** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A F	or the	2021 calendar year, or tax year beginning and	ending								
B c	heck if pplicable:	C Name of organization		D Employer identific	cation number						
	Address	MILITARY HERITAGE FOUNDATION									
	Name change	Doing business as ARMY HERITAGE CENTER FOUNDA	TION	25-18309	84						
	Initial return Final	Number and street (or P.0. box if mail is not delivered to street address) P.O. BOX 839	Room/suite	E Telephone number 717-258-1102							
	□return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 1,487,673.							
	Amende return			H(a) Is this a group return							
	Applica tion	F Name and address of principal officer: EDWIN M. PERRY		for subordinates							
	pending	SAME AS C ABOVE		H(b) Are all subordinates in							
ΙŢ	ax-exe	mpt status: X 501(c)(3)	or 527	If "No," attach a	list. See instructions						
J۷	J Website: ► WWW.ARMYHERITAGE.ORG H(c) Group exemption number										
K F	Form of organization: X Corporation Trust Association Other ► L Year of formation: 1999 M State of legal domicile: PA										
Pa		Summary									
Ф		Briefly describe the organization's mission or most significant activities: ${ t TO \ \ PI}$									
Governance	-	THE U.S. ARMY HERITAGE AND EDUCATION CENT	ER (US	SAHEC) AND I	TS						
ərnş		Check this box if the organization discontinued its operations or dispos		1							
Š				3	21						
۵		Number of independent voting members of the governing body (Part VI, line 1b)			21 12						
ies		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			131						
Activities		Total number of volunteers (estimate if necessary)			0.						
Ac		otal unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
	D 1	Net difference business taxable filcome from Form 330-1, Fait 1, fille 11		Prior Year	Current Year						
Revenue	8 (Contributions and grants (Part VIII, line 1h)		354,919.	807,482.						
		Program service revenue (Part VIII, line 2g)		207,928.	84,845.						
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		55,181.	216,166.						
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		62,631.	128,823.						
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		680,659.	1,237,316.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
Ø	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		438,752.	440,472.						
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
xbe	b∃	otal fundraising expenses (Part IX, column (D), line 25)									
Ш	'''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		343,753.	706,420.						
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		782,505.	1,146,892.						
		Revenue less expenses. Subtract line 18 from line 12		-101,846.	90,424.						
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year						
Sset	20 7	Total assets (Part X, line 16)		2,332,337. 103,784.	2,285,051. 47,626.						
let A	21 7	Total liabilities (Part X, line 26)		2,228,553.	2,237,425.						
Pa	22 N	Net assets or fund balances. Subtract line 21 from line 20		2,220,333.	2,231,423.						
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and helief it is						
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			intowiougo una sonot, te to						
,		A series of property (series than ones) to seed on an information of the	non proparor	nus any misunsuger							
Sigr	n	Signature of officer		Date							
Her		EDWIN M. PERRY, PRESIDENT & CEO									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN						
Paid		GARY J. DUBAS GARY J. DUBAS	0	5/16/22 self-employ	P00252339						
Prep	arer	Firm's name MCKONLY & ASBURY, LLP		Firm's EIN ▶	23-1909723						
Use	Only	Firm's address 415 FALLOWFIELD ROAD	<u></u>								
		CAMP HILL, PA 17011		Phone no. 71	7-761-7910						
Мау	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No						

