
organiz	ation a hability for uncortain tax positions under	1 11 TO (AGO 140). C	TOOK HOLD II THE TEXT OF THE	TOOLITOLO HAS DECIT	OTOVICOUTITE ALL ATT

332053 09-25-13

Schedule D (Form 990) 2013

	t VI Proposition of Propose per Audited Financial State	omonto With Dovo		Page +
Pai	rt XI Reconciliation of Revenue per Audited Financial Stat		nue per Return	•
1	Complete if the organization answered "Yes" to Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements		1	3,151,083.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			3,131,003.
	• • •	2a		
a b				
	1 7 0			
d	, , , , , , , , , , , , , , , , , , , ,		20	0.
	J			3,151,083.
3 4	Subtract line 2e from line 1			3,131,003.
-	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40		
a	, , ,			
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	1.	0.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		4c	3,151,083.
5 Da	rt XII Reconciliation of Expenses per Audited Financial Sta	taments With Evne		
ı a	Complete if the organization answered "Yes" to Form 990, Part IV, line	-	mses per metui	
1	Total expenses and losses per audited financial statements		1	2,574,527.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		·····	2/3/1/32/1
	• • • • • • • • • • • • • • • • • • • •	2a		
a		I I		
b	, , , , , , , , , , , , , , , , , , , ,	I I		
d	, , , , , , , , , , , , , , , , , , , ,		20	0.
_	Add lines 2a through 2d			2,574,527.
3	Subtract line 2e from line 1			2,314,3216
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		
	, , ,			
	Other (Describe in Part XIII.)	·	1.	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			2,574,527.
5 Da	rt XIII Supplemental Information.)	5	2,314,321.
		Dort IV lines 1h and 0h	Dort V. line 4: Dort Y	/ line 0: Dort VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		Part V, line 4; Part A	x, line 2; Part XI,
imes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
рΔΙ	RT X, LINE 2:			
1 71	AI A, DINE Z.			
EXI	PLANATION: THE ORGANIZATION APPLIES THE	PROVISIONS S	ET FORTH I	N
FII	NANCIAL ACCOUNTING STANDARDS BOARD (FASE	B) ACCOUNTING	STANDARDS	5
COI	DIFICATION TOPIC 740 TO ACCOUNT FOR UNCE	RTAINTY IN I	NCOME TAXE	S. THE

ORGANIZATION ASSESSED ALL INCOME TAX POSITIONS TAKEN WHERE THE STATUTE OF LIMITATION REMAINED OPEN. THE ORGANIZATION BELIEVES THAT ITS TAX FILING POSITIONS WILL BE SUSTAINED UPON TAX EXAMINATIONS; THEREFORE, NO LIABILITY FOR UNRECOGNIZED INCOME TAX BENEFITS HAS BEEN RECORDED AT DECEMBER 31, 2013. THE ORGANIZATION DOES NOT ANTICIPATE ANY SIGNIFICANT INCREASES OR DECREASES TO UNRECOGNIZED INCOME TAX BENEFITS DURING THE NEXT TWELVE MONTHS.

Schedule D (Form 990) 2013 GLOBAL HERITAGE FUND	20-5009512 Page 5
Schedule D (Form 990) 2013 GLOBAL HERITAGE FUND Part XIII Supplemental Information (continued)	
· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

GLOBAL HERITAGE	FUND			20-500951	.2
Part I General Infor	rmation on A	ctivities Ou	tside the United States. Compl	ete if the organization answered "	es" on
Form 990, Part IV					
			ds to substantiate the amount of its gr		🗀
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? 🔼	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and other assistance out	side the
United States.					
			an be duplicated if additional space is		T .n =
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE	0	2	PROGRAM SERVICES IN THE REGION	ARCHEOLOGICAL CONSERVATION	325,928.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES IN THE REGION	ARCHEOLOGICAL CONSERVATION	545.
SOUTH AMERICA	0	1	PROGRAM SERVICES IN THE REGION	ARCHEOLOGICAL CONSERVATION	618,894.
MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAM SERVICES IN REGION	ARCHEOLOGICAL CONSERVATION	157,840.
					·
3 a Sub-total	0	6			1,103,207.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a	0	6			1 103 207.

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

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.												
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
2 Enter total number of	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by											

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.										
Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
							(-			

Page 4

Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

EXPLANATION: ALL PROJECTS HAVE A PROJECT DIRECTOR WHO WORKS AT THE

CONSERVATION SITE. PROJECT DIRECTORS ARE REQUIRED TO PRESENT A PROJECT

BUDGET AT THE BEGINNING OF EACH FISCAL YEAR, AND ARE THEN ASKED TO

PROVIDE ACTUAL SPENDING AT THE END OF THE YEAR AS COMPARED TO THE BUDGET.

PROJECT DIRECTORS ARE ALSO REQUIRED TO PROVIDE AN ANNUAL PROGRESS REPORT

ON THE PROJECT BEFORE THEY CAN RECEIVE FURTHER FUNDING FOR THE FOLLOWING

YEAR. PROJECT DIRECTORS ARE REQUIRED TO MAINTAIN RECEIPTS FOR ALL

SPENDING, AND THE ORGANIZATION HAS THE RIGHT TO REVIEW THE SPENDING AND

RECEIPTS. THE ORGANIZATION ALSO HAS A DIRECTOR OF INTERNATIONAL

CONSERVATION WHO VISITS MOST SITES EACH YEAR TO ASSESS THE EFFICACY OF

THE CONSERVATION WORK. THE EXECUTIVE DIRECTOR OF THE ORGANIZATION, AND ON

OCCASION MEMBERS OF THE BOARD OF TRUSTEES, ALSO VISIT SITES ON A REGULAR

BASIS.

