** Return of Organization Exempt From Income Tax **

** Form 990 **
Department of the Treasury
Internal Revenue Service

** For the 2018 calendar year, or tax year beginning and ending **

<table>
<thead>
<tr>
<th>** Name of organization **</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLOBAL HERITAGE FUND</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Employer identification number **</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-5009512</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Name and address of principal officer: **</th>
</tr>
</thead>
<tbody>
<tr>
<td>NADA HOSKING, EXECUTIVE DIRECTOR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Year of formation: **</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
</tr>
</tbody>
</table>

### Part I

<table>
<thead>
<tr>
<th>** Summary **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briefly describe the organization’s mission or most significant activities: CONSERVATION OF AT-RISK ARCHEOLOGICAL SITES AND CREATION OF RELATED COMMUNITY DEVELOPMENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Revenue **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Year</td>
</tr>
<tr>
<td>2,102,222</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Expenses **</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Expenses **</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Expenses **</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
</tr>
<tr>
<td>1,165,551</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Expenses **</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
</tr>
<tr>
<td>278,074</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Expenses **</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

### Part II

<table>
<thead>
<tr>
<th>** Signature Block **</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Signature **</th>
</tr>
</thead>
<tbody>
<tr>
<td>NADA HOSKING, EXECUTIVE DIRECTOR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Print/Type preparer’s name **</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAGA E. KISRIEF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Preparer’s signature **</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAGA E. KISRIEF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Preparer’s PTIN **</th>
</tr>
</thead>
<tbody>
<tr>
<td>01008919</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Use Only **</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOOD &amp; STRONG LLP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Firm’s EIN **</th>
</tr>
</thead>
<tbody>
<tr>
<td>94-1254756</td>
</tr>
</tbody>
</table>

### Part III

<table>
<thead>
<tr>
<th>** Net Assets or Fund Balances **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of Current Year</td>
</tr>
<tr>
<td>1,283,366</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Net Assets or Fund Balances **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of Current Year</td>
</tr>
<tr>
<td>117,815</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>** Net Assets or Fund Balances **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of Current Year</td>
</tr>
<tr>
<td>1,165,551</td>
</tr>
</tbody>
</table>

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** For Paperwork Reduction Act Notice, see the separate instructions. **

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
**Form 8868**
(Rev. January 2019)

<table>
<thead>
<tr>
<th>Application for Automatic Extension of Time To File an Exempt Organization Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>File a separate application for each return.</td>
</tr>
<tr>
<td>Go to <a href="http://www.irs.gov/Form8868">www.irs.gov/Form8868</a> for the latest information.</td>
</tr>
</tbody>
</table>

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GLOBAL HERITAGE FUND</td>
</tr>
<tr>
<td></td>
<td>220 MONTGOMERY STREET, NO. 1020</td>
</tr>
<tr>
<td></td>
<td>SAN FRANCISCO, CA 94104</td>
</tr>
</tbody>
</table>

**Enter filer's identifying number**

**Employer identification number (EIN) or Social security number (SSN)**

| 20-5009512 |

**Enter the Return Code for the return that this application is for (file a separate application for each return)**

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

**The books are in the care of**

Ji Hyun Yoon - 220 Montgomery Street, No. 1020 - San Francisco, CA 94104

**Telephone No.** (415) 654-5572 **Fax No.**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the organization does not have an office or place of business in the United States, check this box.

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN). If this is for the whole group, check this box.

If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1. I request an automatic 6-month extension of time until **NOVEMBER 15, 2019** , to file the exempt organization return for the organization named above. The extension is for the organization’s return for:
   - [X] calendar year 2018 or
   - [ ] tax year beginning ___________________________ and ending ___________________________.

2. If the tax year entered in line 1 is for less than 12 months, check reason:
   - [ ] Initial return  [ ] Final return
   - Change in accounting period

3a. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

   3a. $ 0.

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

   3b. $ 0.

c. **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

   3c. $ 0.

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

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

Form 8868 (Rev. 1-2019)
### Part III: Statement of Program Service Accomplishments

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1    | Briefly describe the organization’s mission:  
THE ORGANIZATION’S MISSION IS TO SUSTAINABLY PRESERVE THE MOST SIGNIFICANT AND ENDANGERED CULTURAL HERITAGE SITES IN DEVELOPING REGIONS OF THE 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?  
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

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Including Grants</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$788,320</td>
<td>$383,525</td>
<td>$872</td>
</tr>
</tbody>
</table>

THE ORGANIZATION IDENTIFIES CULTURAL 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. THIS PROCESS IS OVERSEEN BY THE ORGANIZATION’S SENIOR ADVISORY BOARD, PROGRAM AND PLANNING COMMITTEE AND STAFF. DURING 2018, THE ORGANIZATION FUNDED CONSERVATION PLANNING AND PRESERVATION PROJECTS IN NINE (9) SITES AROUND THE WORLD. AT THE SAME TIME, THE ORGANIZATION ALSO INVESTIGATED TWO (2) MORE POSSIBLE CONSERVATION PROJECTS.