. u.	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO PROMOTE THE DEVELOPMENT OF THE U.S. ARMY HERITAGE AND EDUCATION	
	CENTER (USAHEC) AND ITS PROGRAMS AND TO SUSTAIN AND ENHANCE THE	
	CENTER'S AND THE FOUNDATION'S ABILITY TO INFORM AND EDUCATE THE	
	AMERICAN PUBLIC ON THE CONTRIBUTIONS OF SOLDIERS AND THE U.S. ARMY TO	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	_ No
_	If "Yes," describe these new services on Schedule O.	٦
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$396,671 . including grants of \$) (Revenue \$)	
	SUPPORT TO THE U.S. ARMY.	— <i>'</i>
	THE ARMY HERITAGE CENTER FOUNDATION CONTINUED ITS EFFORTS IN 2021 TO	
	SUPPORT THE U.S. ARMY BY ADVANCING THE DEVELOPMENT OF THE U.S. ARMY	
	HERITAGE AND EDUCATION CENTER (USAHEC); PROMOTING THE CENTER AS A MAJOR	
	RESEARCH CENTER; AND ENHANCING ITS COLLECTIONS, PROGRAMS, AND OUTREACH	•
	IN 2021, THE FOUNDATION EXPENDED \$221,953 TO SUPPORT THESE OBJECTIVES.	
	THE CAPITAL CAMPAIGN THAT WILL SUPPORT THE FUTURE EXPANSION OF THE HALI	
	OF THE AMERICAN SOLDIER - A 30,000 SQUARE FOOT, \$14 MILLION EXPANSION, CONTINUED WITH LIMITATIONS DUE TO COVID. DONORS' COVID- RELATED	
	CONCERNS AND TRAVEL RESTRICTIONS LIMITED OUTREACH AND IN PERSON	
4b	(Code:) (Expenses \$ 126,755. including grants of \$) (Revenue \$ 64,11	7 . \
ΗU	EDUCATIONAL PROGRAMS	, •)
	THE FOUNDATION'S EDUCATION PROGRAMS CONTINUED TO PROMOTE THE USE OF	
	USAHEC'S COLLECTIONS, THE STUDY OF HISTORY, AND OUTREACH TO STUDENTS,	
	TEACHERS, AND MEMBERS OF THE PUBLIC ON A LOCAL, REGIONAL, AND NATIONAL	
	BASIS. THE FOUNDATION EXPENDED \$126,755 ON THESE INITIATIVES.	
	FOR 2021, THE FOUNDATION AGAIN MANAGED THE NATIONAL HISTORY DAY IN	
	PENNSYLVANIA (NHD IN PA) PROGRAM AS AN ONLINE EVENT DUE TO COVID	
	RELATED CONCERNS. FOUNDATION STAFF WORKING WITH OUR PARTNERS	
	FACILITATED REGIONAL CONTESTS AND PLANNED AND EXECUTED THE STATE CONTEST AS A VIRTUAL PROGRAM. THE VIRTUAL CONTEST AT THE STATE LEVEL	
	SUPPORTED 527 STUDENTS AND STUDENT TEAMS AND RESULTED IN 56 ATTENDING	
4c	(Code:) (Expenses \$ 105,113. including grants of \$) (Revenue \$ 74,960	6.)
-,-	MUSEUM STORE	<u></u>)
	IN 2021, THE MUSEUM STORE CONTINUED TO FACE CHALLENGES DUE TO COVID	
	RELATED RESTRICTIONS. THE STORE LOST \$30,147 IN CY21.	
44	Other program services (Describe on Schedule O.)	
Tu	(Expenses \$ 135,467. including grants of \$) (Revenue \$ 20,728.)	
4e	Total program service expenses > 764,006.	

Form 990 (2021) MILITARY HERITAGE FOUNDATION 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l .		
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l		,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2021) MILITARY HERITAGE FOUNDATION
Part IV | Checklist of Required Schedules (continued)

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 2 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 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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	No
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	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 2 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 2 24b 2 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d 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 25d Did 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 25d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	X
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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 27b 27c 28d 29d 20d 20d 20d 20d 20d 20d 20	X
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 27b 27c 28c 29c 29c 29c 29c 29c 29c 29	
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	
	X
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	
enally (instability and employee and early of taring members of any of taring members of taring me	<u>X</u>
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	
instructions for applicable filing thresholds, conditions, and exceptions):	
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	X
	<u>X</u>
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	
	Х
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	
contributions? If "Yes," complete Schedule M	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	
Schedule N, Part II	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	
ii 100, complete conductori, rarer	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	
	<u>X</u>
	<u>X</u>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35b	—
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	Х
If "Yes," complete Schedule R, Part V, line 2 36 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
, , , , , , , , , , , , , , , , , , , ,	Х
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	
Note: All Form 990 filers are required to complete Schedule O	
Part V Statements Regarding Other IRS Filings and Tax Compliance	
Check if Schedule O contains a response or note to any line in this Part V	
	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	
(gambling) winnings to prize winners? 1c X	

Form 990 (2021) MILITARY HERITAGE FOUNDATION

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x					
	any contributions that were not tax deductible as charitable contributions?								
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	-					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	-					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
_	to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х					
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11							
0		8							
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	Ů							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand			v					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		\vdash					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x					
excess parachute payment(s) during the year?									
16	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Ves." complete Form 4720, Schedule O.	16		X					
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
.,	1, 11, 11, 11, 11, 11, 11, 11, 11, 11,	17		1					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes." complete Form 6069.								

