## Form **8879-EO**

## IRS e-file Signature Authorization for an Exempt Organization

	3	
or calendar year 2014, or fiscal year beginning	, 2014, and ending	,20

OMB No. 1545-1878

	For calendar year 2014, or fiscal year b	peginning,	2014, and ending	,20	2N14
Department of the Treasury		ot send to the IRS. Keep	-		LUIT
Internal Revenue Service	► Information about Form	n 8879-EO and its instru	tions is at www.irs.gov/formi	8879eo	
Name of exempt organization				Employerid	entification number
GLOBAL HERITA	GE FUND			20-50	09512
Name and title of officer					
STEFAAN POORT	MAN				
OFFICER					
Part I Type of I	Return and Return Infor	mation (Whole Dollars	Only)		
	rn for which you are using this I				
	a, below, and the amount on th ank (do not enter -0-). But, if you	_		-	
1a Form 990 check here	▶ X b Total revenue	, if any (Form 990, Part VI	II, column (A), line 12)	1Ь	<u>3,131,385.</u>
2a Form 990-EZ check he	re ▶b Total reve	enue, if any (Form 990-EZ,	line 9)	2b	
3a Form 1120-POL check	here b Total	tax (Form 1120-POL, line	22)	3b	
4a Form 990-PF check he	re ▶ 🔲 b Tax based	d on investment income	(Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here			or Part II, line 8c)		
Part II Declarat	ion and Signature Author	orization of Officer			
the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later the processing of the electronic payment. I have selected a	f receipt or reason for rejection pplicable, I authorize the U.S. T institution account indicated in stitution to debit the entry to this an 2 business days prior to the c payment of taxes to receive our personal identification number electronic funds withdrawal.	Treasury and its designate in the tax preparation softwas is account. To revoke a pa payment (settlement) dat confidential information ne	d Financial Agent to initiate ar vare for payment of the organi lyment, I must contact the U.S e. I also authorize the financia cessary to answer inquiries ar	n electronic fur zation's federa S. Treasury Fin I institutions in nd resolve issu	nds withdrawal (direct al taxes owed on this ancial Agent at volved in the les related to the
Officer's PIN: check one	-				
X I authorize FR	ANK, RIMERMAN &	CO. LLP		to enter my F	
		ERO firm name			Enter five numbers, bu do not enter all zeros
is being filed with enter my PIN on As an officer of the indicated within the program, I will er	on the organization's tax year 2 in a state agency(les) regulating the return's disclosure consent the organization, I will enter my lithis return that a popy of the return t	charities as part of the IR t screen. PIN as my signature on th turn is being filed with a s	S Fed/State program, I also au e organization's tax year 2014 tate agency(ies) regulating cha	uthorize the aformation	orementioned ERO to
Officer's signature	1		Date Date	1	
Part III Certifica	tion and Authentication			•	
	ur six-digit electronic filing ident				
•	your five-digit self-selected PIN		9410939801 do not enter all zeros		
•	neric entry is my PIN, which is r g this return in accordance with s Returns.		-	_	
ERO's signature			Date ▶11 ,	/12/15	
		Retain This Form · Form To the IRS U	See Instructions nless Requested To Do	o So	

LHA For Paperwork Reduction Act Notice, see instructions. 423051 09-29-14

Form **8879-EO** (2014)

### Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

X

• If yo	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		<b>&gt;</b>	X
• If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	this form).		
	complete Part II unless you have already been granted a				rm 8868.	
Electro	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a corp	oration
	d to file Form 990-T), or an additional (not automatic) 3-mol					
	to file any of the forms listed in Part I or Part II with the exc					
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	tronic filing of this	form,
visit w	ww.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).		
A corp	pration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I c				-	<b>&gt;</b>	· 🔲
	er corporations (including 1120-C filers), partnerships, REM					
	ncome tax returns.	•	ŕ		r's identifying nur	mber
Туре	r Name of exempt organization or other filer, see instru	ctions.			identification num	
print	The state of the s					, ,
print	GLOBAL HERITAGE FUND				20-500953	12
File by the	0 11 11 11 11 11 11 11 11 11 11 11 11 11	ee instruc	tions	Social se	curity number (SSN	
filing you	625 EMERSON STREET, NO. 200		10.10.	••••		,
return. Se instruction			free eee instructions			
	PALO ALTO, CA 94301	Ji Gigi i add	1633, 300 H34 d000H3.			
-	THEO HETO, OH 91301		·			
Entor t	as Baturn and for the return that this application is far (file	a conara	to application for each return)			0 1
Entert	ne Return code for the return that this application is for (file	a separa	tte application to each return)		,	
	-11	Botumo	Application			Return
Applic	ation	Return	Application			Code
Is For	00 5 000 57	Code	Is For			-
	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9		02	Form 1041-A			08
	720 (individual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
	CHIEF FINANCIA			3.T.MO	C2 04201	
	books are in the care of $\triangleright$ 625 EMERSON ST	KEET,		ALIU,	CA 94301	
	phone No. ► (650) 325-7520		Fax No.			
	e organization does not have an office or place of busines					* <u>                                    </u>
• If th	is is for a Group Return, enter the organization's four digit					
box 🕨					ers the extension i	s for.
1	request an automatic 3-month (6 months for a corporation					
	-	it organiza	ation return for the organization name	ed above.	The extension	
	s for the organization's return for:					
,	calendar year 2014 or					
J	tax year beginning	, ar	nd ending		*0	
2	f the tax year entered in line 1 is for less than 12 months, o	heck reas	son: L Initial return L	Final retur	ท	
	Change in accounting period					
3a	f 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	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_
	estimated tax payments made. Include any prior year over	oayment a	allowed as a credit.	3b	\$	0.
c	Balance due. Subtract line 3b from line 3a. Include your pa	ayment wi	th this form, if required,			
	by using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
	n. If you are going to make an electronic funds withdrawa			3453-EO a	nd Form 8879-EO f	or payment
LHA 423841	For Privacy Act and Paperwork Reduction Act Notice,	see instr	ructions.	<del>-</del>	Form <b>8868</b> (F	Rev. 1-2014)
05-01-1	•					

#### EXTENDED TO NOVEMBER 16, 2015

Form **990** 

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending C Name of organization D Employer identification number X Address GLOBAL HERITAGE FUND Name change Doing business as 20-5009512 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number ]Final return/ 631 EMERSON STREET 325-7520 (650) City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 3,131,385. Amende return PALO ALTO, CA 94301 H(a) Is this a group return Applica-F Name and address of principal officer: STEFAAN POORTMAN Yes X No for subordinates? ..... SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.GLOBALHERITAGEFUND.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other L Year of formation: 2006 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: CONSERVATION OF AT-RISK Governance ARCHEOLOGICAL SITES AND CREATION OF RELATED COMMUNITY DEVELOPMENT Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 13 4 Activities & Total number of individuals employed in calendar year 2014 (Part V, line 2a) 8 5 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0. 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 3,151,056. 3,131,37 Revenue Program service revenue (Part VIII, line 2g) 0 Ō. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 27. 8. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 3,151,083. 3,131,385. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 342,937. 260,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,035,774. 1,037,130 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 669, 462. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,277,397. 1,202,711. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,574,527. 2,581,422. 576,556. 19 Revenue less expenses. Subtract line 18 from line 12 549,963. Assets or Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 2,349,756. 1,827,847.21 Total liabilities (Part X, line 26) 85,074. 57,020. let / Net assets or fund balances. Subtract line 21 from line 20 1,742,773. 2,292,736. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including adcompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign STEFAAN POORTMAN, OFFICER Here Type or print name and title Print/Type preparer's name Preparer's signature Check migrats Paid MICHAEL J. YATES 11/12/15 P00701936 Preparer FRANK, RIMERMAN & CO. Firm's name 94-1341042 Firm's EIN Firm's address 1801 PAGE MILL ROAD Use Only PALO ALTO, CA 94304 Phone no. (650) 845-8100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form 88	68 (Rev. 1·2014)		59			Page 2		
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	s box		X		
Note. O	nly complete Part II if you have already been granted an a	automatic	3-month extension on a previously f	iled Form 8	8868.			
<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, complete	te only Pa	art I (on page 1).					
Part	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies needed	)		
			Enter filer's	identifyin	g number, see	instructions		
Type or	Name of exempt organization or other filer, see instru	ctions.	-	Employer	identification n	umber (EIN) or		
print								
File by the GLOBAL HERITAGE FUND 20-5								
due date f	Number, street, and room or suite no. If a P.O. box, s 625 EMERSON STREET, NO. 200	ee instruc	tions.	Social sec	curity number (S	SN)		
filing your return. Sec								
Instruction	City, town or post office, state, and zir code. For a lo	oreign ado	Iress, see instructions.					
	PALO ALTO, CA 94301							
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applica	ition	Return	Application			Return		
ls For	•	Code	Is For		Swanner de con	Code		
Form 99	90 or Form 990-EZ	01						
Form 99	90-BL	02	Form 1041-A		<del></del>	08		
Form 47	720 (Individual)	03	Form 4720 (other than individual)			09		
Form 99	90-PF	04	Form 5227		·	10		
Form 99	90-T (sec. 401(a) or 408(a) trust)	Form 6069			11			
	90-T (trust other than above)	06	Form 8870			12		
STOPI	Do not complete Part II if you were not already granted			viously file	d Form 8868.			
	CHIEF FINANCIA				az 0400			
• The	books are in the care of > 625 EMERSON ST	REET,	SUITE 200 - PALO	ALTO,	CA 9430	<u>T</u>		
Tele	phone No. ► (650) 325-7520		Fax No.		<del></del>	. $\square$		
	e organization does not have an office or place of busines					<b>L</b>		
<ul><li>If thi</li></ul>	s is for a Group Return, enter the organization's four digit							
box 🕨			ach a list with the names and EINs o	f all memb	ers the extension	n Is for.		
	request at additional of months extendion of time and		BER 15, 2015.					
	or calendar year $2014$ , or other tax year beginning $\_$		, and endir					
6 lf	the tax year entered in line 5 is for less than 12 months, or	check reas	son: L Initial return L	Final r	eturn			
Į.	Change in accounting period		*0					
7 9	tate in detail why you need the extension	· · · ·	ADDITIONAL MINE I	N ODD	ER TO GA	त्वराण		
1	THE TAXPAYER RESPECTFULLY REQ	OFSTS			ER TO GA	THEK		
<u>'</u> ]	THE NECESSARY INFORMATION TO	COMPL	ETE AN ACCURATE RE	TURN.				
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	this application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any	0-		0.		
	onrefundable credits. See instructions.		e 1 * 1	- 8a	\$			
	this application is for Forms 990 PF, 990 T, 4720, or 6069							
	ax payments made. Include any prior year overpayment a	llowed as	a credit and any amount paid	O.L.		0.		
	previously with Form 8868.		M. Al. I. E Marrie Branch	8b	\$			
_	Salance due. Subtract line 8b from line 8a. Include your p	-	ith this form, if required, by using	0.0		0.		
	FTPS (Electronic Federal Tax Payment System). See Instru	tion mil	st be completed for Part II	Bc Only	\$			
D. J.	Signature and verifica	uuu mu	nonving schooling and statements and	to the best s	f mu knowledge e	and holief		
Under p	enalties of perjury, I declare that I have examined this form, inclu , correct, and extroplete, and that I am authorized to prepare this f	umg accom form.	рануніў ѕспециеѕ апо ѕідіетенів, ано	to nie nest C	a any kaowieoge a	/ J		
				Date	7/5-	115		
Signatu	TE P V V V I I I I I I I I I I I I I I I I	CFA	*	Dale		8 (Rev. 1-2014)		
	• //				1 0111 000	C (1104. 1-2014)		