PART I, LINE 3:

EXPLANATION: THE ORGANIZATION CONTRACTS WITH FOREIGN NON-GOVERNMENTAL
ORGANIZATIONS AND UNIVERSITIES, AS WELL AS WITH US-BASED NON-GOVERNMENTAL
ORGANIZATIONS AND UNIVERSITIES, AS WELL AS WITH FOREIGN-BASED INDIVIDUALS
TO DO ARCHEOLOGICAL CONSERVATION IN AT-RISK SITES IN DEVELOPING
COUNTRIES. THE ORGANIZATION SIGNS MEMORANDUM OF UNDERSTANDING (MOU) WITH
EACH ORGANIZATION OR INDIVIDUAL, WHICH STIPULATES HOW FUNDS ARE TO BE
USED. THE ORGANIZATION CHECKS THE OFFICE OF FOREIGN ASSET CONTROL (OFAC)
AND OTHER TERRORIST LISTS BEFORE FUNDING, AND MAINTAINS FILES OF ALL
DISBURSEMENTS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2013)

GLOBAL HE	RITAGE FU	JND					20-5009512
Part I General Information on Grants a	and Assistance					•	
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	ty for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Governments an	d Organizations in th	ne United States. C	Complete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addi	itional space is need	ded.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR ANTHROPOLOGICAL							
RESEARCH - 400 N 160 WEST -							
RUPERT, ID 83350	82-0486235	501(C)(3)	260,000.	0.			CONSERVATION GRANT
2 Enter total number of section 501(c)(3) a	I and government o	I rganizations listed in t	l he line 1 table		I.	1	<u> </u>
3 Enter total number of other organization							

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2, Part III, columr	n (b), and any other a	dditional information.	
PART I, LINE 2:					
EXPLANATION: ALL PROJECTS HAVE A	PROJECT D	IRECTOR WH	HO WORKS AT	THE	
CONSERVATION SITE. PROJECT DIRECTO	ORS ARE R	EQUIRED TO	PRESENT A	PROJECT	
BUDGET AT THE BEGINNING OF EACH F	ISCAL YEA	R, AND ARE	THEN ASKE	D TO PROVIDE	
ACTUAL SPENDING AT THE END OF THE	YEAR AS	COMPARED 1	O THE BUDG	ET. PROJECT	
DIRECTORS ARE ALSO REQUIRED TO PRO	OVIDE AN	ANNUAL PRO	GRESS REPO	RT ON THE	
PROJECT BEFORE THEY CAN RECEIVE F					
PROJECT DIRECTORS ARE REQUIRED TO					
			_ 011 1111 01		

Part IV Supplemental Information
ORGANIZATION ALSO HAS A DIRECTOR OF INTERNATIONAL CONSERVATION WHO VISITS
MOST SITES EACH YEAR TO ASSESS THE EFFICACY OF THE CONSERVATION WORK. THE
EXECUTIVE DIRECTOR OF THE ORGANIZATION, AND ON OCCASION MEMBERS OF THE
BOARD OF TRUSTEES, ALSO VISIT SITES ON A REGULAR BASIS.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GLOBAL HERITAGE FUND

Employer identification number 20-5009512

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The totally of lines has, list the persons and provide the appropriate arrival to sastrice has a sastrice.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u> </u>
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			7
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	

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Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(B)(I)-(U)	in prior Form 990	
(1) VINCENT L. MICHAEL	(i)	175,000.	0.	0.	0.	21,339.	196,339.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ROBERT STANTON	(i)	141,666.	0.	0.	0.	19,941.	161,607.	0.	
CFO/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

GLOBAL HERITAGE FUND

Employer identification number 20-5009512

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPPORTUNITIES TO ENSURE SUSTAINABILITY OF THE SITES IN THE DEVELOPING

WORLD.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESEARCH AND EVENTUAL WHITE PAPER ON ECONOMIC IMPACT OF THE WORLD'S

VANISHING GLOBAL HERITAGE.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 IS SENT TO THE AUDIT COMMITTEE MEMBERS, SELECT

EXECUTIVES AND BOARD MEMBERS WITH FINANCIAL EXPERTISE FOR THEIR REVIEW AND

COMMENTS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE ORGANIZATION'S OFFICERS AND BOARD MEMBERS ARE REQUIRED TO

READ AND SIGN THE CONFICT OF INTEREST POLICY WHICH AFFIRMS THEIR ONGOING

COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE ORGANIZATION'S AUDIT COMMITTEE PERFORMS THE ROLE OF

EVALUATING COMPENSATION STUDIES AND APPROVING ANNUAL COMPENSATION FOR THE

ORGANIZATION'S EXECUTIVE DIRECTOR, TOP MANAGEMENT, KEY EMPLOYEES, AND

OFFICERS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF

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

332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization GLOBAL HERITAGE FUND	Employer identification number 20-5009512
INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVA	ILABLE UPON
REQUEST. THE ORGANIZATION PRODUCES A BIENNIAL REPORT WHIC	H ALSO INCLUDES
FINANCIAL STATEMENTS.	
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE ORGANIZATION'S BOARD HAS DESIGNATED THE	AUDIT
COMMITIEE WITH THE RESPONSIBILITY OF OVERSIGHT OF THE AUD	OIT OF ITS
FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCO	UNTANT.