#### 4b

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Including Grants</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$195,282</td>
<td>$0</td>
<td>0</td>
</tr>
</tbody>
</table>

AMAL IN HERITAGE REPRESENTS OUR EFFORT TO FULFILL THE CRITICAL NEEDS OF THE MENA REGION THROUGH THE THREE PRONGS OF DISASTER RELIEF: PREPAREDNESS, RESPONSE, AND RECOVERY. WE HAVE BEGUN THE AMAL IN HERITAGE PROGRAM BY DEVELOPING A MOBILE APP FOR RESPONDING TO HERITAGE CRISIS AS THEY UNFOLD. THIS INCLUDES MODULES FOR TRAINING, FORMING CRISIS RESPONSE TEAMS, COMMUNICATING WITH PROJECT LEADERS AND TEAM MEMBERS, AND CATALOGING DAMAGE TO HERITAGE ASSETS USEFUL FOR BOTH HERITAGE PROFESSIONALS AND INTERESTED LAYPEOPLE. THE APP CAN BE SCALED TO ANY SIZE OF PROJECT AND DOES NOT REQUIRE EXTENSIVE TRAINING.

#### 4c

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Including Grants</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$26,624</td>
<td>$0</td>
<td>0</td>
</tr>
</tbody>
</table>

OUR CONSERVATION PROGRAM WAS DEVELOPED TO INTRODUCE ADVANCED METHODS OF DOCUMENTATION, CONDITION SURVEY AND RISK ASSESSMENT, IN PARTICULAR, THE APPLICATION OF GIS IN THE DOCUMENTATION, MONITORING AND THE DEVELOPMENT OF CONSERVATION MASTER PLANS IN RURAL ARCHAEOLOGICAL SITES. THE COURSES WILL PROVIDE A SUMMARY OF RECENT DEVELOPMENTS, HANDS-ON TRAINING FOR THE APPLICATION OF NEW MATERIALS, TECHNIQUES, INSTRUMENTATION AS WELL AS TO MONITOR THE ANNUAL CONDITION OF SITES AND EVALUATE HISTORIC MOSAIC CONSERVATION PRACTICES AND THEIR CONSEQUENCES.

### 4d

Other program services (Describe in Schedule O.)

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Including Grants</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>$19,975</td>
<td>$0</td>
<td>0</td>
</tr>
</tbody>
</table>

Total program service expenses $1,030,201.
**Part IV Checklist of Required Schedules**

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   - **Yes:** Complete Schedule A
   - **No:**

2. Is the organization required to complete Schedule B, Schedule of Contributors?
   - **Yes:**
   - **No:**

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
   - **Yes:**
   - **No:**

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
   - **Yes:**
   - **No:**

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
   - **Yes:**
   - **No:**

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
   - **Yes:**
   - **No:**

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
   - **Yes:**
   - **No:**

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If “Yes,” complete Schedule D, Part III
   - **Yes:**
   - **No:**

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
   - **Yes:**
   - **No:**

10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If “Yes,” complete Schedule D, Part V
   - **Yes:**
   - **No:**

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.
   - **Yes:**
   - **No:**

   a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If “Yes,” complete Schedule D, Part VI
   - **Yes:**
   - **No:**

   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
   - **Yes:**
   - **No:**

   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
   - **Yes:**
   - **No:**

   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
   - **Yes:**
   - **No:**

   e. Did the organization report an amount for other liabilities in Part X, line 25? If “Yes,” complete Schedule D, Part X
   - **Yes:**
   - **No:**

   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
   - **Yes:**
   - **No:**

12a. Did the organization obtain separate, independent audited financial statements for the tax year? If “Yes,” complete Schedule D, Parts XI and XII
   - **Yes:**
   - **No:**

13. Is the organization a school described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E
   - **Yes:**
   - **No:**

14a. Did the organization maintain an office, employees, or agents outside of the United States?
   - **Yes:**
   - **No:**

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
   - **Yes:**
   - **No:**

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
   - **Yes:**
   - **No:**

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 I and IV
   - **Yes:**
   - **No:**

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
   - **Yes:**
   - **No:**

18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If “Yes,” complete Schedule G, Part II
   - **Yes:**
   - **No:**

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
   - **Yes:**
   - **No:**

20a. Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H
   - **Yes:**
   - **No:**

b. If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return?
   - **Yes:**
   - **No:**

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 17? If “Yes,” complete Schedule I, Parts I and II
   - **Yes:**
   - **No:**

Form 990 (2018)  GLOBA HERITAGE FUND  20-5009512  Page 3

832003  12-31-18
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 II

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

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

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

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

25b 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

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 "Yes," complete Schedule L, Part II

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

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):

28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

35b 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

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

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

1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable

1b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
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.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

3a. Did the organization have unrelated business gross income of $1,000 or more during the year?  

b. If "Yes," has it filed a Form 990-T for this year?  