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

						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	21							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, 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	r by th	e 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 read	hed a	t the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	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.	apters	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	and the same of th									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "Y$	es," a	'escribe							
	on Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b	X	_				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	rith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$ AL , AK , AZ , AR , C.									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990	-T (section 501(c)(3)	only)	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (of interest policy, and	l financ	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records							
	EDWIN M. PERRY - 717-258-1102									
	P.O. BOX 839 CARLISLE PA 17013									

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

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

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

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

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

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

Check this box if neither the organization nor any related c (A) (B)					C)	ipei	Sale	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					nne	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				s both	n an	compensation	compensation	amount of
	week		Ler an	lu a u	recto	rrius	lee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	n be		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	vidual	In stit utio nal tru stee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) EDWIN M. PERRY	48.00	1							_	
PRESIDENT AND CEO				Х				77,000.	0.	0.
(2) ROBERT M. DIAMOND	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) ROBERT H. SCALES, JR., PH.D.	1.00									
CHAIR	1 00	Х		Х				0.	0.	0.
(4) CHRISTOPHER GLEASON	1.00									
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(5) SHAWN BRUBAKER	1.00	ļ								
TREASURER	1	Х		Х				0.	0.	0.
(6) JOSEPH CAPITA	1.50	ļ		l						
SECRETARY	1 00	Х		Х				0.	0.	0.
(7) GREGORY ATTORRI	1.00	.,							_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) JULIE BARKO GERMANY	1.00	. ,							0	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) JOHN BROOKS	1.00	Х						0.	0.	0.
BOARD MEMBER (10) JULIAN H. BURNS	1.00	Δ						0.	0.	U•
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) ROBERT DESOUSA	1.00	Δ						0.	0.	· ·
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) DR. AMAN DHAWAN	1.00							0.	0.	
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) GEORGE FISCHER	1.00	22						•	.	
BOARD MEMBER	1.00	х						0.	0.	0.
(14) THOMAS FRENCH	1.00							· ·	•	
BOARD MEMBER	1100	х						0.	0.	0.
(15) J. B. HUDSON	1.00								0.1	
BOARD MEMBER		х						0.	0.	0.
(16) DEREK LEO	1.00	T-								
BOARD MEMBER		х						0.	0.	0.
(17) MICHAEL LITTENBERG	1.00	<u> </u>								
BOARD MEMBER		Х						0.	0.	0.

Form **990** (2021)

Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	d Hig	ghe	st C	compensated Employee	s (continued)				
(A) (B)					C)	_		(D)	(E)			(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable		l .	timate	
	hours per week			ss per				compensation	on	l	nount (of	
	(list any		Π				T	from the	from related organization		l	other pensa	tion
	hours for	direct				٦		organization	(W-2/1099-MIS		l .	om the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		l	anizati	
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	ĺ		and	d relate	ed
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
	line)	Indi	Inst	Officer	Key	Hig	Pon						
(18) KATIE MCHENRY	1.00	l								•			•
BOARD MEMBER	1 00	Х	-			-		0.		0.			0.
(19) GERALD O-KEEFE	1.00	٠,								^			^
BOARD MEMBER (20) JAMES OTTEVAERE	1.00	Х	-			-	-	0.		0.			0.
BOARD MEMBER	1.00	x						0.		0.			0.
(21) JUANITA SALES LEE	1.00	^	\vdash			 		0.		0.			0.
BOARD MEMBER	1.00	X						0.		0.			0.
(22) ROBERT WILBURN	1.00	22	\vdash							<u> </u>			<u> </u>
BOARD MEMBER	1.00	X						0.		0.			0.
		1											
1b Subtotal							ightharpoons	77,000.		0.			0.
c Total from continuation sheets to Part VI	I, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	77,000.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove	e) wh	no re	eceived more than \$100,	000 of reportable	е			_
compensation from the organization												V	0
												Yes	No
3 Did the organization list any former officer	•	,	,		,	,	_	, ,	,				v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•							•	J		4		Х
and related organizations greater than \$150Did any person listed on line 1a receive or a											4		
rendered to the organization? If "Yes," com	•				•			•			5		Х
Section B. Independent Contractors	ipiete Scrieduit	2	OI SI	<u>acii ț</u>	Jers	OH							
Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	hat received more than \$	6100.000 of com	pensa	tion fro	m	
the organization. Report compensation for													
(A)	-							(B)			(0	;)	
Name and business	address	N	INC	3				Description of s	ervices	C	Compe		า
2 Total number of independent contractors (i		ot lir	mited	d to		_	sted	above) who received me	ore than				
\$100,000 of compensation from the organi	zation >				()						<u>aan "</u>	