Form 990 (2014) GLOBAL HERIT

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	9	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			A 1
	as applicable.			K4 =
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		<del> </del>
128		12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
U	if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
00	complete Schedule G, Part III	19 20a	<del>  -</del>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	$\vdash$	<del>  ^</del>
0	ii res to line zoa, dio trie organization attacir a copy of its addited infancial statements to this return?		990	(2014)

# Form 990 (2014) GLOBAL HERITAGE FU Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	li	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? /f "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):		100	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?//f "Yes," complete	31	$\neg$	
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	$\overline{}$	
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334	$\dashv$	
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	$\dashv$	
	If "Yes," complete Schedule R, Part V, line 2	36	]	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		21
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27	ŀ	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	+	25
	Note. All Form 990 filers are required to complete Schedule O	20	x	
	Total	38	000 "	

Form **990** (2014)

Page 5

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

Second   S		Check if Schedule O contains a response or note to any line in this Part V				
Eiter the number of Forms W.2G included in line 1a. Enter 0- if not applicable			_		Yes	No
bill the organization comply with backup withholding rules for reportable gamming (gambling) winnings to pitz winners?  2	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	6		
Gambling) winnings to prize winners?  Briter the number of employees reported on from W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return.  By If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  By If If year, I have until clients and 2a ig greater than 250, you may be required to e-Me (see instructions)  By If If Year, I have the late of the organization file all required federal employment tax returns?  By If If Year, I have the late of American 1 have 50, you may be required to e-Me (see instructions)  By If If Year, I have the late of American 1 have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, sourcine account, or other financial account)?  By If Year, I have the name of the foreign country in the same and a bark account, sourcines account, or other financial accounts (FBAR).  Was the organization as party to a prohibited tax shelter transaction at any time during the tax year?  By If Year, I have been accounted in the organization file Form 889617  By If Year, I have a fore 50, did the organization file Form 889617  For panization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of scharfable contributions?  By If Year, I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charfable contributions?  By If Year, I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charfable contribution and party for goods and services provided to the payor?  By If Year, I did the organization that were very solicitation an express statement that such contributions or gifts were not tax deductibles as charfable contributions.  By If Year, I have a formation	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  2b 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)  3b Id the organization have unrelated business greater size in the control of the con	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming	3,1		
field for the calendar year ending with or within the year covered by this return 2a 8 b 14 least on its reported on line 2a, did the organization field are prejuded either 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)  3		,, ,,		1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 bid the organization have unrelated obusiness pross income of \$1,000 or more during the year?  31 bid the veganization have unrelated obusiness pross income of \$1,000 or more during the year?  32 bid 1 **Yes,** has it filed a Form 980 **To this year? If **No.** to line 3b, provide an explanation in Schedule O  35 bid A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; and a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time of the foreign country   **No.** to line 3b, provide an explanation in Schedule O  4b If **Yes,** to the foreign country (such as a bank account, securities account, or other financial account)?  5a Was the organization appary to a prohibited tax shelter transaction at any time during the tax year?  5b If **Yes,** to line 5a or 5b, did the organization line Form 98867?  6c If **Yes,** to line 5a or 5b, did the organization line Form 98867?  6c Does the organization has an 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?  6c Did the organization that were not tax deductible as charitable contributions?  6c Did the organization neces apprets that are normally greater than \$100,000, and did the organization solicit any contributions on the very solicitation an express statement that such contributions or gifts were not tax deductible.  6c Did the organization receive appret in excess of \$75 made party as normbute and party for goods and services provided to the payor?  7b If **Yes,** did the organization notity the donor of the value of the goods or services provided?  7c Did the organization receive appretunity excess of \$75 made party as a normbute organization solicit and party in the organization receive appre	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a				-		
3a Did the organization have unreflated business gross income of \$1,000 or more during the year?  b if "Yes," has it filled a Form 9807 for this year? if "No," to live 3b, provide an explanation in Schedule O  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," either the name of the foreign country! ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for fi	b				X	
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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 accounts?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Base instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Base instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Base instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Base instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Base instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Base instructions of the filing and the second secon				_	—	X
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 a or 5b, did the organization file Form 8886-7?  8 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  7 Organizations that may receive deductible contributions under section 170(c).  9 Did the organization receive apprent in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Did the organization received a prometin excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization exceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  10 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-0?  11 Sponsoring organizations maintaining donor advised funds.  12 Did the sponsoring organization make any taxable distributions under section 4966?  13 Sponsoring organization make any taxable distributions under section 4966?  14 Did the sponsoring organization make any taxable distributions under section 4966?  15 Section 501(c)(17) organizations. Enter:  16 If yes, "Intilation fees and capital contributions included on Part VIII, line 12  17 Did the organization included on Form 990, Part VIII, line 12  18 Gross income from members or shareholders  19 Did the sponsoring organizations. Enter:  19 Did the organization increas	_			5-	The state of	Y
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were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Did the organization creative a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 To	h			<del>  "</del>		
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Form 990 (2014) GLOBAL HERITAGE FUND 20-5009512 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and the lines 2 through 7b below, and the lines 2 through 7b below to lines 2 th to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			H.			
	If there are material differences in voting rights among members of the governing body, or if the governing					18			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	}		193					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13	127	1,50	E			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other				12			
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3_		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X			
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or	- 1						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, 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	ar by the following:							
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)							
			-		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the t	form?	11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a				12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		ļ	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo		ı						
40	in Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X	_			
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approva	I by independent			A				
922	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				77				
	The organization's CEO, Executive Director, or top management official	• • • • • • • • • • • • • • • • • • • •		15a	X	_			
D	Other officers or key employees of the organization	•••••		15b	Х				
16.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen					37			
	taxable entity during the year?			16a		X			
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial transfer and a second se			X-1					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's		-9					
	exempt status with respect to such arrangements?	·····		16b		_			
		<del></del> -							
	List the states with which a copy of this Form 990 is required to be filed CA	(0 1; 504/ )(0)							
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)	s only) av	/allab	ie				
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request  Other (explain a	in Cabadula Cl							
19		,	E	e:	_!_!				
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con statements available to the public during the tax year.	mict of interest po	icy, and	inand	cial				
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ke and reserve:							
	CHRISTINE GREEN - (650) 325-7520	ns and records:			_				
	631 EMERSON STREET, PALO ALTO, CA 94301								
32006	11-07-14			Form	990 (	2014			

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

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

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

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

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

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

(A)	(B)			((	2)			(D)	(E)	(F) Estimated
Name and Title	Average hours per week	box.	, unle	ss pe	rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) VINCENT L. MICHAEL	40.00							185 000	0	26 226
EXECUTIVE DIRECTOR	<del> </del>	Х		X	Х	X	_	175,000.	0.	26,326.
(2) JEFFREY MORGAN	20.00			]				00 000		27 214
VICE CHAIRMAN	1	X	<u> </u>	Х	<u> </u>	<u> </u>	_	20,000.	0.	27,314.
(3) JAN SCHOLES	1.00								0.	_
FINANCE COMMITTEE		Х	_	Х	_	<u> </u>	ļ	0.	- 0.	0.
(4) DANIEL K. THORNE	5.00	1,,						0.	0.	0
CHAIRMAN	1 00	X	<u> </u>	_	_	$\vdash$	-	U .	U •	0.
(5) THOMAS JOYCE	1.00	X						0.	0.	0.
PROGRAM & PLANNING CHAIRPERSON	1 00	Α		-		┢	<u> </u>	0.	0.	· · ·
(6) ALEC MERRIAM	1.00	X	1		ĺ			0.	0.	0.
FINANCE COMMITTEE CHAIRPERSON	1.00	<u> </u>		⊢	├	$\vdash$	⊢	0.	0.	
(7) JAMES BOND	1.00	X						0.	0.	0.
TRUSTEE	1.00	Α.	$\vdash$	-	$\vdash$	$\vdash$	-	0.	0.	0.
(8) ALLISON HUYUH	1.00	X						0.	0.	0.
TRUSTEE (9) FIRTH GRIFFITH	1.00	^	⊢	$\vdash$	$\vdash$	-	$\vdash$	-	0.	•
TRUSTEE	1.00	X					1	0.	0.	0.
(10) CATHY MCMURTRY	1.00	<u> </u>	⊢	$\vdash$	-	╁	$\vdash$			
TRUSTEE	1.00	x	1					0.	0.	0.
(11) PAUL SLAWSON	1.00	12	-	$\vdash$	+	$\vdash$	$\vdash$			
TRUSTEE	1.00	$\mathbf{x}$						0.	0.	0.
(12) GEORGE SYCIP	1.00		$\vdash$	$\vdash$	╁	$\vdash$				
TRUSTEE	2000	$ \mathbf{x} $	ĺ					0.	0.	0.
(13) PATRICK WHITNEY	1.00	1	$\vdash$	$\vdash$	$\vdash$				-	
TRUSTEE		$ \mathbf{x} $						0.	0.	0.
(14) TONY WHEELER	1.00	1	$\vdash$	$\vdash$		T	t			
TRUSTEE		Х						0.	0.	0.
(15) PRINCESS ALIA AL-SENUSSI	1.00		$\vdash$	+-	$\vdash$	$\top$				
TRUSTEE		x						0.	0.	0.
(16) JENNIFER FARIN EMERSON	1.00	T	T			$\top$				
TRUSTEE		x	1					0.	0.	0.
(17) ROBERT STANTON	40.00									
CFO/TREASURER				X				129,583.	0.	24,340.
432007 11-07-14										Form 990 (2014)

Part VII Section A. Officers, Directors, Trus		ploy	/ees	, an	d H	<u>ighe</u>	st C	Compensated Employe	es (continued)			
(A)	(B)	(C)					(D)	(E)		(F)		
Name and title	Average hours per	(do not check		heck	more	than		Reportable	Reportable			mated
	week					is bot or/trus		compensation from	compensation from related			ount of ther
	(list any	cto						the	organizations			ensation
	hours for	胃	a.			ited		organization	(W-2/1099-MISC	)		m the
	related organizations	Individual trustee or director	truste		يو	pensa		(W-2/1099-MISC)		- 1	_	nization
	below	Jual tr	tional		a bloye	st con	_			ĺ		related izations
	line)	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	izations
(18) STEFAAN POORTMAN	40.00									$\neg$		
DIRECTOR OF INTERNATIONAL PARTNERSHI						X		145,000.		0.	8	,801
						Ш	_					
				_		Н	_			$\dashv$		
		$\vdash$	H	-	$\vdash$	$\vdash$				$\dashv$		
		_	Н	Н	-					$\dashv$		
			Н			Н				$\dashv$		
			$\Box$							寸		
										$\neg$		
										$\perp$		
1b Sub-total						J	>	469,583.		0.	86	,781.
c Total from continuation sheets to Part VI							<b>&gt;</b>	0.		9.		0.
d Total (add lines 1b and 1c)								469,583.		).	86	,781.
<ul> <li>Total number of individuals (including but n</li> <li>compensation from the organization</li> </ul>	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100.	,000 of reportable			-
compensation from the organization	<del></del>				_	_		<del></del>			Tv	es No
3 Did the organization list any former officer,	director or tru	stee	ke	v em	anlo	VAA	or h	nighest compensated or	nnloveo on			63 140
line 1a? If "Yes," complete Schedule J for s						-					3	X
4 For any individual listed on line 1a, is the su		e co	mpe	nsa	tion	and	oth	er compensation from t	he organization	"	3	
and related organizations greater than \$150	0,000? If "Yes,"	cor	nple	te S	che	dule	J fo	or such individual	organization		4 2	х
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services	"		
rendered to the organization? If "Yes," com											5	X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest cor</li> </ol>										∍nsa	tion fro	m
the organization. Report compensation for t	he calendar ye	ar e	ndir	ig w	ith c	or wit	thin		ear.			
(A) Name and business	addross	NIO	NE	,				(B)		0-	(C)	- A1
Name and business		NC	INE				-	Description of se	ervices		mpens	ation
									1			
							+					
	···						+					
									1			
							$\top$					
							$\perp$					
							$\top$					
2 Total number of independent contractors (in		t lin	nited	to t	-		ted :	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation >				0						er the	
											. ^^	0