If "No" to line 3b, provide an explanation in Schedule O.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)?  

b. If "Yes," enter the name of the foreign country:  


<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  

b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  

c. If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?  

b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7 Organizations that may receive deductible contributions under section 170(c).  

a. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?  

b. If "Yes," did the organization notify the donor of the value of the goods or services provided?  

c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7d</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7e</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7f</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7g</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7h</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10 Section 501(c)(7) organizations.  

Enter:  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11 Section 501(c)(12) organizations.  

Enter:  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Gross income from members or shareholders.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12a. Section 4947(a)(1) non-exempt charitable trusts.  

Is the organization filing Form 990 in lieu of Form 1041?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c. Enter the amount of reserves on hand.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14a. Did the organization receive any payments for indoor tanning services during the tax year?  

b. If "Yes," has it filed a Form 720 to report these payments?  

If "No," provide an explanation in Schedule O.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  

If "Yes," complete Form 4720, Schedule O.  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ................. 1a 14
   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 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision
   of officers, directors, or trustees, or key employees to a management company or other person? ........ 3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X

5 Did the organization become aware during the year of a significant diversion of the organization’s assets? .... 5 X

6 Did the organization have members or stockholders? ........................................................................ 6 X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 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:
   a 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 in Schedule O. ................. 9 X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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? .... 10b

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
   b Describe in Schedule O the process, if any, used by the organization to review this Form 990. ......... 11a X

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?
   c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe
      in Schedule O how this was done ............................................................................................... 12b 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 X
   b Other officers or key employees of the organization .................................................................. 15b X

   If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions).

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 X
   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 ...

Section 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 (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.
   X 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 financial
   statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization’s books and records  ▶
   JI HYUN YOON - (415) 654-5572
   220 MONTGOMERY STREET, NO. 1020, SAN FRANCISCO, CA 94104
## Section A. Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.
- 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.

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>DANIEL K. THORNE</td>
<td>0.50</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>CHAIRMAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>PAUL SLAWSON</td>
<td>0.50</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>(3)</td>
<td>ROSEMARY KING</td>
<td>0.50</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
</tr>
<tr>
<td>(4)</td>
<td>JAMES P. BOND</td>
<td>0.50</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td>MARINA DJABBARZADE</td>
<td>0.50</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td>JENNIFER EMERSON</td>
<td>0.50</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td>PATRICK FRANCO</td>
<td>0.50</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td>THOMAS R. JOYCE</td>
<td>0.50</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td>JOY OU</td>
<td>0.50</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td>LISA SARDEGNA</td>
<td>0.50</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11)</td>
<td>GEORGE SYCIP</td>
<td>0.50</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12)</td>
<td>TONY WHEELER</td>
<td>0.50</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13)</td>
<td>BONNIE COHEN</td>
<td>0.50</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14)</td>
<td>ROBERT HARPER</td>
<td>0.50</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15)</td>
<td>RUSSELL PLATT</td>
<td>0.50</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16)</td>
<td>ADI SHAMIR-BARON</td>
<td>0.50</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17)</td>
<td>STEFAN POORTMAN</td>
<td>40.00</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2018)
### Part VII
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week</th>
<th>Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) NADA HOSKING</td>
<td>40.00</td>
<td>X</td>
<td>105,000</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

1b Sub-total: 285,075 | 0 | 0 |

c Total from continuation sheets to Part VII, Section A: 0 | 0 | 0 |

d Total (add lines 1b and 1c): 285,075 | 0 | 0 |

2. Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 2

### Section B. Independent Contractors

1. Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDRES RODRIGO ACOSTA DBA SPARKSHIP</td>
<td>SOFTWARE DEVELOPER</td>
<td>131,333</td>
</tr>
</tbody>
</table>

2. Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 1
### Part VIII  Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td>18,505.</td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td>1,460,117.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f $</td>
<td></td>
<td></td>
<td>5,117.</td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>1,478,622.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
<th>101.</th>
<th>101.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Income from investment of tax-exempt bond proceeds</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Royalties</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Royalties</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gross rents</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Less: rental expenses</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rental income or (loss)</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Net rental income or (loss)</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
<th>85,471.</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Less: cost or other basis and sales expenses</th>
<th>85,471.</th>
<th>0.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gain or (loss)</th>
<th></th>
<th>0.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Net gain or (loss)</th>
<th></th>
<th>0.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Less: direct expenses</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Net income or (loss) from fundraising events</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gross income from gaming activities. See Part IV, line 19</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Less: direct expenses</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Net income or (loss) from gaming activities</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Less: cost of goods sold</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Net income or (loss) from sales of inventory</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th>872.</th>
<th>872.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DEPOSIT REFUND, MISCEL</th>
<th>900099</th>
<th>872.</th>
<th>872.</th>
</tr>
</thead>
</table>

| All other revenue                                                       |               | 872. |       |
|----------------------------------------------------------------------------|------|------|

| Total. Add lines 11a-11d                                                | 1,479,595.    | 872. | 0.   |
|----------------------------------------------------------------------------|------|------|

| Total revenue. See instructions                                          | 1,479,595.    | 872. | 0.   |
|----------------------------------------------------------------------------|------|------|