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
yy	1 a	Federated campaigns 1a	2,708.				
ant		Membership dues 1b	97,975.				
ဗ် ရို		Fundraising events 1c	3,,3,5,				
fts,		Related organizations 1d					
ig ic		Government grants (contributions) 1e	158,822.				
Sin		All other contributions, gifts, grants, and	130,022.				
e ti	'	similar amounts not included above 1f	547,977.				
ĢË	~		162,204.				
Contributions, Gifts, Grants and Other Similar Amounts	_		102,204.	807,482.			
OB		Total. Add lines 1a-1f	Business Code	007,402.			
_	0 0	NATIONAL HISTORY DAY	611600	29,215.	29,215.		
ice		SUMMER CAMP REGISTRATI	900009	23,213.	23,213.		
er.		OTHER PROGRAM SERVICE	900009	17,900.	17,900.		
n S		OTHER EDUCATIONAL PROG	900009	11,728.	11,728.		
gra Re		RESEARCHERS FOR HIRE	900009	2,828.	2,828.		
Program Service Revenue			300003	2,020.	2,020.		
-		All other program service revenue		01 015			
-+		Total. Add lines 2a-2f		84,845.			
	3	Investment income (including dividends, inter		00 701			00 701
	_	other similar amounts)		80,784.			80,784.
	4	Income from investment of tax-exempt bond					
	5	Royalties(i) Real					
			(ii) Personal				
		Gross rents 6a	1				
		Less: rental expenses 6b	1				
		Rental income or (loss) 6c					
		Net rental income or (loss)	(:) Other:				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
	_	assets other than inventory 7a 262,655.					
	b	Less: cost or other basis					
Revenue		and sales expenses 75 127, 273					
e e		Gain or (loss) 7c 135, 382.		125 202			125 202
		Net gain or (loss)	<u> </u>	135,382.			135,382.
ther	8 a	Gross income from fundraising events (not					
₫		including \$ of					
		contributions reported on line 1c). See	05 070				
			85,879. 32,022.				
			34,044.	E2 0E7			E2 0E7
		Net income or (loss) from fundraising events	_	53,857.			53,857.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9t					
		Net income or (loss) from gaming activities	<u></u> ▶				
	10 a	Gross sales of inventory, less returns	166 020				
	_		166,028.				
		_	b 91,062.	74.066	74.066		
	С	Net income or (loss) from sales of inventory		74,966.	74,966.		
ပ္ခ			Business Code				
eor Pe	11 a						
Miscellaneous Revenue	b						
Sce.	C						
Σ		All other revenue					
		Total. Add lines 11a-11d		1 227 216	150 011	0	270 022
	12	Total revenue. See instructions		1,237,316.	159,811.	0.	270,023.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (B)
Program service
expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 77,000. 41,065. 9,868. 26,067. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 309,886. 165,266. 39,712. 104,908. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,335. 23,129. 2,964. 7,830. Other employee benefits 9 30,457. 16,243. 3,903. 10,311. 10 Payroll taxes 11 Fees for services (nonemployees): Management 119. 119. Legal 17,725. 17,725. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 217,835. 200,383. 5,210. 12,242. column (A), amount, list line 11g expenses on Sch O.) 1,572. 9,064. 2. 7,490. Advertising and promotion 12 70,815. 43,037. 8,421. 19,357. 13 Office expenses 14 Information technology Royalties 15 36,269. 53,337. 10,134. 6,934. 16 Occupancy 46,650. 25,721. 1,309. 19,620. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 16,308. 189. 11,066. 5,053. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 10,910. 9,492. 982. 436. Depreciation, depletion, and amortization 22 21,637. 8,038. 11,637. 1,962. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 185,984. 147,304. 29,339. 9,341. CONTRIBUTION TO U.S. AR 23,691. ADMINISTRATIVE AND OTHE 13,892. 3,376. 6,423. 19,471. 19,612. DIRECT PROGRAM EXPENSES 141. 8,268. d FELLOWSHIP AND AWARDS 8,268. 4,465. 4.465. e All other expenses 1,146,892. 764,006. 144,771. 238,115. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sneet					_
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	240,501.	1	356,575.		
	2	Savings and temporary cash investments			221,515.	2	172,173.
	3	Pledges and grants receivable, net			28,195.	3	11,200.
	4	Accounts receivable, net			310.	4	310.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	tion 4958(c)(3)(B)		6		
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			16,554.	8	16,952.
As	9	B			13,347.	9	17,341.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	208,487.			
	b			179,540.	39,857.	10c	28,947. 1,681,553.
	11	Investments - publicly traded securities	1,772,058.	11	1,681,553.		
	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 eq		2,332,337.	16	2,285,051.	
	17	Accounts payable and accrued expenses			30,727.	17	47,626.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial o	ontributor, or 35%			
iabi		controlled entity or family member of any of the	ese pers	ons		22	
	23	Secured mortgages and notes payable to unre	lated thi	rd parties	73,057.	23	0.
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			100 504	25	45.606
	26	Total liabilities. Add lines 17 through 25			103,784.	26	47,626.
"		Organizations that follow FASB ASC 958, ch	eck her	e ▶ <u>X</u>			
čě		and complete lines 27, 28, 32, and 33.			250 624		410.060
<u>la</u>	27				358,634.	27	418,869.
Ä	28	Net assets with donor restrictions			1,869,919.	28	1,818,556.
ğ		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📖			
F		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i			0 000 550	31	0.007.405
Ş	32	Total net assets or fund balances			2,228,553.	32	2,237,425.
	33	Total liabilities and net assets/fund balances			2,332,337.	33	2,285,051.