	990 ( <b>t VI</b>			GE LOND			20-3009	J1Z Page 9
				or note to any li	ne in this Part VIII			
		Check if Schedule O contain			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
A, (	c	Fundraising events	1c					
	d	Related organizations	1d					
Si.E.	е	Government grants (contributio						
를 들	f	All other contributions, gifts, grants,		121 200				
된		similar amounts not included above	1f  3 ,	131,377.				
털		Noncash contributions included in lines 1a			2 121 277	A 18 18 18 18 18 18 18 18 18 18 18 18 18		
<u> </u>	h	Total. Add lines 1a-1f	······	1	3,131,377.			
	_			Business Code				v
Program Service Revenue	2 a							
le g	b							
E ≥	c			<u> </u>				
Page	a					-		
윤	f	All other program service reven						
		Total. Add lines 2a-2f						
$\neg$	3	Investment income (including d						
1		other similar amounts)			8.			8.
	4	Income from investment of tax-						
	5	Royalties						
- 1			(i) Real	(ii) Personal		THE SHEET		THE LEED OF
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)		1		ANTHERON, A		
		Net rental income or (loss)	·					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
i		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses		-	EMPLOYED IN THE			
1		Gain or (loss)			The same of the same	Estimate and		
en		Net gain or (loss)      Gross income from fundraising			55754306		Majerts-A-E	
		including \$	of					
Şe v		contributions reported on line 1	lc). See		4 P S T B S			
Other Reven		Part IV, line 18						
듐		Less: direct expenses						The state of the s
Ĭ		Net income or (loss) from fundr		<u></u>				
	9 a	<ul> <li>Gross income from gaming act</li> </ul>						
		Part IV, line 19						
		Less: direct expenses						I AND ADVENTURE
i		Net income or (loss) from gamin				AND THE SECOND	West Control	
	10 a	Gross sales of inventory, less r						
	١.	and allowances		0				
		Less: cost of goods sold						33 3 3 3 3 3
	۳	Net income or (loss) from sales  Miscellaneous Revenue		Business Cod				
	11 a		,	pousiness cou	Ť			
	t			_				
		Total. Add lines 11a-11d				Miguellannoi		
	12	Total revenue. See instructions.			3,131,385	0.	0.	8.
43200 11-07	)9 -14							Form <b>990</b> (2014)

#### Part IX | Statement of Functional Expenses

Pa	rt IX Statement of Functional Expens	es			
Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	342,937.	342,937.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			34.00	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	-			
5	Compensation of current officers, directors, trustees, and key employees	398,538.	201,282.	32,205.	165,051.
6	Compensation not included above, to disqualified	330,330.	201,202.	32,203.	100,001.
o	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	476,213.	188,659.	33,203.	254,351.
8	Pension plan accruals and contributions (include			50,250	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	106,223.	43,592.	16,077.	46,554.
10	Payroll taxes	54,800.	25,125.	9,964.	19,711.
11	Fees for services (non-employees):				
а	Management				
b	Legal	13,928.		13,928.	
¢	Accounting	32,974.		32,974.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		1		
	column (A) amount, list line 11g expenses on Sch 0.)	1,094.		1,094.	
12	Advertising and promotion	40,708.	4.54	6,464.	34,244.
13	Office expenses	27,428.	171.	2,781.	24,476.
14	Information technology	21,683.	2,514.	8,990.	10,179.
15	Royalties	77 602	20 726	0 705	40.050
16	Occupancy	77,693. 26,199.	28,736. 775.	8,705.	40,252.
17	Travel	20,199.	175.	3,343.	22,095.
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials  Conferences, conventions, and meetings	16,115.		5,866.	10,249.
20		10,113.		3,0001	10,249.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,413.	956.	375.	2,082.
23	Insurance	13,672.	5,664.	1,965.	6,043.
24	Other expenses. Itemize expenses not covered	-11-11-11			
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	No sec	41-1-2		
	amount, list line 24e expenses on Schedule 0.)				
а	PROJECT FUNDING	872,431.	872,431.		
b	RECRUITING	19,516.		75.	19,441.
С	TELEPHONE	17,744.	6,541.	1,723.	9,480.
d	BANK CHARGES	12,456.		12,456.	
е	All other expenses	5,657.		403.	5,254.
25	Total functional expenses. Add lines 1 through 24e	2,581,422.	1,719,383.	192,577.	669,462.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000

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art X		Balance Sheet					
		Check if Schedule O contains a response or not	e to any	ine in this Part X			X
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing			368,290.	1	678,980.
2		Savings and temporary cash investments	85,049.	2	21,050.		
3		Pledges and grants receivable, net		1,363,451.	3	1,639,906	
4		Accounts receivable, net				4	
5		Loans and other receivables from current and fo			SUIT AND THE STATE OF		
		trustees, key employees, and highest compensation	ated emp	lovees. Complete			
		Part II of Schedule L		Γ		5	
6	3	Loans and other receivables from other disquali				1	
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect	٠,,				
		employees' beneficiary organizations (see instr).				6	
7		Notes and loans receivable, net				7	
8		Inventories for sale or use				8	
9		Prepaid expenses and deferred charges			5,772.	9	7,947
		Land, buildings, and equipment: cost or other	l I				
"		basis. Complete Part VI of Schedule D	10a	101,363.			
		Less: accumulated depreciation			5,285.	10c	1,873
111		Investments - publicly traded securities				11	•
12		Investments - other securities. See Part IV, line				12	
13		Investments - program-related. See Part IV, line				13	
14		Intangible assets				14	
15		Other assets. See Part IV, line 11				15	
16		Total assets. Add lines 1 through 15 (must equ			1,827,847.	16	2,349,756
17		Accounts payable and accrued expenses		i	85,074.	17	57,020
18		Grants payable				18	
19		Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
22		Loans and other payables to current and former		- E		1	
22		key employees, highest compensated employee				1 -	
						22	
23	3	Secured mortgages and notes payable to unrela				23	
24		Unsecured notes and loans payable to unrelate		·		24	
25		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
İ		Schedule D				25	
26	6	Total liabilities. Add lines 17 through 25			85,074.	26	57,020
		Organizations that follow SFAS 117 (ASC 958	3), check	here X and			
:		complete lines 27 through 29, and lines 33 ar					
27	7	Unrestricted net assets			359,366.	27	69,351
28	В	Temporarily restricted net assets			1,383,407.	28	2,223,385
29	9			<u></u>		29	
		Organizations that do not follow SFAS 117 (A				-127	
		and complete lines 30 through 34.					
30	0	Capital stock or trust principal, or current funds				30	
31	1	Paid-in or capital surplus, or land, building, or ed				31	
27 28 29 30 31		Retained earnings, endowment, accumulated in				32	
33		Total net assets or fund balances			1,742,773.	33	2,292,736
1 1	4	Total liabilities and net assets/fund balances			1,827,847.	34	2,349,756.

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

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

Form 990 (2014)

За

3b

X

### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

		GLOB	AL HERITAG	E FUND				20-5009512
Pa	rt l	Reason for Public C			mplete thi	s part.) Se		
	47 (04.231)	ization is not a private found	·				-	
1		A church, convention of chu					)(A)(i).	
2	$\sqcap$	A school described in secti	-			` ` ` `		
3	一	A hospital or a cooperative			ection 170	(b)(1)(A)(ii	i).	
4	一	A medical research organiza						r the hospital's name,
•	_	city, and state:		,				•
5		An organization operated for	or the benefit of a co	ollege or university owner	d or operat	ed by a go	overnmental unit descri	ibed in
Ŭ		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov		mental unit described in	section 17	O(b)(1)(A)	(v).	
	X	An organization that normal						al public described in
•		section 170(b)(1)(A)(vi). (Co	-	armar part of no capport.			g	<b></b>
Ω		A community trust describe		(1)(A)(vi), (Complete Par	EII.)			
a	一	An organization that normal				contributio	ons, membership fees.	and gross receipts from
•	_	activities related to its exem						
		income and unrelated busin						
		See section 509(a)(2). (Cor		, (1000 000 110 11 11 11 11 11 11 11 11 11				,
10		An organization organized a	•	sively to test for public sa	fetv. See s	section 50	9(a)(4).	
11	一	An organization organized a						e purposes of one or
		more publicly supported or						
		lines 11a through 11d that						
а		Type I. A supporting orga						y giving
		the supported organization						
		organization. You must c						
b		Type II. A supporting org			tion with it	s supporte	ed organization(s), by h	aving
		control or management o						
		organization(s). You mus						
C	9	Type III functionally inte			in connec	tion with, a	and functionally integra	ited with,
		its supported organization	n(s) (see instruction	s). You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	y integrated. A sup	porting organization oper	rated in co	nnection v	vith its supported orga	nization(s)
		that is not functionally int	egrated. The organ	ization generally must sa	tisfy a dist	ribution re	quirement and an atter	ntiveness
		requirement (see instruct	ions). <b>You must co</b>	mplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type I	li
		functionally integrated, or	r Type III non-functi	onally integrated support	ing organiz	zation.		
f	Ent	er the number of supported o	organizations					
g	Pro	vide the following information	about the support					
	1	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i			(vi) Amount of other support (see
		organization		above or IRC section	governing o	document?	support (see Instructions)	Instructions)
				(see instructions))	Yes	No		
					1		İ	
						ļ		
					LATE IS			
Tota	al							

Form 990 or 990-EZ. 432021 09-17-14

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

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

Se	ction A. Public Support					-	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not						
	include any "unusual grants.")	3,331,314.	2,253,764.	3,030,742.	3,151,056.	3,131,377.	14,898,253.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,331,314.	2,253,764.	3,030,742.	3,151,056.	3,131,377.	14,898,253.
5	The portion of total contributions	50 L.J. V-8					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			10.00			
	amount shown on line 11,						
	column (f)					il Silliani.	5,353,508.
	Public support. Subtract line 5 from line 4.						9,544,745.
Sec	ction B. Total Support						
Cale	indar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	3,331,314.	2,253,764.	3,030,742.	3,151,056.	3,131,377.	14,898,253.
8	Gross income from interest,						
	dividends, payments received on	1					
	securities loans, rents, royalties	i l					
	and income from similar sources	9,113.	7.	1,787.	27.	8.	10,942.
9	Net income from unrelated business					_	
	activities, whether or not the					-	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			*			
	assets (Explain in Part VI.)	4,219.	4,838.	1,485.			10,542.
11	Total support. Add lines 7 through 10		100			The Land	14,919,737.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)	
<u> </u>	organization, check this box and stop	here				<u></u>	<b>_</b>
	tion C. Computation of Publ						
	Public support percentage for 2014 (I					14	63.97 %
15	Public support percentage from 2013	Schedule A, Part I	I, line 14			15	64.38 %
16a	33 1/3% support test - 2014. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>▶</b> X
D	33 1/3% support test - 2013. If the constitution is						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
þ	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,		***	
					Schei	dule A (Form 990 d	or 990-F71 2014