832009 12-31-18
Form 990 (2018)
**Form 990 (2018)**

**GLOBAL HERITAGE FUND**

20-5009512

Page 10

**Part IX Statement of Functional Expenses**

Check if Schedule O contains a response or note to any line in this Part IX [X]

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>195,282.</td>
<td>195,282.</td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>430,124.</td>
<td>430,124.</td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>180,075.</td>
<td>107,642.</td>
<td>14,019.</td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td>298,667.</td>
<td>91,580.</td>
<td>68,220.</td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>35,938.</td>
<td>17,736.</td>
<td>4,665.</td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>68,132.</td>
<td>84,855.</td>
<td>16,912.</td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>68,132.</td>
<td>84,855.</td>
<td>16,912.</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>175,934.</td>
<td>50,705.</td>
<td>63,487.</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>2,849.</td>
<td>1,325.</td>
<td>1,524.</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>39,919.</td>
<td>11,162.</td>
<td>20,219.</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td>6,628.</td>
<td>99.</td>
<td>211.</td>
</tr>
<tr>
<td>a Management</td>
<td>60,050.</td>
<td>60,050.</td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td>3,116.</td>
<td>625.</td>
<td>2,476.</td>
</tr>
<tr>
<td>c Accounting</td>
<td>6,628.</td>
<td>99.</td>
<td>211.</td>
</tr>
<tr>
<td>d Lobbying</td>
<td>60,050.</td>
<td>60,050.</td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td>298,667.</td>
<td>91,580.</td>
<td>68,220.</td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>35,938.</td>
<td>17,736.</td>
<td>4,665.</td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>175,934.</td>
<td>50,705.</td>
<td>63,487.</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>2,849.</td>
<td>1,325.</td>
<td>1,524.</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>39,919.</td>
<td>11,162.</td>
<td>20,219.</td>
</tr>
<tr>
<td>14 Information technology</td>
<td>6,628.</td>
<td>99.</td>
<td>211.</td>
</tr>
<tr>
<td>15 Royalties</td>
<td>68,132.</td>
<td>84,855.</td>
<td>16,912.</td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>68,132.</td>
<td>34,711.</td>
<td>9,620.</td>
</tr>
<tr>
<td>17 Travel</td>
<td>84,855.</td>
<td>63,782.</td>
<td>6,108.</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>16,912.</td>
<td>16,912.</td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>2,749.</td>
<td>1,099.</td>
<td>825.</td>
</tr>
<tr>
<td>20 Interest</td>
<td>8,290.</td>
<td>2,252.</td>
<td>4,473.</td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td>8,100.</td>
<td>4,500.</td>
<td>3,600.</td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>13,869.</td>
<td>1,798.</td>
<td>1,215.</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>3,488.</td>
<td>689.</td>
<td>2,799.</td>
</tr>
<tr>
<td>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 O.)</td>
<td>3,089.</td>
<td>3,007.</td>
<td>82.</td>
</tr>
<tr>
<td>a PRINTING &amp; PUBLICATIONS</td>
<td>483.</td>
<td>483.</td>
<td></td>
</tr>
<tr>
<td>b DUES &amp; SUBSCRIPTIONS</td>
<td>8,100.</td>
<td>4,500.</td>
<td>3,600.</td>
</tr>
<tr>
<td>c RECRUITING &amp; TRAINING</td>
<td>1,684,741.</td>
<td>1,030,201.</td>
<td>288,885.</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td>1,684,741.</td>
<td>1,030,201.</td>
<td>288,885.</td>
</tr>
</tbody>
</table>
## Balance Sheet

### Assets

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>74,902.</td>
<td>322,606.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>400,228.</td>
<td>109,992.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>754,564.</td>
<td>622,428.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>301.</td>
<td>2,621.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>trustees, key employees, and highest compensated employees. Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>under section 4958(f)(1)), persons described in section 4958(c)(3)(B),</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>and contributing employers and sponsoring organizations of section 501(c)(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>voluntary employees' beneficiary organizations (see instr). Complete Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>of Sch L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>31,095.</td>
<td>31,005.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete VI of Schedule D</td>
<td>34,301.</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>24,891.</td>
<td>9,410.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>10,118.</td>
<td>10,118.</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>1,283,366.</td>
<td>1,108,180.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>key employees, highest compensated employees, and disqualified persons.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>parties, and other liabilities not included on lines 17-24). Complete Part X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>117,815.</td>
<td>147,775.</td>
</tr>
</tbody>
</table>

### Liabilities

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>364,513.</td>
<td>423,746.</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>801,038.</td>
<td>536,659.</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.

### Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>1,165,551.</td>
<td>960,405.</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>1,283,366.</td>
<td>1,108,180.</td>
</tr>
</tbody>
</table>
### Part XI | Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII | Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Cash</td>
<td>□ Accrual</td>
</tr>
<tr>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Separate basis</td>
<td>□ Consolidated basis</td>
<td>□ Both consolidated and separate basis</td>
</tr>
<tr>
<td>b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Separate basis</td>
<td>X Consolidated basis</td>
<td>□ Both consolidated and separate basis</td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes&quot; 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?</td>
<td></td>
</tr>
<tr>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
</tr>
</tbody>
</table>
SCHEDULE A
(From 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.

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

Name of the organization

GLOBAL HERITAGE FUND

Employer identification number

20-5009512

Part I 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.)

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 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 ☐ 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:

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 啤 X  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) 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:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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.)

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

12 ☐ 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.

a  ☐ 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.

b  ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.

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.

d  ☐ 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.

e  ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f  ☐ Enter the number of supported organizations

Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018
**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.)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>3131377</td>
<td>1224579</td>
<td>1399207</td>
<td>2102222</td>
<td>1478622</td>
<td>9336007</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>3131377</td>
<td>1224579</td>
<td>1399207</td>
<td>2102222</td>
<td>1478622</td>
<td>9336007</td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>3131377</td>
<td>1224579</td>
<td>1399207</td>
<td>2102222</td>
<td>1478622</td>
<td>9336007</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>8</td>
<td>13,120</td>
<td>80,730</td>
<td>584</td>
<td>101</td>
<td>94,543</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9430550</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9430550</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2017 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2018. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b 33 1/3% support test - 2017. If the organization did not check the 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2018. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 10% -facts-and-circumstances test - 2017. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| | 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | % |
| | 16 Public support percentage from 2017 Schedule A, Part III, line 15 | % |

#### Section D. Computation of Investment Income Percentage

| | 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | % |
| | 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | % |

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
### Supporting Organizations

#### Part VI

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

#### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part IV. Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

   a. A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

   b. A family member of a person described in (a) above?

   c. A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1 Did the directors, trustees, 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 supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If “Yes,” explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If “No,” describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

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).

3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If “Yes,” describe in Part VI the role the organization’s supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

   a. The organization satisfied the Activities Test. Complete line 2 below.

   b. The organization is the parent of each of its supported organizations. Complete line 3 below.

   c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

   a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

   b. Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If “Yes,” explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard.
## Section A - Adjusted Net Income

1. Net short-term capital gain
2. Recoveries of prior-year distributions
3. Other gross income (see instructions)
4. Add lines 1 through 3
5. Depreciation and depletion
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)
7. Other expenses (see instructions)
8. **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)

## Section B - Minimum Asset Amount

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
   - b. Average monthly cash balances
   - c. Fair market value of other non-exempt-use assets
   - d. **Total** (add lines 1a, 1b, and 1c)
   - e. **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):
2. Acquisition indebtedness applicable to non-exempt-use assets
3. Subtract line 2 from line 1d
4. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)
5. Net value of non-exempt-use assets (subtract line 4 from line 3)
6. Multiply line 5 by .035
7. Recoveries of prior-year distributions
8. Minimum Asset Amount (add line 7 to line 6)

## Section C - Distributable Amount

1. Adjusted net income for prior year (from Section A, line 8, Column A)
2. Enter 85% of line 1
3. Minimum asset amount for prior year (from Section B, line 8, Column A)
4. Enter greater of line 2 or line 3
5. Income tax imposed in prior year
6. **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
7. Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).

---

See instructions.

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**.) All other Type III non-functionally integrated supporting organizations must complete Sections A through E.
### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section D - Distributions