Form	990 (2021) MILITARY HERITAGE FOUNDATION	25-	1830984	Pa	ge 12				
	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,23						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,146	5,8	92.				
3									
4									
5	Net unrealized gains (losses) on investments	5	2,228 -81	L,5	52.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	2,23	7,4	25.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	it						
	Act and OMB Circular A-133?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audi	t 🗔						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization MILITARY HERITAGE FOUNDATION 25-1830984 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	899,981.	1545885.	570,279.	354,919.	807,482.	4178546.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf						ļ					
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge	222	1515005		254 242	227 122	4450546					
	Total. Add lines 1 through 3	899,981.	1545885.	570,279.	354,919.	807,482.	4178546.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,						70 000					
	column (f)						72,902.					
	Public support. Subtract line 5 from line 4.						4105644.					
	Section B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018 1545885.	(c) 2019 570, 279.	(d) 2020 354,919.	(e) 2021 807,482.	(f) Total 4178546.					
	Amounts from line 4	899,981.	1343003.	570,279.	334,919.	007,402.	41/0340.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,	467.	28,589.	22,946.	62,125.	80,784.	194,911.					
•	and income from similar sources	407.	20,309.	22,940.	02,123.	00,704.	194,911.					
9	Net income from unrelated business											
	activities, whether or not the											
40	business is regularly carried on											
10	Other income. Do not include gain or loss from the sale of capital											
	assets (Explain in Part VI.)	58 029	109,219.	64 987	31,512.	53 857	317,604.					
11	Total support. Add lines 7 through 10	30,023	100,210	04,507.	31,312.	33,037.	4691061.					
	Gross receipts from related activities,	etc (see instruction	ne)			12 1	,025,423.					
	First 5 years. If the Form 990 is for the			fourth or fifth tax v			702371231					
10	organization, check this box and stor											
Sec	ction C. Computation of Publi											
	Public support percentage for 2021 (I			column (f))		14	87.52 %					
	Public support percentage from 2020					15	97.90 %					
	33 1/3% support test - 2021. If the o						-					
	stop here. The organization qualifies						, 37					
b	33 1/3% support test - 2020. If the o		-									
	and stop here. The organization qual											
17a	10% -facts-and-circumstances test											
	and if the organization meets the fact	-										
	meets the facts-and-circumstances te					3	. —					
b	10% -facts-and-circumstances test	-	-	*	-							
	more, and if the organization meets th	ne facts-and-circum	nstances test, ched	ck this box and st	t op here. Explain i	n Part VI how the						
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation						
18	Private foundation. If the organization		-		•		· • 🔲					

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	>
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	163	NO
1		
2		
0-		
3a		
3b		
JU		
3с		
4-		
4a		
4b		
TU		
4-		
4c		
5a		
5b		
5с		
6		
7		
8		
J		
9a		
_		
9b		
9с		
10a		
10b		

Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi	ide		
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membershi	p of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	n's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	mong the		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
	71 11 5 5		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). ction D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tav		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ian		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	, ,	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sect	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			I
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
· a				
b				
c		tal entity (see instruction	16)	
	Activities Test. Answer lines 2a and 2b below.	ar critity (See Instruction	Yes	No
				110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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 lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	adde A (101111030) 2021			
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on l	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u> </u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	Distributable Amount Cubtract line 5 from line 4 unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

emergency temporary reduction (see instructions).

instructions).