432022

## Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in				!		
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
٠	are not an unrelated trade or bus-						
	iness under section 513						
4	***************************************				_		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
_	or expended on its behalf				<del> </del>		
5	The value of services or facilities				1		
	furnished by a governmental unit to						
	the organization without charge				-		
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)			PARTICULAR POR			
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources					ń	
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	and wind offer lune 20 1075						
						<del> </del>	
	Add lines 10a and 10b  Net income from unrelated business						
• • •	activities not included in line 10b,		ll ll				
	whether or not the business is			i			
40	regularly carried on				<del> </del>		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				<u> </u>		
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>	1		L
14	First five years. If the Form 990 is fo	ŭ			-		zation,
_				<u>,,</u>			<b>P</b> L
$\overline{}$	ction C. Computation of Publ					14-1	
	Public support percentage for 2014 (					15	<u>%</u>
-	Public support percentage from 2013				·····	16	<u>%</u>
	ction D. Computation of Inve						
	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	•					<b>▶</b> □
ı	<b>33 1/3% support tests - 2013.</b> If the	organization did i	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A.	All	Sup	porting	Orgai	niz	ati	on	S

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part v1 how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in part yi.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		- 1	
	1		
		7	
	2		
	3a		
	- 3		
	3b		
	20	III.	
	3c		
	4a		
	4b		(T-CL)
		210	
	4c		
		ŋ ŝ	
	5a	la VIII	
	5b		
	5c		
	6		
	1337		4 %
	_	100	
	7		
	8		
	9a		
	05		
	9b		
	9c		
	10a		
	401	E	
99	10b 90 or 99	0-EZ)	2014

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.

2b

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.

Schedule A (Form 990 or 990-EZ) 2014

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions, All
	other Type III non-functionally integrated supporting organizations must co			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		· · · · · · · · · · · · · · · · · · ·
Sect	on C - Distributable Amount	81		Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	Maria Harris	
_5	Income tax imposed in prior year	5	HARLA HAR	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	Zar E. J. J. L.	
7	Check here if the current year is the organization's first as a non-functional	y-integrated	Type III supporting orga	nization (see
	instructions)		,,	

Schedule A (Form 990 or 990-EZ) 2014

Par	Type III Non-Functionally Integrated 50	elai(s) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	n the organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
<b>Secti</b>	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c			May be obtained to	
d	CHARLES AND A SECOND CONTRACTOR OF THE SECOND	N MENTER SERVICE		
	From 2013	52 W 22 at 10 20 to 10 16 10		N SULLIDE LIBOURE
	Total of lines 3a through e			CLESS CONTINUES
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
<u>i</u>				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount	THE SELECTION OF THE SE		
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.		11804 PERSON NAMED IN COLUMN	
8	Breakdown of line 7:			
a				
b				
С			LANGES EN INCH	
d	Excess from 2013			
	Evanor from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 GLO	BAL HERITAGE FUND	20-5009512 Page 8
Part VI	Supplemental Information	1. Provide the explanations required by Part II, line 10; Part I	l, line 17a or 17b; and Part III, line 12.
	Also complete this part for any ad	ditional information. (See instructions).	
	<del>-</del> "		
	<del></del>		
	<del>-</del>		
	·		
C			
	<del></del>		

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

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 ·

OMB No. 1545-0047

Employer identification number

2014

20-5009512 GLOBAL HERITAGE FUND Organization type (check one): Filers of: Section: 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. I 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, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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) (2014)

GLOBAI	L HERITAGE FUND		20-5009512
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1		\$ 953,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
2		\$315,0	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3		\$300,0	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
4		\$100,0	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
5		\$206,2	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
6		\$150,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)

423452 11-05-14

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-05		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

## GLOBAL HERITAGE FUND

20-5009512

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		  _ \$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		   \$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
423453 11-0	<u> </u>	Schedule B (Form S	990, 990-EZ, or 990-PF) (20				

Name of orga	anization		Employer identification number					
GLOBAL	HERITAGE FUND		20-5009512					
Part III	Exclusively religious, charitable, etc., coin the year from any one contributor. Complete completing Part III, enter the total of exclusively religion.  Use duplicate copies of Part III if addition	ous, charitable, etc., contributions of \$1,000	bed in section 501(c)(7), (8), or (10) that total more than \$1,00 following line entry. For organizations  OD or less for the year. (Enterthis info. once.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of o	gift					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_								
	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
.								
(a) No.								
from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
-		gift						
	Transferee's name, address, a							
-	mansieree s name, audress, a	IRU ZIF + +	Relationship of transferor to transferee					
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
:								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-								
23454 11-05-1			Schedule B (Form 990, 990-EZ, or 990-PF)					

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at well its govitorm 990.

Open to Public

OMB No. 1545-0047

Name of the organization

GLOBAL HERTTAGE FUND

**Employer identification number** 20-5009512

Par	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's excl	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advise	ors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose c	onferring
Par	t II Conservation Easements. Complete if the organiz	ation answered "Yes" to Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization (c		
	Preservation of land for public use (e.g., recreation or education)		ically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held of the Ford of the Tou Veer
			Held at the End of the Tax Year
а.	Total number of conservation easements		
b	· · · · · · · · · · · · · · · · · · ·		
	Number of conservation easements on a certified historic structu		
a	Number of conservation easements included in (c) acquired after		
•	listed in the National Register  Number of conservation easements modified, transferred, release		
3	_	ed, extinguished, or terminated by the	organization during the tax
4	year ▶Number of states where property subject to conservation easeme	ent is located	
5	Does the organization have a written policy regarding the periodic	· · · · · · · · · · · · · · · · · · ·	
•	violations, and enforcement of the conservation easements it hole		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfo		
8	Does each conservation easement reported on line 2(d) above sa		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation e	asements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form 990	, Part IV, line 8.	
1a	if the organization elected, as permitted under SFAS 116 (ASC 9)	•	
	historical treasures, or other similar assets held for public exhibiti	on, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes	these items.	
þ	• • •	*	
	treasures, or other similar assets held for public exhibition, educa-	ation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treasur		gain, provide
	the following amounts required to be reported under SFAS 116 (		<b>.</b> .
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

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

Sahadula D/Farm 200) 2014 GI.OBAI. HE	RITAGE FUND		20-	-5009512 <sub>Page</sub>
Part VII Investments - Other Securities		·	20	JOOJJIE Fage
Complete if the organization answered "		V line 11h See Form 900	Part V line 12	
(a) Description of security or category (including name of secu			aluation: Cost or end-	of year market value
		(0) (10000000000000000000000000000000000	-	or your market raide
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				·
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.				
Part VIII Investments - Program Related	d.			
Complete if the organization answered "	Yes" to Form 990, Part I	V, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book valu	e (c) Method of v	aluation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				<del></del>
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.  Part IX Other Assets.	) - 1			RELIMITED NOT
		V. II 44 d. O F 000	D+ V - 15 45	
Complete if the organization answered "		V, line 11d. See Form 990,	Part X, line 15.	(h) Daak yahua
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				_
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (l	B) line 15.)			
Part X Other Liabilities.				
Complete if the organization answered	Yes" to Form 990, Part I		990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)	_			
(3)			funda in wall	

1.	(a) Description of liability	(b) Book value
(1) Federa	income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 X

Schedule D (Form 990) 2014

IS ALSO EXEMPT FROM CALIFORNIA INCOME TAXES UNDER SECTION 23701 OF THE CALIFORNIA REVENUE AND TAXATION CODE. ALTHOUGH THE ORGANIZATION IS RECOGNIZED AS TAX EXEMPT, IT IS STILL LIABLE

FOR TAX ON ITS UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE ORGANIZATION DOES NOT BELIEVE IT HAS UBTI THAT WILL RESULT IN AN INCOME TAX LIABILITY

THE ORGANIZATION APPLIES THE PROVISIONS SET FORTH IN FINANCIAL ACCOUNTING 432054 10-01-14

Scriedule D (Form) 930) 2014 0202122 11211000 1 0 1 1 1 1 1 1 1 1 1
Part XIII Supplemental Information (continued)
STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION TOPIC 740 TO ACCOUNT FOR
UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION ASSESSED ALL INCOME TAX
POSITIONS TAKEN WHERE THE STATUTE OF LIMITATION REMAINED OPEN, GENERALLY
THREE YEARS FROM THE DATE OF FILING. THE ORGANIZATION BELIEVES THAT ITS
TAX FILING POSITIONS WILL BE SUSTAINED UPON TAX EXAMINATIONS; THEREFORE,
NO LIABILITY FOR UNRECOGNIZED INCOME TAX BENEFITS HAS BEEN RECORDED AT
DECEMBER 31, 2014 OR 2013. THE ORGANIZATION DOES NOT ANTICIPATE ANY
SIGNIFICANT INCREASES OR DECREASES TO UNRECOGNIZED INCOME TAX BENEFITS
DURING THE NEXT TWELVE MONTHS.

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

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

Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

Employer identification number

riamo or aro organización					_mployor reconstr	
GLOBAL HERITAGE	FUND				20-500951	2
Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the organ	ization answered "Y	'es" on
Form 990, Part IV						
			ds to substantiate the amount of its gr			
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? X	Yes L No
•	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance outs	side the
United States.						
			an be duplicated if additional space is		.ta	(0 T-+-1
(a) Region	(b) Number of offices	`employees	(d) Activities conducted in region (by type) (e.g., fundraising, program		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent contractors	services, investments, grants to		specific type	for and
		contractors	recipients located in the region)		e(s) in region	investments in region
		in region			·	WTTO GIOTI
EAST ASIA AND THE			PROGRAM SERVICES IN THE	ARCHEOLOGIC	AT.	
PACIFIC	۱ ،	2	REGION	CONSERVATIO		319,347.
	•	-		0011021111111	21	015,011.
EUROPE (INCLUDING			PROGRAM SERVICES IN THE	ARCHEOLOGIC	AL	
ICELAND & GREENLAND)	0		REGION	CONSERVATIO		33,112.
<u> </u>						
İ						
			PROGRAM SERVICES IN THE	ARCHEOLOGIC	AL	
SOUTH AMERICA						680,484.
						, ,
MIDDLE EAST AND			PROGRAM SERVICES IN THE	ARCHEOLOGIC	AL	
NORTH AFRICA	0		REGION	CONSERVATIO	N	117,414.
			<del>-</del>			
3 a Sub-total	0	3				1,150,357.
<b>b</b> Total from continuation		_				
sheets to Part I	0	0				0.
c Totals (add lines 3a		_		1 4 1		1 150 055
and 3b)	U	3				1,150,357.