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Excess Distributions</td>
</tr>
<tr>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.</td>
</tr>
<tr>
<td>Excess distributions carryover, if any, to 2018</td>
</tr>
<tr>
<td>a From 2013</td>
</tr>
<tr>
<td>b From 2014</td>
</tr>
<tr>
<td>c From 2015</td>
</tr>
<tr>
<td>d From 2016</td>
</tr>
<tr>
<td>e From 2017</td>
</tr>
<tr>
<td>Total of lines 3a through e</td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
</tr>
<tr>
<td>h Applied to 2018 distributable amount</td>
</tr>
<tr>
<td>i Carryover from 2013 not applied (see instructions)</td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
</tr>
<tr>
<td>Distributions for 2018 from Section D, line 7:</td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
</tr>
<tr>
<td>b Applied to 2018 distributable amount</td>
</tr>
<tr>
<td>c Remainder. Subtract lines 4a and 4b from 4.</td>
</tr>
<tr>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
</tr>
<tr>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
</tr>
<tr>
<td>Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
</tr>
<tr>
<td>Breakdown of line 7:</td>
</tr>
<tr>
<td>a Excess from 2014</td>
</tr>
<tr>
<td>b Excess from 2015</td>
</tr>
<tr>
<td>c Excess from 2016</td>
</tr>
<tr>
<td>d Excess from 2017</td>
</tr>
<tr>
<td>e Excess from 2018</td>
</tr>
</tbody>
</table>
Schedule B
(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

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

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

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

Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>527 political organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(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.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

** PUBLIC DISCLOSURE COPY **
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$200,000.</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$60,000.</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$150,000.</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$200,000.</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$40,200.</td>
<td>Person X, Payroll</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$30,000.</td>
<td>Person X, Payroll</td>
</tr>
</tbody>
</table>
## Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$125,000.</td>
<td>Person <strong>X</strong> Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$47,250.</td>
<td>Person <strong>X</strong> Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$45,000.</td>
<td>Person <strong>X</strong> Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>$100,000.</td>
<td>Person <strong>X</strong> Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>$150,000.</td>
<td>Person <strong>X</strong> Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>$35,000.</td>
<td>Person <strong>X</strong> Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
</tbody>
</table>

**GLOBAL HERITAGE FUND**  
20-5009512
<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
**GLOBAL HERITAGE FUND**

**20-5009512**

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
| (e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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</tr>
</tbody>
</table>
| (e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| (e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

823454 11-08-18
### Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Part II  Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

4. Number of states where property subject to conservation easement is located.

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | Yes | No |

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | Yes | No |

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

#### Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 116 (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 service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under SFAS 116 (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:

   - Revenue included on Form 990, Part VIII, line 1
   - Assets included in Form 990, Part X
Schedule D (Form 990) 2018  GLOBAL HERITAGE FUND  20-5009512  Page 2

**Part III**  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- [ ] Public exhibition
- [ ] Scholarly research
- [ ] Preservation for future generations
- [X] Loan or exchange programs
- [ ] Other

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 assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  [ ] Yes  [ ] No

**Part IV**  Escrow and Custodial Arrangements. Complete if the organization answered “Yes” on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  [ ] Yes  [ ] No

1b If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>c</th>
<th>d</th>
<th>e</th>
<th>f</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning balance</td>
<td>Additions during the year</td>
<td>Distributions during the year</td>
<td>Ending balance</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  [ ] Yes  [ ] No

2b If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V**  Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a Beginning of year balance
1b Contributions
1c Net investment earnings, gains, and losses
1d Grants or scholarships
1e Other expenditures for facilities and programs
1f Administrative expenses
1g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- [ ] Board designated or quasi-endowment [ ] %
- [ ] Permanent endowment [ ] %
- [ ] Temporarily restricted endowment [ ] %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

3a(i) unrelated organizations  [ ] Yes  [ ] No

3a(ii) related organizations

3b If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?  [ ] Yes  [ ] No

4 Describe in Part XIII the intended uses of the organization’s endowment funds.

**Part VI**  Land, Buildings, and Equipment.

Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</td>
<td>9,410.</td>
<td></td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
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<tr>
<td>(C)</td>
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<td>(D)</td>
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<tr>
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</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### 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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
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<tr>
<td>(4)</td>
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<td>(5)</td>
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<td>(8)</td>
<td></td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
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<td>(5)</td>
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<td>(6)</td>
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<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### 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.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

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

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. □
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total revenue, gains, and other support per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>a Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td>b Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3 Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5</td>
</tr>
</tbody>
</table>

### Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total expenses and losses per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>a Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3 Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5</td>
</tr>
</tbody>
</table>

### 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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

---

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE.

---

MANAGEMENT HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS.
### Statement of Activities Outside the United States

**Global Heritage Fund**

#### Part I: General Information on Activities Outside the United States

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

1. **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? □ Yes □ No

2. **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3. **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EAST ASIA AND THE PACIFIC</strong></td>
<td>0</td>
<td>1</td>
<td>PROGRAM SERVICES IN THE ARCHAEOLOGICAL REGION</td>
<td></td>
<td>179,374.</td>
</tr>
<tr>
<td><strong>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</strong></td>
<td>0</td>
<td>2</td>
<td>PROGRAM SERVICES IN THE ARCHAEOLOGICAL REGION</td>
<td></td>
<td>162,596.</td>
</tr>
<tr>
<td><strong>MIDDLE EAST AND NORTH AFRICA</strong></td>
<td>0</td>
<td>1</td>
<td>PROGRAM SERVICES IN THE ARCHAEOLOGICAL REGION</td>
<td></td>
<td>65,529.</td>
</tr>
<tr>
<td><strong>CENTRAL AMERICA AND THE CARIBBEAN</strong></td>
<td>0</td>
<td>1</td>
<td>PROGRAM SERVICES IN THE ARCHAEOLOGICAL REGION</td>
<td></td>
<td>22,625.</td>
</tr>
</tbody>
</table>

**Subtotal**

0 5 430,124.

b Total from continuation sheets to Part I

0 0 0.

c Totals (add lines 3a and 3b)

0 5 430,124.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2018
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.