Par		a)(3) Supporting Orga		<u>(</u>	J 1030304 Page 7
	on D - Distributions	<u>/(-)pp99</u>	COMMIT	ieu)	Current Year
	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	Ourrent rear
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity	T pai poods or outported		2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets	- 11 - 3		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

MILITARY HERITAGE FOUNDATION 25-1830984 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

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

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

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

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

Schedule B (Form 990) (2021)

MILITARY HERITAGE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 29,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$14,500 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

MILITARY HERITAGE FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Person X Payroll
		\$ 26,638.	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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$13,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

MILITARY HERITAGE FOUNDATION

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
13		- - \$ 14,991.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		- - \$\$12,915.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		- \$\$10,400.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions 10,038.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

MILITARY HERITAGE FOUNDATION

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			
12	HISTORICAL COLLECTION/ART COLLECTION	-				
		\$\$	08/20/21			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
13	HISTORICAL COLLECTION	-				
		_ \$14,991.	07/13/21			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
14	HISTORICAL COLLECTION	-				
		12,915.	11/04/21			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
15	HISTORICAL VEHICLES	-				
		10,400.	12/06/21			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
16	HISTORICAL COLLECTION	-				
		\$\$	11/15/21			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		-				
		_				

	ARY HERITAGE FOUNDATION		25-1830984
art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)		ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.)
\ NIa	Use duplicate copies of Part III if additional s	space is needed.	
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
		t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	it
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gift	ft
- 1	Transferee's name, address, ar		Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

MILITARY HERITAGE FOUNDATION

Employer identification number 25-1830984

Part	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	679,966.	
	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	<u> </u>
	impermissible private benefit?		
Part	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	·	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a	·	
	listed in the National Register		
	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ►		
	Number of states where property subject to conservation easi		
	Does the organization have a written policy regarding the peri		Yes No
	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h		
U	Stan and volunteer riours devoted to morntoning, inspecting, i	landing of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservat	ion essements during the year
′	S	iling of violations, and emorcing conservat	during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/b	a)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	·	
	organization's accounting for conservation easements.	•	
Parl		Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in ful	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth-	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

Pai	rt III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Oth	er Sin	nilar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that make	signific	ant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	X Other PE	NDING TRAI	(SFE	R TO U.	S. AI	RMY	
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt pı	urpose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	ures, or other simil	ar asset	ts			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?			Yes	X	No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes"	on Form	990, Part IV	, line 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets no	t includ	led			
	on Form 990, Part X?					[Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amoun	t	
С	Beginning balance				[1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been j	provided on Part X	<u>.</u>				
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Th	rree years back	(e) Fou	r years	back
1a	Beginning of year balance	67,390.	60,409.	51,549		69,016		63,	079.
b	Contributions		131.	318					
С	Net investment earnings, gains, and losses	9,160.	9,506.	10,792		-17,467		5,	937.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	2,761.	2,656.	2,250					
f	Administrative expenses								
g	End of year balance	73,789.	67,390.	60,409		51,549		69,	016.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:	•		•		
а	Board designated or quasi-endowment	·	%						
b	Permanent endowment ► 100	%	_						
С	·	 %							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the org	anization			
	by:	· ·			Ū			Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations								Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pai	rt VI Land, Buildings, and Equipme								
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 1	0.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accum	ulated	(d) Boo	k valu	<u></u>
		basis (investm	` '	1 ' '	deprecia	II	. ,		
	Land								
b	Buildings								
c	Leasehold improvements								
d	Equipment		14	4,494.	141	,049.		3,4	45.
e	Other			3,993.		,491.		5,5	

Schedule D (Form 990) 2021

28,947.

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

Schedule D (Form 990) 2021 MILITARY HER	RITAGE FOUNDA	TION 2	5-1830984	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market v	alue
(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.				
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a) [Description		(h) Book va	عاراه

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (h) must equal Form 990 Part X col. (R) line 25.)	

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

Par	rt XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,187,786.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-81,552.		
b					
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	32,022.		
е	Add lines 2a through 2d			2e	-49,530.
3	Subtract line 2e from line 1			3	1,237,316.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	1,237,316.
Pai	rt XII Reconciliation of Expenses per Audited Financial Stat		Expenses per H	eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				1 150 011
1	Total expenses and losses per audited financial statements			1	1,178,914.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses		22.22		
	Other (Describe in Part XIII.)		32,022.		
е	Add lines 2a through 2d			2e	32,022.
3	Subtract line 2e from line 1			3	1,146,892.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			
_					
C	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.			4c	0. 1,146,892.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE FOUNDATION ADHERES TO THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES. ASC 740 ESTABLISHES RULES FOR RECOGNIZING AND MEASURING TAX POSITIONS TAKEN IN AN INCOME TAX RETURN, INCLUDING DISCLOSURES OF UNCERTAIN TAX POSITIONS (UTPS). ASC 740 MANDATES THAT COMPANIES EVALUATE ALL MATERIAL INCOME TAX POSITIONS FOR PERIODS THAT REMAIN OPEN UNDER APPLICABLE STATUTES OF LIMITATION, AS WELL AS POSITIONS EXPECTED TO BE TAKEN IN FUTURE RETURNS. THE UTP RULES THEN IMPOSE A RECOGNITION THRESHOLD ON EACH TAX POSITION. AN ORGANIZATION CAN RECOGNIZE AN INCOME TAX BENEFIT ONLY IF THE POSITION HAS "MORE LIKELY THAN NOT" (I.E., MORE THAN 50 PERCENT) CHANCE OF BEING