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

Schedule F (Form 990) 2014

20-5009512

Page 2

Schedule F (Form 990) 2014 GLOBAL HERITAGE FUND 20-5009512

Part II Grants and Other Assistance to Organizations or Entitles Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			1					
			8					
			ji					
			recognized as charities by the		, recognized as tax-e	xempt by		

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

Schedule F (Form 990) 2014

Part III Grants and Other Assistar Part III can be duplicated if	ice to Individuals Outsid additional space is neede	de the United St			on Form 990, Par	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	_						
						-	

Part	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)		X No
	C_1	andula F/Cau	AAA) AA4

## Part V | Supplemental Information

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

#### PART I, LINE 2:

ALL PROJECTS HAVE A PROJECT DIRECTOR WHO WORKS AT THE CONSERVATION SITE.

PROJECT DIRECTORS ARE REQUIRED TO PRESENT A PROJECT BUDGET AT THE

BEGINNING OF EACH FISCAL YEAR, AND ARE THEN ASKED TO PROVIDE ACTUAL

SPENDING AT THE END OF THE YEAR AS COMPARED TO THE BUDGET. PROJECT

DIRECTORS ARE ALSO REQUIRED TO PROVIDE AN ANNUAL PROGRESS REPORT ON THE

PROJECT BEFORE THEY CAN RECEIVE FURTHER FUNDING FOR THE FOLLOWING YEAR.

PROJECT DIRECTORS ARE REQUIRED TO MAINTAIN RECEIPTS FOR ALL SPENDING, AND

THE ORGANIZATION HAS THE RIGHT TO REVIEW THE SPENDING AND RECEIPTS. THE

ORGANIZATION ALSO HAS A DIRECTOR OF INTERNATIONAL CONSERVATION WORK. THE

EXECUTIVE DIRECTOR OF THE ORGANIZATION, AND ON OCCASION MEMBERS OF THE

BOARD OF TRUSTEES, ALSO VISIT SITES ON A REGULAR BASIS.

#### PART I, LINE 3:

THE ORGANIZATION CONTRACTS WITH FOREIGN NON-GOVERNMENTAL ORGANIZATIONS

AND UNIVERSITIES, AS WELL AS WITH US-BASED NON-GOVERNMENTAL ORGANIZATIONS

AND UNIVERSITIES, AS WELL AS WITH FOREIGN-BASED INDIVIDUALS TO DO

ARCHEOLOGICAL CONSERVATION IN AT-RISK SITES IN DEVELOPING COUNTRIES. THE

ORGANIZATION SIGNS MEMORANDUM OF UNDERSTANDING (MOU) WITH EACH

ORGANIZATION OR INDIVIDUAL, WHICH STIPULATES HOW FUNDS ARE TO BE USED.

THE ORGANIZATION CHECKS THE OFFICE OF FOREIGN ASSET CONTROL (OFAC) AND

OTHER TERRORIST LISTS BEFORE FUNDING, AND MAINTAINS FILES OF ALL

DISBURSEMENTS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2014
Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 20-5009512 GLOBAL HERITAGE FUND Part I General Information on Grants and Assistance 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? X Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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 (f) Method of (c) IRC section if applicable (d) Amount of cash grant (e) Amount of (g) Description of (h) Purpose of grant 1 (a) Name and address of organization (b) EIN valuation (book, FMV, appraisal, non-cash or government assistance FOUNDATION FOR ANTHROPOLOGICAL RESEARCH - 400 N 160 WEST -CONSERVATION GRANT 342,937 RUPERT, ID 83350 82-0486235 501(C)(3)

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

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

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

Schedule I (Form 990) (2014)

432101 10-15-14

Schedule I (Form 990) (2014) GLOBAL HERITAGE FUND 20-5009512						
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" to Form 9	190, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	assistance
Part IV Supplemental Information. Provide the information req	uired in Part I lin	a 2 Part III column	(h) and any other a	dditional information		
PART I, LINE 2:	uned itti ditti, iii	c z, r art m, column	(b), and any bater at	donona internation.		
ALL PROJECTS HAVE A PROJECT DIRECT	OR WHO W		IE CONCEDUA	MION CIME		
PROJECT DIRECTORS ARE REQUIRED TO						
OF EACH FISCAL YEAR, AND ARE THEN	ASKED TO	PROVIDE A	CTUAL SPEN	DING AT THE		
END OF THE YEAR AS COMPARED TO THE	BUDGET.	PROJECT D	IRECTORS A	RE ALSO		
REQUIRED TO PROVIDE AN ANNUAL PROG	RESS REP	ORT ON THE	PROJECT B	EFORE THEY		
CAN RECEIVE FURTHER FUNDING FOR TH	E FOLLOW	ING YEAR.	PROJECT DI	RECTORS ARE		
REQUIRED TO MAINTAIN RECEIPTS FOR	ALL SPEN	DING, AND	THE ORGANI	ZATION HAS		
THE RIGHT TO REVIEW THE SPENDING A	ND RECEI		RGANIZATIO	N ALSO HAS A		
432102 10-15-14		37			Schedule I (For	n 990) (2014)

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Part I

## **Compensation Information**

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization

**Employer identification number** GLOBAL HERITAGE FUND 20-5009512 **Questions Regarding Compensation** 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			2
	Travel for companions Payments for business use of personal residence	1	50	2
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		RIS	10.1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	- 1	ΗŒ	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		M.	36
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	0.11		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
		N.	H.A.	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	100		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	201		
	establish compensation of the CEO/Executive Director, but explain in Part III.		10	
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study		10	
	Form 990 of other organizations  Approval by the board or compensation committee	34	MIL	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		d.	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	111		
		Jz.	N.	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	100		
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		111	ME.
а	The organization?	6a_		X
b	Any related organization?	6b	$\rightarrow$	X
	If "Yes" to line 6a or 6b, describe in Part III.		12	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	LS		.nell
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	11.00		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

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

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

Note. The sum of columns (B)(f)-(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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benems	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) VINCENT L. MICHAEL	(1)	175,000.	0.	0.	0.	26,326.	201,326.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT STANTON	(1)	129,583.	0.	0.	0.	24,340.	153,923.	0.
CFO/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEFAAN POORTMAN	(i)	145,000.	0.	0.	0.	8,801.	153,801.	0.
DIRECTOR OF INTERNATIONAL PARTNERSHI	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)						-	
	(ii)							
	(0)							
	(ii)							
	(1)							
	(ii)						L	<u> </u>

Sche	dule J (Form 990) 2014	GLOBAL	HERITAGE	FUND	20-5009512	Page 3
Part	Supplemental Information	on				
LIOVI	de trie information, explanatio	n, or description	s required for Part	I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also comple	te this part for any additional information.	
			_			
	thedule J (Form 990) 2014 GLOBAL HERITAGE FUND 20-5 art III   Supplemental Information  volvide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for an explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III. Also complete this part for an explanation, or descriptions required for Part II. In the information is a complete the part for an explanation, or descriptions required for Part II. Also complete this part for an explanation, or descriptions required for Part II. In the information is a complete the part for an explanation, or descriptions required for Part II. Also complete this part for an explanation, or descriptions required for Part II. Also complete this part for an explanation, or descriptions required for Part II. Also complete this part for an explanation, or descriptions required for Part II. Also complete this part for an explanation, or descriptions required for Part II. Also complete this part for an explanation, or descriptions required for Part II. Also complete this part for an explanation, or descriptions required for Part II. Also complete this part for an explanation of the part of					
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#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. **Open To Public** Inspection

Name of the organization

GLOBAL HERITAGE FUND

**Employer identification number** 20-5009512

Par	t I Types of Property	_						
		(a)	(b)	(c)	(d	•		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of one noncash contrib			
		applicable		Form 990, Part VIII, line 1g	Hondair Contri	Janon an	iou no	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	52,730.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -						-	
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organ	ization durir	ng the tax year for	contributions				
	for which the organization completed Form 82							
		,					Yes	No
30a	During the year, did the organization receive to	oy contribut	ion any property re	eported in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least three years from the da	te of the init	ial contribution, ar	d which is not required to b	e used for			
	exempt purposes for the entire holding period					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that	requires the reviev	v of any non-standard contri	butions?	31		X
	Does the organization hire or use third parties							
	contributions?					32a	X	
h	If "Yes," describe in Part II.			474				
33	If the organization did not report an amount in	n column (c)	for a type of prop	erty for which column (a) is o	checked,	197.4	3	HT
30	describe in Part II.	· · · · · · · · · · · · · · · · · ·		· , , , , , , , , , , , , , , , , , , ,		5-3	FE	
1 ΗΔ	For Paperwork Reduction Act Notice, se	e the Instru	ctions for Form 9	90.	Schedule	M (Form	990) (	2014

Schedule M (Form 990) (2014) GLOBAL HERITAGE FUND	20-5009512 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a combining part for any additional information.	and whother the ergenization
SCHEDULE M, LINE 32B:	
THE ORGANIZATION LIQUIDATES ALL STOCK DONATIONS USING WEL	LS FARGO
ADVISORS (BROKERAGE FIRM).	

432142 08-12-14

Schedule M (Form 990) (2014)

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

➤ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 20-5009512 GLOBAL HERITAGE FUND

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OPPORTUNITIES TO ENSURE SUSTAINABILITY OF THE SITES IN THE DEVELOPING WORLD. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: RESEARCH AND EVENTUAL WHITE PAPER ON ECONOMIC IMPACT OF THE WORLD'S VANISHING GLOBAL HERITAGE. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS SENT TO THE AUDIT COMMITTEE MEMBERS, SELECT EXECUTIVES AND BOARD MEMBERS WITH FINANCIAL EXPERTISE FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S OFFICERS AND BOARD MEMBERS ARE REQUIRED TO READ AND SIGN THE CONFICT OF INTEREST POLICY WHICH AFFIRMS THEIR ONGOING COMPLIANCE. FORM 990, PART VI, SECTION B, LINE 15: 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:

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE

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

Schedule O (Form 990 or 990-EZ) (2014)