<table>
<thead>
<tr>
<th></th>
<th>Name of organization</th>
<th>IRS code section and EIN (if applicable)</th>
<th>Region</th>
<th>Purpose of grant</th>
<th>Amount of cash grant</th>
<th>Manner of cash disbursement</th>
<th>Amount of noncash assistance</th>
<th>Description of noncash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tbody>
</table>

2 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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Schedule F (Form 990) 2018

GLOBAL HERITAGE FUND 20-5009512
### 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)

2. **Did the organization have an interest in a foreign trust during the tax year?**
   - If "Yes," the organization may be required to separately 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; don’t file with Form 990)

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)

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)

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)

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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don’t file with Form 990)
PART I, LINE 2:


PART I, LINE 3:

THE ORGANIZATION CONTRACTS WITH FOREIGN NON-GOVERNMENTAL ORGANIZATIONS AND UNIVERSITIES, US-BASED NON-GOVERNMENTAL ORGANIZATIONS AND UNIVERSITIES, AND 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.
## General Information on Grants and Assistance

<table>
<thead>
<tr>
<th>Part I</th>
<th>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Grants and Other Assistance to Domestic Organizations and Domestic Governments

<table>
<thead>
<tr>
<th>Part II</th>
<th>Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.</th>
</tr>
</thead>
</table>

#### 1 (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 noncash assistance

#### (h) Purpose of grant or assistance

---

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)
### Part III: Grants and Other Assistance to Domestic Individuals

Complete if the organization answered “Yes” on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOBIL APP DEVELOPER FOR AMAL IN HERITAGE</td>
<td>1</td>
<td>195,282</td>
<td>0</td>
<td>FMV</td>
<td></td>
</tr>
</tbody>
</table>

### Part IV: Supplemental Information

Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

RECIPIENTS ARE EXPECTED TO HAVE SYSTEMS, POLICIES, AND PROCEDURES IN PLACE BY WHICH THEY MANAGE FUNDS AND ACTIVITIES. GHF WILL REGULARLY MONITOR THE PROGRESS OF DELIVERABLES AND EXPENSES THROUGH REGULAR MEETINGS AND REPORTS. THE MOU COVERS THE FULL TERMS AND CONDITIONS OF THE AGREEMENT, INCLUDING (BUT NOT LIMITED TO), TIMELINES, PROJECT MILESTONES, FINANCIAL EXPENDITURES AND REPORTING REQUIREMENTS.
SCHEDULE J
(Form 990)

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.

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

Name of the organization: GLOBAL HERITAGE FUND

Employer identification number: 20-5009512

Part I
Questions Regarding Compensation

1. Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
   - [X] First-class or charter travel
   - [X] Travel for companions
   - [X] Tax indemnification and gross-up payments
   - [X] Discretionary spending account
   - [X] Housing allowance or residence for personal use
   - [X] Payments for business use of personal residence
   - [X] Health or social club dues or initiation fees
   - [X] Personal services (such as 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.

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 on line 1a?

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.
   - [X] Compensation committee
   - [X] Independent compensation consultant
   - [X] Form 990 of other organizations
   - [X] Written employment contract
   - Compensation survey or study
   - Approval by the board or compensation committee

4. During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
   a. Receive a severance payment or change-of-control payment?
   b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?
   c. Participate in, or receive payment from, an equity-based compensation arrangement?

   If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

5. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
   a. The organization?
   b. Any related organization?

   If "Yes" on line 5a or 5b, describe in Part III.

6. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
   a. The organization?
   b. Any related organization?

   If "Yes" on line 6a or 6b, describe in Part III.

7. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
For each individual whose compensation must be reported on 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 aren’t 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) STEFAAN POORTMAN</td>
<td>(i) 180,075. 0. 0. 0. 0. 0. 180,075. 0.</td>
<td>(ii)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEO</td>
<td>(i) 0. 0. 0. 0. 0. 0. 0. 0.</td>
<td>(ii)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Name of the organization**: 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:**

THE PROTECTING THE PAST CONFERENCE IS AN INTERNATIONAL CONFERENCE AND WORKSHOP SERIES ORGANIZED BY THE EAMENA PROJECT IN COOPERATION WITH REGIONAL PARTNERS IN THE MIDDLE EAST AND NORTH AFRICA (MENA) REGION. THE PURPOSE OF THIS SERIES IS TO MOVE BEYOND DESCRIBING THE THREATS FACING THE CULTURAL HERITAGE OF THE REGION AND FOCUS ON UNDERSTANDING THEM, EXAMINING NEW APPROACHES AND PROJECTS FOR HERITAGE PROTECTION. THE PROTECTING THE PAST CONFERENCE PROMOTES DEBATE AND DISCUSSION ON THE RANGE OF THREATS TO CULTURAL HERITAGE SITES, FACILITATES COMMUNICATION BETWEEN DIFFERENT GROUPS, AND ENHANCES THE REGIONAL UNDERSTANDING OF THE ISSUES. BY BRINGING TOGETHER DIFFERENT STAKEHOLDERS, THE SERIES AIMS TO CREATE OPPORTUNITIES TO FORMULATE STRATEGIES FOR THE FUTURE, AIMED AT PRESERVING CULTURAL HERITAGE SITES AND DEVELOPING LONG-LASTING PARTNERSHIPS WITHIN THE MENA REGION.

EXPENSES $19,975. INCLUDING GRANTS OF $19,975. REVENUE $0.

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

THE FORM 990 WAS SENT TO THE AUDIT COMMITTEE MEMBERS AND THE ENTIRE BOARD FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING.

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

THE ORGANIZATION'S OFFICERS, BOARD MEMBERS, AND KEY EMPLOYEES ARE REQUIRED...
TO READ AND SIGN THE CONFLICT OF INTEREST POLICY WHICH AFFIRMS THEIR
ONGOING COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15:
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:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD
OF TIME SET FORTH IN SEC. 6104(D). THE ORGANIZATION PRODUCES A BIENNIAL
REPORT WHICH ALSO INCLUDES FINANCIAL STATEMENTS.

FORM 990, PART IX, LINE 11G, OTHER FEES:
OTHER:

PROGRAM SERVICE EXPENSES 50,705.
MANAGEMENT AND GENERAL EXPENSES 63,487.
FUNDRAISING EXPENSES 61,742.
TOTAL EXPENSES 175,934.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 175,934.
## Part I
Identification of Disregarded Entities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLOBAL HERITAGE FUND UNITED KINGDOM - 98-1151094, 143 HAMMERSMITH GROVE, LONDON, ENGLAND, UNITED KINGDOM W6 0NJ</td>
<td>PUBLIC CHARITY</td>
<td>UNITED KINGDOM</td>
<td>94,836.</td>
<td>24,322.</td>
<td>GLOBAL HERITAGE FUND</td>
</tr>
</tbody>
</table>

## Part II
Identification of Related Tax-Exempt Organizations.
Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
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</thead>
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</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III
**Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLOBAL HERITAGE FUND ASIA LTD</td>
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<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

### Part IV
**Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLOBAL HERITAGE FUND ASIA LTD</td>
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<td>Yes</td>
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<td>4/F &amp; 5/F, CENTRAL TOWER, 28 QUEEN'S ROAD C,</td>
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</table>
**Part V  Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?</td>
<td>Yes</td>
</tr>
<tr>
<td>a</td>
<td>Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</td>
<td></td>
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<tr>
<td>b</td>
<td>Gift, grant, or capital contribution to related organization(s)</td>
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<tr>
<td>c</td>
<td>Gift, grant, or capital contribution from related organization(s)</td>
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<tr>
<td>d</td>
<td>Loans or loan guarantees to or for related organization(s)</td>
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<td>e</td>
<td>Loans or loan guarantees by related organization(s)</td>
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<td>f</td>
<td>Dividends from related organization(s)</td>
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<td>g</td>
<td>Sale of assets to related organization(s)</td>
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<td>h</td>
<td>Purchase of assets from related organization(s)</td>
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<td>i</td>
<td>Exchange of assets with related organization(s)</td>
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<td>j</td>
<td>Lease of facilities, equipment, or other assets to related organization(s)</td>
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<td>k</td>
<td>Lease of facilities, equipment, or other assets from related organization(s)</td>
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<td>l</td>
<td>Performance of services or membership or fundraising solicitations for related organization(s)</td>
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<td>m</td>
<td>Performance of services or membership or fundraising solicitations by related organization(s)</td>
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<tr>
<td>n</td>
<td>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</td>
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<td>o</td>
<td>Sharing of paid employees with related organization(s)</td>
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<td>p</td>
<td>Reimbursement paid to related organization(s) for expenses</td>
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<td>q</td>
<td>Reimbursement paid by related organization(s) for expenses</td>
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<td>r</td>
<td>Other transfer of cash or property to related organization(s)</td>
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<tr>
<td>s</td>
<td>Other transfer of cash or property from related organization(s)</td>
<td></td>
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</tbody>
</table>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
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</table>
**Part VI  Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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