Part XIII Supplemental Information (continued)
SUSTAINED ON THE TECHNICAL MERITS. FOR THE YEARS ENDED DECEMBER 31, 2021
AND 2020, THE FOUNDATION HAS TAKEN NO MATERIAL TAX POSITIONS ON ITS
APPLICABLE TAX FILINGS THAT DO NOT MEET THE "MORE LIKELY THAN NOT"
THRESHOLD. AS A RESULT, NO AMOUNT FOR UTPS HAS BEEN INCLUDED IN THE
FINANCIAL STATEMENTS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO
INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2018.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
DIRECT FUNDRAISING EXPENSES 32,022.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
DIRECT FUNDRAISING EXPENSES 32,022.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

MILITARY HERITAGE FOUNDATION 25-1830984 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MILITARY HERITAGE FOUNDATION 25-1830984 Page 2 Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2

			(a) Event #1 MEMBERSHIP DINNER & SIL	(b) Event #2	NONE	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	85,879.			85,879.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	85,879.			85,879.
	4	Cash prizes				
S	5	Noncash prizes				
sued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				32,022.
	_	Direct expense summary. Add lines 4 through			•	32,022.
	l	Net income summary. Subtract line 10 from I				53,857.
Pa	rt l					•
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	⁷ from line 1, column (d)		>	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re			rear?	Yes No
	_					

Sc	nedule G (Form 990) 2021 MILITARY HERITAGE FOUNDATION 25	5-1830984	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	b An outside facility		<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
	c If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	······ Yes	∟ No
_	organization's own exempt activities during the tax year > \$		_
Pi	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, lines 9,	9b, 10b,

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990)	MILITARY	HERITAGE	FOUNDATION	25-1830984	Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(continue}	ed)			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

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

➤ Attach to Form 990.

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

Name of the organization MILITARY HERITAGE FOUNDATION

Types of Property

Employer identification number 25-1830984

		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	Method of de	eterminir	_	
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contrib	ution am	ounts	3
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							
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 (HISTORICAL CO)	X	213		APPRAISAL			
26	Other ► (ART COLLECTIO)	X	1		APPRAISAL			
27	Other \blacktriangleright (<u>HISTORICAL VE</u>)	X	1	10,400	APPRAISAL			
28	Other (
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be u	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 p	policy that re	equires the review of	of any nonstandard contribu	utions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash	l			
	contributions?					32a		<u> </u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule I	M (Form	990)	2021

Schedule M (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MILITARY HERITAGE FOUNDATION

Employer identification number 25-1830984

Schedule O (Form 990) 2021

FORM 990, ITEM C, DOING BUSINESS AS:
ARMY HERITAGE CENTER FOUNDATION
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRAMS AND TO SUSTAIN AND ENHANCE THE CENTER'S AND THE FOUNDATION'S
ABILITY TO INFORM AND EDUCATE THE AMERICAN PUBLIC ON THE CONTRIBUTIONS
OF SOLDIERS AND THE U.S. ARMY TO OUR NATION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUR NATION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CONVERSATIONS. THE FOUNDATION DID, HOWEVER, IN COOPERATION WITH THE
USAHEC STAFF COMPLETE A DESIGN UPDATE TO SUPPORT REFINED USAHEC NEEDS
WITHIN THE FUTURE FACILITY DURING THE YEAR. THE COST OF THIS DESIGN
UPDATE, \$174,718, IS REFLECTED IN THE AMOUNT OF SUPPORT PROVIDED TO THE
ARMY.
THE FOUNDATION'S ACTIVE ROLE WORKING WITH POTENTIAL DONORS OF ARTIFACT,
MANUSCRIPT, AND LIBRARY COLLECTIONS WAS MAINTAINED. IN 2021, THE
FOUNDATION FACILITATED 74 IN-KIND DONATIONS THAT WERE TRANSFERRED TO
THE ARMY WITH A VALUE OF \$33,210.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
THE NATIONAL CONTEST. AS A COMPONENT OF NATIONAL HISTORY DAY, THE
STAFF ALSO CONTINUED ITS QUARTERLY TEACHER WORKSHOP PROGRAM IN 2021 AND

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

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** MILITARY HERITAGE FOUNDATION

25-1830984

ITS EFFORTS TO BUILD A COLLECTION OF SOLDIER STORIES ON THE

FOUNDATION'S WEBSITE THAT ARE AVAILABLE AT NO COST TO USERS.