432211 08-27-14

TAXABLE YEAR 2014

# California Exempt Organization Annual Information Return

428941 11-26-14 FORM

199

Calendar Year	2014 or fiscal year beginning (mm/dd/yyyy)		, and ending (mm/dd/yyyy)						
Corporation/Or	ganization Name				Cali	fornia corpo	cration r	number	
GLOBAL	HERITAGE FUND					2855	424		
	mation. See instructions.				FE	in			
						20-5	009	512	
Street address	(suite or room)					PMB no.			
	ERSON STREET								
City	EKDON BIKEEI				State	ZIP code			
PALO A	T.Ψ <b>O</b>			: 1		9430	1		
Foreign country		Foreign province/state	/county		C21	Foreign p		ıde	
r dreight dounts	, maris	T Grough provinces can	,,,,,,						
A Fired Date	rn	Voc. V No.	1 If over	nt under DRTC S	notion 227	Old back	the ore	anization	-
				d in political activ					Yes X No
B Amended	Return			rganization exem					
	on 4947(a)(1) trust	165 140		enter the gross				701g? •	Tes LALINO
	rmation Return?			-				•	
	Dissolved • Surrendered (Withdraw	·	Source					\$	
	Merged/Reorganized Enter date: (mm/dd/yyyy)		_	nization is exemp					
	counting method:			ets the filing fee					
	(-, ::::::::: (-, :	Other		equired.					Yes X No
	eturn filed?			rganization a Lin		-			Yes LAINO
	990T (2) ● 990-PF (3) ● :			organization file				•	у., <b>Т</b>
	group filing? See instructions.			taxable income?					Yes LA NO
	ganization in a group exemption?	Yes X No		rganization unde					<b>T</b>
If "Yes," v	vhat is the parent's name?			dited in a prior ye					Yes A NO
		1 1 2 2 2		RS Form 1023/10		-			Yes X No
I Did the o	rganization have any changes to its guidelines ted to the FTB? See instructions.	• Yes X No	Date fil	ed with IRS					
		- form Con Connect Inc	devetions D	and C				<del></del>	
Part I	Complete Part I unless not required to file this					_	1		8 . 00
	1 Gross sales or receipts from other sour						2		
	2 Gross dues and assessments from mer	noers and amiliates			СШМП	1 1	ightarrow	2 121	00 L,377. <sub>00</sub>
Receipts	3 Gross contributions, gifts, grants, and s Total gross receipts for filing requirement test. This line must be completed. If the result is less	Add line 1 through line 3.	<b>1</b>		SIMI	<del>!</del> . •	3		L,385.00
and	4 This line must be completed. If the result is les	is than \$50,000, see General	Instruction E				41	3,131	.,303.00
Revenues	5 Cost of goods soid 6 Cost or other basis, and sales expenses		······································	5		00			
						00	-1		
	7 Total costs. Add line 5 and line 6						7 8	2 121	00 L <b>,385.</b> 00
	8 Total gross income. Subtract line 7 from						9		L,422.00
Expenses	9 Total expenses and disbursements. Fro						10		9,963.00
	10 Excess of receipts over expenses and c								37/3
	11 Filing fee \$10 or \$25. See General Instr						11		
Filing	12 Total payments								00
Fee	13 Penalties and Interest. See General Inst	***************************************					13		00
	14 Use tax. See General Instruction K					_	14		00
	15 Balance due Add The 11, Ine 13, and Under penalties of perit vine clare that have twent it is true, correct, and cample e. Dediaration of repa	line 14. Then subtract III	ne 12 from	The result schedules and state	ments, and t	o the pest of	15 Trimy kn	owiedge and belle	00 n,
	it is true, correct, and complete. Declaration of tropa	rer (other than taxpayer) is b		formation of which p	reparer has a	any knowled	ige.		
Sign	Signature .		Title	ann.	Date	12 1	5	<ul> <li>Telephone</li> </ul>	
Here	Signature of officer		OFFI	Date	- 111		9	• PTIN	
	Preparer's Preparer's		. [		Check				126
	Preparer's Signature For Tax Return Surposts City			11/12/1	Self-e	mployed	<u> </u>	P007019	130
Paid	Firm's name								1042
Preparer's	i i sen-	N & CO. LLI					_	94-1341 • Telephone	LU42
Use Only	employed) 1801 PAGE MILL and address								04E 0100
	PALO ALTO, CA					T-10	_	1 1	345-8100
	May the FTB discuss this return with the pre	parer shown above? See	e instruction	ıs		● <u>L X</u>	Yes	No	

428951 11-26-14

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

	1	Gross sales or receipts from all	business activities. See instru	uctions			• _ 1	1	00
	2	Interest					• 2	2	8.00
	3	Dividends						3	00
Receipts	4	Gross rents						4	00
from	5	Gross royalties					• 5	<u> </u>	00
Other	6	Gross amount received from sal	e of assets (See Instructions	)			• 6	;	00
Sources	7	Other income					• 7	,	00
	8	Total gross sales or receipts fro						<u>;                                    </u>	8.00
	9	Contributions, gifts, grants, and	similar amounts paid		STA	TEMENT 2	• 9	<u> </u>	342,937.00
	10	Disbursements to or for membe	rs				• 10	<u>,                                    </u>	00
	11	Compensation of officers, direct	ors, and trustees		SEE STA	ATEMENT 3	• 11	Ц_	398,538.00
		Other salaries and wages					• 12	2	476,213.00
Expense		Interest					• 13	1	00
and		Taxes						4	54,800.00
Disburse	-   15	Rents					• 15	<i>i</i>	77,693.00
ments	16	Depreciation and depletion (See	instructions)				• 16		3,413.00
		Other Expenses and Disburseme					• 17		L,227,828. <sub>00</sub>
		Total expenses and disburseme							2,581,422. <sub>00</sub>
Sched	ule L	Balance Sheets	Beginning o	f taxab	<del></del>		End of ta	ixable	year
Assets			(a)	_	(b)	(c)		<u> </u>	(d)
1 Cash				_	453,339.			•	700,030.
		receivable		_				•	
		ceivable		-				•	
								•	
		state government obligations		-				•	
		in other bonds						•	
		in stock						•	
8 Mort		***************************************		-				•	
9 Otne	r investr	nents	101,363.			101 3	262	•	
IU a De	preciau	le assets	( 96,078.)		5,285.	101,3			1 072
		mulated depreciation	( 30,070.)	1	5,205.	77,43	70. /		1,873.
10 Othor		STMT 5		-	1,369,223.			•	1,647,853.
12 Utilei	asseis		The state of the s		1,827,847.			•	2,349,756.
Liabilitie		nt worth			1,021,041.				2,343,130.
		yable		2-	85,074.		1170	•	57,020.
		s, gifts, or grants payable			03,074.			÷	37,020.
		otes payable						•	· · · · · · · · · · · · · · · · · · ·
17 Mort					-			•	<u> </u>
		98	100					Ť	
19 Capit	al stock	or principal fund		_				•	
		al surplus. Attach reconciliation						•	
		nings or income fund			1,742,773.			•	2,292,736.
		ies and net worth			1,827,847.				2,292,736. 2,349,756.
Sched		-1 Reconciliation of income	per books with income per re dule if the amount on Schedu	eturn		s than \$50,000.			
1 Net in	ncome p	er books			7 Income recorded				
		ne tax			not included in th			•	
		oital losses over capital gains			8 Deductions in thi	***************************************			
		ecorded on books this year		-	1	ome this year		•	
		orded on books this year not			9 Total. Add line 7				
		his return			10 Net income per re				den a Sell Se
6 Total	. Add lin	e 1 through line 5		63.	Subtract line 9 fr		<u></u>		549,963.

3652144

Global Heritage Fund EIN: 20-5009512

CA 3885 - Depreciation Report Year ended December 31, 2014

Asset description	Date in service	Cost/Basis	Prior Depr	Method	Life	Current Depr
1 Computer equipment	Various	91,435	86,149	SL	5.00	3,413
2 Office equipment	Various	8,828	8,828	SL	7.00	-
3 Office furniture	Various	1,100	1,100	SL	7.00	-
Total Depreciation		101,363	96,077			3,413

FORM 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3						
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT				
MORGAN FAMILY FOUNDATION	P.O. BOX 1742 LOS ALTOS HILLS, CA 94022	12/31/14	953,005.				
HITZ FOUNDATION	26026 SCARFF WAY LOS ALTOS HILLS, CA 94022	12/31/14	315,000.				
DANIEL K. THORNE FOUNDATION	1 EAST 66TH ST., STE 17 A/B NEW YORK, NY 10065	12/31/14	300,000.				
WOLF CREEK FOUNDATION	P.O. BOX 313 EDEN, UT 84310	12/31/14	100,000.				
TONY WHEELER	6 YARRA GROVE HAWTHORN AUSTRALIA	12/31/14	206,200.				
JONES DAY FOUNDATION	1755 EMBARCADERO ROAD PALO ALTO, CA 94303	12/31/14	150,000.				
PRINS CLAUS FUND	HERENGRACHT 603, 1017 CE AMSTERDAMN NETHERLANDS	12/31/14	110,190.				
OMER KOC	631 EMERSON STREET PALO ALTO, CA 94301	12/31/14	100,000.				
GEORGE MARCUS	631 EMERSON STREET PALO ALTO, CA 94301	12/31/14	100,000.				
TOTAL INCLUDED ON LINE 3			2,334,395.				

FORM 199 CA				STATEMENT	2
ACTIVITY CLASSIFICA	AND SIMILAR AMOUNTS PAID  VITY CLASSIFICATION: CONSERVATION GRANT  ES NAME DONEES ADDRESS RELATIONSHIP  ALIOPOLOGICAL 83350  ARCH  TOTAL FOR THIS ACTIVITY  ALINCLUDED ON FORM 199, PART II, LINE 9  A 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES  E AND ADDRESS AVERAGE HRS WORKED/WK  EMERSON STREET ALTO, CA 94301  FREY MORGAN EMERSON STREET ALTO, CA 94301  SCHOLES FINANCE COMMITTEE  D ALTO, CA 94301  SCHOLES FINANCE COMMITTEE  D ALTO, CA 94301  LEL K. THORNE EMERSON STREET  D ALTO, CA 94301  LIEL K. THORNE CHAIRMAN  5.00				
DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUN	r
FOUNDATION FOR ANTHROPOLOGICAL RESEARCH		RUPERT, ID	N/A	342,9	37.
	TOTAL FOR THIS A	ACTIVITY		342,9	37.
TOTAL INCLUDED ON F	ORM 199, PART II, I	LINE 9		342,9	37.
	SATION OF OFFICERS	TITLE	AND	STATEMENT	3
NAME AND ADDRESS		AVERAGE HRS	WORKED/WK	COMPENSAT	
VINCENT L. MICHAEL 631 EMERSON STREET PALO ALTO, CA 9430	1			199,3	13.
JEFFREY MORGAN 631 EMERSON STREET PALO ALTO, CA 9430	1			46,8	41
JAN SCHOLES 631 EMERSON STREET PALO ALTO, CA 9430	1				0
DANIEL K. THORNE 631 EMERSON STREET PALO ALTO, CA 9430	1		)		0
THOMAS JOYCE 631 EMERSON STREET PALO ALTO, CA 9430	1	PROGRAM & PI	ANNING CHAIRP	E	0

GLOBAL HERITAGE FUND		20-5009512
ALEC MERRIAM 631 EMERSON STREET PALO ALTO, CA 94301	FINANCE COMMITTEE CHAIRPER 1.00	0.
JAMES BOND 631 EMERSON STREET PALO ALTO, CA 94301	TRUSTEE 1.00	0.
ALLISON HUYUH 631 EMERSON STREET PALO ALTO, CA 94301	TRUSTEE 1.00	0.
FIRTH GRIFFITH 631 EMERSON STREET PALO ALTO, CA 94301	TRUSTEE 1.00	0.
CATHY MCMURTRY 631 EMERSON STREET PALO ALTO, CA 94301	TRUSTEE 1.00	0.
PAUL SLAWSON 631 EMERSON STREET PALO ALTO, CA 94301	TRUSTEE 1.00	0.
GEORGE SYCIP 631 EMERSON STREET PALO ALTO, CA 94301	TRUSTEE 1.00	0.
PATRICK WHITNEY 631 EMERSON STREET PALO ALTO, CA 94301	TRUSTEE 1.00	0 •
TONY WHEELER 631 EMERSON STREET PALO ALTO, CA 94301	TRUSTEE 1.00	0 •
PRINCESS ALIA AL-SENUSSI 631 EMERSON STREET PALO ALTO, CA 94301	TRUSTEE 1.00	0.
JENNIFER FARIN EMERSON 631 EMERSON STREET PALO ALTO, CA 94301	TRUSTEE 1.00	0.
ROBERT STANTON 631 EMERSON STREET PALO ALTO, CA 94301	CFO/TREASURER 40.00	152,384.
ROBERT WOODS, JR. 631 EMERSON STREET PALO ALTO, CA 94301	VP OF DEVELOPMENT 40.00	0.
TOTAL TO FORM 199, PART II, LINE 11		398,538.

FORM 199 OTHER	EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
PROJECT FUNDING		872,43	31.
RECRUITING		19,5	
TELEPHONE		17,7	
BANK CHARGES		12,4	
OTHER EMPLOYEE BENEFITS		106,2	
LEGAL FEES		13,9	
ACCOUNTING FEES		32,9	
OTHER PROFESSIONAL FEES		1,0	
ADVERTISING AND PROMOTION		40,70 27,4	
OFFICE EXPENSES		21,6	
INFORMATION TECHNOLOGY		26,1	
TRAVEL CONFERENCES AND CONVENTIONS		16,1	
INSURANCE		13,6	
ALL OTHER EXPENSES		5,6	
TOTAL TO FORM 199, PART II, LINE 17		1,227,8	28.
FORM 199 OTHER	ASSETS	STATEMENT	
DESCRIPTION	BEG. OF YEAR	END OF YE	AR
	1 262 451	1 620 0	0.6
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES	1,363,451 5,772		
PREPAID EXPENSES AND DEFERRED CHARGES			
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,369,223	1,647,8	53
FORM 199 FUND E	BALANCES	STATEMENT	
FORM 199 FOND E	DALLANCES	DIATEMENT	
DESCRIPTION	BEG. OF YEAR	END OF YE	AR
UNRESTRICTED ASSETS	359,366	. 69,3	51
TEMPORARILY RESTRICTED ASSETS	1,383,407		
TEMPORARILI RESIRICIED ASSEIS			
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,742,773		

Date Accepted	Accepted DO NOT MAIL THIS FORM TO THE						FIR				
TAXABLE YEAF <b>2014</b>	Exemp	rnia e-file Re ot Organizat		rizati	on fo	or				FORI <b>8453</b> -	
Exempt Organization	пате	<del>-</del>							dentifyin	g number	
מד השאד ש	ERITAGE FU	TATE							20 1	5009512	
		מאכט nation (whole dollars o	only)				-		20-:	1009312	
-	s receipts (Form 199		orny)						1	3,131,385	• 00
0	s income (Form 199	, , , , , , , , , , , , , , , , , , , ,							. 2	3,131,385	• 00
3 Total expe	nses and disbursen	nents (Form 199, line 9	9)						3	2,581,422	• 00
Part II Settle	e Your Account Ele	ectronically for Taxab	le Year 2014					-			
	ronic funds withdray		io rodi zo i-		4b Wit	hdrawal c	late (mm	/dd/yy	vv)		
Part III Bank	ing Information (Ha	ave you verified the ex	empt organization's	banking i							
5 Routing nur	mber										
6 Account nu	ımber			7 Ty	pe of ac	count: L	Che	cking		Savings	
	aration of Officer										
I authorize the exe on line 4a.	empt organization's ac	count to be settled as des	signated in Part II. If I c	heck Part I	I, BOX 4, I	authorize	an electro	nic fund	ds with	drawal for the amount	listed
California electron a balance due retu organization will re statements be trar delayed, I author	nic return. To the best ourn, I understand that i ergain liable for the fee nsmitted to the HTB by	rider and the amounts in I of my knowledge and beli f the Franchise Tax Board liability and all applicable the ERO, transmitter, or e to the ERO or intermed	ief, the exempt organiza I (FTB) does not receive e interest and penalties. intermediate service pro- liate service provider,	ation's retu e full and ti . I authorize ovider. If tl	rn is true, mely payi e the exen ie proces i(s) for th	correct, and corre	nd comple exempt of ation retu	ete. If th organiza ırn and	e exem ition's f accomp	pt organization is filing fee liability, the exempt panying schedules and	ıť
Part V Decla	vetion of Electroni	c Return Originator (	EDO) and Daid Pror	20101							
I declare that I have am only an intermaccurately reflects provided the orgal 1345, 2014 e-file I the exempt organi I declare that I have true, correct, and exempt organians the second true.	ve reviewed the above nediate service provides the data on the return nization officer with a chandbook for Authoriz ization return is filed, we examined the above complete. I make this	exempt organization's ref r, I understand that I am r ) I have obtained the org copy of all forms and info red e-file Providers. I will I whichever is later, and I w exempt organization's re declaration based on all in	turn and that the entriet not responsible for revi janization officer's sign rmation that I will file w keep form FTB 8453-E( ill make a copy available eturn and accompanyin	s on form f ewing the ature on fo ith the FTE O on file fo e to the FT g schedule	exempt or orm FTB 8 8, and I ha or <b>four</b> yea B upon re os and sta	ganization 453-EO be we followed rs from the quest. If I	's return. fore trans d all other due date am also th nd to the l	l declar mitting require of the i	e, howe this ret ments eturn o prepare	ever, that form FTB 84 urn to the FTB; I have described in FTB Pub. or <b>four</b> years from the er, under penalties of p	53-EO date perjury,
ERO signature	7					preparer		employed			
if colf or				LLP				$\rightarrow$	FEIN S	94-1341042	
Sign and addr		301 PAGE MII								04304	
Inder penalties of		ALO ALTO, CA		and acco	mnanvino	schedules	and state			e94304 the best of my knowle	edae
		mplete. I make this declar						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	arra to	are book or my mound	, u g u
Paid Pa	aid . bis			ı	Date		Check		Pai	id preparer's PTIN	
	eparer's gnature						if self- employed			P00701936	
if s	rm's name (or yours self-employed)		ERMAN & CO.	LLP				$\rightarrow$	FEIN	94-13410	<u>42</u>
	d address	1801 PAGE N								04304	
		PALO ALTO,	CA						ZIP Code	e94304	
For Privacy Not	tice, get FTB 1131	ENG/SP								FTB 8453-EO	2014

11-06-14

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS: http://ag.ca.gov/charities/

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filling penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 127272				
	LX. Cha	inge of address		
GLOBAL HERITAGE FUND Name of Organization	Am	ended report		
631 EMERSON STREET Address (Number and Street)	Corporate	or Organization No. 2855424		
PALO ALTO, CA 94301 City or Town, State and ZIP Code	Federal En	nployer I.D. No. 20-5009512		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Attorney General's R				
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fe	<u>e</u>
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	•	
PART A - ACTIVITIES				
For your most recent full accounting period (beginning 01/01/20 Gross annual revenue \$ 3,131,385. Total assets \$	$\frac{14}{2}$ end	ing 12/31/2014 ) list: 349,756.		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	EPORT		
Note: If you answer "yes" to any of the questions below, you must attach a s and details for each "yes" response. Please review RRF-1 instructions				
During this reporting period, were there any contracts, loans, leases or other f			Yes	No
and any officer, director or trustee thereof either directly or with an entity in will any financial interest?				х
During this reporting period, was there any theft, embezzlement, diversion or or funds?	misuse of th	ne organization's charitable property	†	х
During this reporting period, did non-program expenditures exceed 50% of graduates.	oss revenue	es?		x
During this reporting period, were any organization funds used to pay any per with the Internal Revenue Service, attach a copy.	nalty, fine or	judgment? If you filed a Form 4720		x
5. During this reporting period, were the services of a commercial fundraiser or fill "yes," provide an attachment listing the name, address, and telephone num				x
During this reporting period, did the organization receive any governmental ful name of the agency, mailing address, contact person, and telephone number.	nding? If so	, provide an attachment listing the		х
<ol> <li>During this reporting period, did the organization hold a raffle for charitable puthe number of raffles and the date(s) they occurred.</li> </ol>	rposes? If "	yes, provide an attachment indicating		х
Does the organization conduct a vehicle donation program? If "yes," provide a operated by the charity or whether the organization contracts with a commerce.				х
9. Did your organization have prepared an audited financial statement in accorda principles for this reporting period?	ance with g	enerally accepted accounting	х	
Organization's area code and telephone number (650) 325-7520				
Organization's e-mail address INFO@GLOBALHERITAGEFUND.ORG				
I declare under penalty of perjury that I have examined this report, including accompanyin correct and complete.	g documents	, and to the best of my knowledge and belief,	it is tru	e,
STEFAAN POORTMAN		FFICER II	115	•
Signature of authorized officer Printed Name	Tit	Date	, 1	



Global Heritage Fund

Consolidated Financial Statements

December 31, 2014 and 2013

## Frank, Rimerman + Co. LLP

Board of Directors Global Heritage Fund Palo Alto, California

Certified Public Accountants

#### INDEPENDENT AUDITORS' REPORT

We have audited the accompanying consolidated financial statements of Global Heritage Fund, which comprise the statements of financial position as of December 31, 2014 and 2013, and the related statements of activities and change in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

#### New York Palo Alto San Francisco San Jose St. Helena

## Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform our audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Global Heritage Fund as of December 31, 2014 and 2013, and the results of its operations and its cash flows for years then ended in accordance with accounting principles generally accepted in the United States of America.

Frank, Rimman + Co. ur

Palo Alto, California September 29, 2015

## Global Heritage Fund Consolidated Statements of Financial Position

	December 31,			
		2014		2013
ASSETS				
Current Assets Cash and cash equivalents Pledges receivable Other current assets	\$	700,030 1,099,906 7,947	\$	453,339 780,451 5,772
Total current assets		1,807,883		1,239,562
Pledges Receivable, net of current portion		540,000		583,000
Property and Equipment, net		1,873		5,285
Total assets	\$	2,349,756	\$	1,827,847
LIABILITIES AND NET ASSETS				
Current Liabilities Accounts payable and accrued expenses	\$	57,020	\$	85,074
Total current liabilities		57,020		85,074
Commitments (Note 7)				
Net Assets Unrestricted Temporarily restricted		69,351 2,223,385		359,366 1,383,407
Total net assets		2,292,736		1,742,773
Total liabilities and net assets	\$	2,349,756	\$	1,827,847

Global Heritage Fund Consolidated Statements of Activities and Change in Net Assets Years Ended December 31, 2014 and 2013

	2014					2013								
			7	Temporarily				Temporarily						
		Inrestricted	_	Restricted		Total	Unrestricted		Unrestricted		cted Restricted			Total
Public Support and Revenue														
Contributions	\$	899,908	\$	2,231,477	\$	3,131,385	\$	2,049,841	\$	1,068,442	\$	3,118,283		
Net assets released from restrictions		1,391,499		(1,391,499)				875,816		(875,816)				
Total public support and revenue		2,291,407		839,978		3,131,385		2,925,657		192,626		3,118,283		
Expenses														
Program services		1,719,383		-		1,719,383		1,595,805		_		1,595,805		
Fundraising		669,462		-		669,462		821,836		_		821,836		
Management and general		192,577		-		192,577		156,886	_			156,886		
Total expenses		2,581,422	_			2,581,422		2,574,527				2,574,527		
Change in Net Assets		(290,015)		839,978		549,963		351,130		192,626		543,756		
Net Assets, beginning of year		359,366		1,383,407		1,742,773		8,236		1,190,781		1,199,017		
Net Assets, end of year	\$	69,351	\$	2,223,385	\$	2,292,736	\$	359,366	\$	1,383,407	\$	1,742,773		

## Global Heritage Fund Statements of Cash Flows

	Years Ended December, 31				
	2014			2013	
Cash Flows from Operating Activities					
Change in net assets	\$	549,963	\$	543,756	
Adjustments to reconcile change in net assets to net cash					
provided by (used in) operating activities:					
Depreciation		3,412		4,683	
Changes in operating assets and liabilities:					
Pledges receivables		(276,455)		(566,776)	
Other current assets		(2,175)		6,427	
Accounts payable and accrued expenses		(28,054)		(24,730)	
Net cash provided by (used in) operating activities		246,691		(36,640)	
Cash and Cash Equivalents, beginning of year		453,339		489,979	
Cash and Cash Equivalents, end of year	\$	700,030	\$	453,339	

#### 1. Nature of Activities

Global Heritage Fund (the Organization) is a nonprofit public benefit organization with the mission to protect, preserve and sustain the most significant and endangered cultural heritage sites in the developing world. The Organization is based in Palo Alto, California and raises money throughout the United States for conservation projects in developing countries. The Organization works with other nonprofit organizations in many countries to fund cultural heritage conservation projects.

The Organization's timely investments, global network of experts and advanced "Preservation by Design" methodology work together to create a "Cycle of Success" for sites that have a high potential for sustainable preservation, tourism and economic development.

### 2. Significant Accounting Policies

Principles of Consolidation:

The consolidated financial statements include the accounts of the Organization and its subsidiary in Hong Kong, Global Heritage Fund Asia Limited (GHF Asia). GHF Asia was incorporated in May 2014 to assist with existing projects in the Asia region and for fundraising efforts.

Basis of Presentation:

The Organization prepares its consolidated financial statements on the accrual basis of accounting under accounting principles generally accepted in the United States of America.

The Organization segregates its assets and liabilities, and operations into three categories: unrestricted, temporarily restricted and permanently restricted. The Organization's net assets and changes therein are classified and reported as follows:

Unrestricted net assets consist of net assets for which there are no donor-imposed restrictions or such donor-imposed restrictions were temporary and expired during the current or previous years.

Temporarily restricted net assets consist of amounts receivable or received that are restricted for specific purposes or for subsequent periods. When a donor restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statements of Activities as net assets released from restrictions.

Basis of Presentation: (continued)

Permanently restricted net assets consist of all contributions receivable or received from donors that are subject to restrictions requiring the funds to be maintained permanently for the purpose of producing support for the Organization. The Organization had no permanently restricted net assets as of December 31, 2014 or 2013.

#### Revenue Recognition:

The Organization recognizes contributions and unconditional promises to give (pledges) as revenue at their fair value in the period the donor makes the contribution or pledge that is, in substance, unconditional. Conditional promises to give and support are not recognized until the conditions are met. The Organization distinguishes among contributions that increase any of the three categories of net assets, with recognition being made of the expiration of donor-imposed restrictions in the period in which the restrictions expire. Contributions restricted by the donor that expire in the current year are reported as increases in temporarily restricted net assets and are reclassified to unrestricted net assets.

The Organization has a publicly disclosed policy stating that for each contribution, whether received or promised, the Organization applies twenty percent of the contribution towards unrestricted operating activities.

#### In-Kind Contributions:

The Organization records various types of in-kind donations including professional services and tangible assets. Contributed professional services are recognized if the services received (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Contributions of tangible assets are recognized when promised or received, whichever is earlier. In-kind contribution revenue is recorded at the fair value of the services or tangible assets received and are offset by like amounts of expenses or, in the case of tangible assets, over the period benefited. There were no in-kind contributions in 2014 or 2013.

#### Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities, and the reported amounts of revenues and expenses in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates.

#### Cash Equivalents:

The Organization considers all short-term, highly liquid investments purchased with an original maturity of three months or less to be cash equivalents.

#### Functional Expenses:

The costs of providing the various program and supporting services have been summarized on a functional basis in the Statements of Activities. Directly identifiable expenses are charged to the related program or service benefited. Indirect expenses are allocated to programs and services based principally on the percentage of personnel time spent in each area or management's estimate of usage.

#### Special Events:

The Organization receives revenue from special event fundraising trips and forums designed to enable open dialogue on historic preservation and international development. In 2013, the Organization received \$46,000 of revenue for *The 10 Year Anniversary Gala Event*, held in Palo Alto. Direct costs associated with this event were \$51,000 and a net loss of \$5,000 has been presented in the Statement of Activities as fundraising expense. There were no revenue from special events in 2014.

#### Property and Equipment:

The Organization capitalizes property and equipment acquisitions over \$1,000. Purchased property and equipment are recorded at cost. Donated property and equipment are recorded at their estimated fair value at the date of donation. Depreciation is computed using the straight-line method over the estimated useful lives of the respective assets ranging from five to seven years.

Donations of property and equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Donated long-lived assets with explicit restrictions that specify how the assets are to be used and contributions of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

#### Advertising:

Costs associated with advertising are expensed when incurred. Advertising expense was \$41,000 in 2014 (\$12,000 in 2013).

## Concentration of Credit Risk and Major Donor:

Financial instruments that potentially subject the Organization to concentrations of credit risk consist primarily of cash and cash equivalents and pledges receivables. The Organization maintains most of its cash accounts at one commercial bank. The Federal Deposit Insurance Corporation insures deposit accounts at the bank up to \$250,000. The Organization's deposits may at times exceed the federally insured limit.

The Organization periodically evaluates the collectability of its pledges receivables. An allowance for uncollectible receivables, if needed, is provided based on management's judgment. At December 31, 2014 and 2013, management believes all amounts will be collected and no allowance for uncollectible receivables is deemed necessary.

The Organization had two major donors in 2014 representing 35% of total revenue (25% from one major donor in 2013). Major donors are defined as donors that contribute revenue greater than 10% of the Organization's annual revenue. Receivables from the two major donors totaled \$430,000 at December 31, 2014 (\$25,000 from one major donor at December 31, 2013).

#### Income Taxes:

The Organization has been determined to be exempt from federal income taxes under Section 501(a) of the Internal Revenue Code (Code) as an organization described in Section 501(c)(3) of the Code. The Organization is also exempt from California income taxes under Section 23701 of the California Revenue and Taxation Code.

Although the Organization is recognized as tax exempt, it is still liable for tax on its unrelated business taxable income (UBTI). The Organization does not believe it has UBTI that will result in an income tax liability.

*Income Taxes:* (continued)

The Organization applies the provisions set forth in Financial Accounting Standards Board Accounting Standards Codification Topic 740 to account for uncertainty in income taxes. The Organization assessed all income tax positions taken where the statute of limitation remained open, generally three years from the date of filing. The Organization believes that its tax filing positions will be sustained upon tax examinations; therefore, no liability for unrecognized income tax benefits has been recorded at December 31, 2014 or 2013. The Organization does not anticipate any significant increases or decreases to unrecognized income tax benefits during the next twelve months.

## 3. Pledges Receivable

Pledges receivable are recorded at net realizable value using a discount rate equal to the Applicable Federal Rate to years in which the promises are received, if material. In 2014 and 2013, the present value discount was not material and, therefore, not recorded. Pledges receivable consist of the following at December 31:

	2014			2013
Receivable in less the one year Receivable in one to five years	\$	1,099,906 540,000	\$	780,451 583,000
	<u>\$</u>	1,639,906	\$	1,363,451

## 4. Property and Equipment

Property and equipment consists of the following at December 31:

	2014			2013
Computer equipment and software Office equipment Office furniture	\$	91,435 8,828 1,100	\$	91,435 8,828 1,100
Less accumulated depreciation		101,363 (99,490)		101,363 (96,078)
Property and equipment, net	\$	1,873	<u>\$</u>	5,285

## 5. Temporarily Restricted Net Assets

Temporarily restricted net assets were available for the following purposes at December 31:

	2014		2013		
Projects:					
Mirador Basin, Guatemala	\$	667,470	\$	735,948	
Pacunam, Guatemala		209,500		35,000	
Gobekli Tepe, Turkey		199,181		158,365	
Myanmar, Burma		124,000		4,000	
Cyrene, Libya		73,897		_	
Amal, Syria		68,000		-	
Carpathian Villages, Romania		28,555		14,064	
Dholovira Museum		20,000		20,000	
Pasagardae, Iran		15,644		15,644	
Lamu, Keya		8,000		-	
Aceh Heritage, Indonesia		6,400		6,400	
My Son, Vietnam		5,300		5,300	
Asif Khan, Pakistan		4,440		4,440	
Americas, EMEA, Asia		4,000		4,000	
Indus, India		998		3,998	
Rakhigarhi, India		:=:		8,475	
Other Projects				29,773	
Total projects		1,435,385		1,045,407	
Headquarters, internal projects and resources:					
Donations restricted for time		780,000		330,000	
New GHF book		8,000		8,000	
NEW CITE DOOK					
Total temporarily restricted net assets	<u>\$</u>	<u>2,223,385</u>	\$	1,383,407	

## 6. Net Assets Released From Restriction

Net assets were released from restriction for the following purposes for the year ended December 31:

		2014		2013
Projects:				
Mirador Basin, Guatemala	\$	342,937	\$	184,070
Ciudad Perdida, Colombia		198,312		113,500
Banteay Chhmar, Cambodia		166,740		40,000
Gobekli Tepe, Turkey		119,184		141,922
Chavin de Huantar, Peru		84,000		148,760
Guizhou, China		79,400		1
Pacunam, Guatemala		55,500		35,000
Carpathian Villages, Romania		25,509		545
Rakhigarhi, India		11,994		1,925
Cyrene, Libya		6,103		-,
Indus, India		3,000		_
Foguang Temple, China		- ,		45,494
Pachacamae, Peru		¥		13,600
Myanmar, Burma		_		6,000
Other Projects		117,668		
Total projects		1,210,347		730,816
Headquarters, internal projects and resources:				
Donations restricted for time		100,000		145,000
Global Heritage Fund U.K.		81,152		
tal temporarily restricted net assets				
released from restriction	\$	1,391,499	\$	875,816
	<u> </u>	-7-1-1-1	<u> </u>	079,010

#### 7. Commitments

#### Facility Lease:

The Organization's previous office facility was leased under a non-cancelable operating lease, which expired in July 2014. In May 2014, the Company entered into a non-cancelable operating lease agreement in a different office with the same landlord under similar terms, which expires in July 2019. In 2014, rent expense was \$100,000 (\$110,000 in 2013). Future annual minimum lease payments under the lease are as follow for the years ending December 31:

2015	\$ 62,000	J
2016	64,000	)
2017	66,000	)
2018	68,000	)
2019	40,000	<u>)</u>
	\$ 300,000	)

The Organization had a sublease agreement on a month-to-month basis through December 2014. Sublease income of \$18,000 was recorded as a reduction of rent expense in 2014 (\$30,000 in 2013). The sublease agreement was not renewed upon the Organization relocating to different facilities in July 2014.

#### 8. Related Party Transactions

Contributions received from members of the Board of Directors (the Board) or from entities with which the Board members are affiliated in 2014 were approximately \$1,410,000 (\$1,560,000 in 2013). Those revenues comprise 45% of total revenue in 2014 (50% in 2013).

Amounts due from Board members or from entities with which the Board members are affiliated were approximately \$685,000 as of December 31, 2014 (\$425,000 as of December 31, 2013).

## 8. Related Party Transactions (continued)

From time to time, the Organization will partner with charitable organizations in other countries that have similar missions to the Organization's mission. While the Organization does not control any of the foreign organizations, there is one organization, Global Heritage Fund U.K., which has one Board Member who is also on the Organization's Board of Directors. In 2014, the Organization paid contractors to perform start-up activities for Global Heritage Fund U.K. of approximately \$60,000 (\$94,000 in 2013).

## 9. Subsequent Events

Subsequent events have been evaluated through the date of the accompanying independent auditors' report, which is the date the financial statements were available to be issued and it was determined that no other material subsequent events required an estimate to be recorded or disclosed as of December 31, 2014.