THROUGHOUT THE YEAR, THE EDUCATION PROGRAM CONTINUED TO MAINTAIN ITS INTERACTION WITH VETERANS AND STUDENTS. OUR PARTNERSHIP WITH CUMBERLAND VALLEY HIGH SCHOOL CONTINUED, AND IN 2021, WE PAIRED 10 STUDENTS AND 5 VETERANS WHO PARTICIPATED IN THE VETERANS ORAL HISTORY PROGRAM. THE VETERANS' CAFE THAT IN THE PAST BROUGHT VETERANS OF ALL SERVICES AND ERAS TOGETHER TO ENJOY A MEAL TOGETHER AND SHARE STORIES OF SERVICE TRANSITIONED TO VIRTUAL EVENTS WITH A FOCUS ON ADULT CARE FINALLY, THE FOUNDATION'S SOLDIER EXPERIENCE HISTORY FACILITIES. SUMMER CAMP PROGRAM CONTINUED AND IN 2021, 75 CAMPERS PARTICIPATED IN THE PROGRAM.

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

OTHER GENERAL PROGRAM SERVICES INCLUDED FUNDS TO SUPPORT PUBLIC, MEMBER, AND FOUNDATION FOCUSED PROGRAMS. THESE INCLUDED EXPENSES OF STAFF TIME PERFORMING RESEARCH FOR THE GENERAL PUBLIC, PRESENTING LECTURES AND BRIEFINGS TO A VARIETY OF GROUPS, NEWSLETTERS TO FOUNDATION MEMBERS, AND SPECIAL EVENTS.

THE FOUNDATION'S LECTURE PROGRAM CONTINUED TO PROVIDE NATIONAL SUPPORT THROUGH WEBINARS. DURING 2021, THE FOUNDATION HOSTED 24 LECTURE PROGRAMS. MORE THAN 1,000 PEOPLE ATTENDED THE LECTURES AT THE TIME OF THEIR PRESENTATION, AND MORE THAN 9,000 VIEWED THE PRESENTATIONS WITHIN SIX MONTHS OF THEIR POSTING ON THE FOUNDATION'S YOUTUBE CHANNEL.

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** MILITARY HERITAGE FOUNDATION 25-1830984 BY ASSISTING ROTC PROGRAMS TO MEET U.S. ARMY CADET COMMAND'S REQUIREMENT FOR SENIOR CADET STAFF RIDES. THE FOUNDATION CONTINUED ITS PARTNERSHIP WITH SELECTED AND SPECIALLY TRAINED STAFF RIDE FACILITATORS AT GETTYSBURG NATIONAL MILITARY PARK. DURING 2021, THE FOUNDATION PERFORMED 18 STAFF RIDES, SUPPORTING 21 UNIVERSITY ROTC PROGRAMS AND MORE THAN 400 SENIOR CADETS. IN 2021, THE FOUNDATION'S ARMY BIRTHDAY PROGRAM WAS CANCELLED DUE TO COVID RESTRICTIONS. IN OCTOBER 2021, THE FOUNDATION'S MEMBERSHIP AND RECOGNITION DINNER OCCURRED WITH A FOCUS ON HONORING SOLDIERS OF DESERT SHIELD/DESERT STORM. THE FOUNDATION HONORED GEN RICHARD CODY FOR HIS LEADERSHIP OF TASK FORCE NORMANDY AND CPT JOSE DELGADO AND SGT JESUS GONZALEZ FOR THEIR EFFORTS PLANNING THEIR UNITS AIR ASSAULT INTO IRAQ. EXPENSES \$ 135,467. INCLUDING GRANTS OF \$ 0. REVENUE \$ 20,728. FORM 990, PART VI, SECTION B, LINE 11B: FINANCE COMMITTEE MEMBERS ARE GIVEN COPIES OF THE 990 FOR REVIEW AND DISCUSS ANY QUESTIONS WHICH MAY ARISE WITH MANAGEMENT OF THE ORGANIZATION. UPON COMMITTEE APPROVAL, THE FORM 990 IS THEN DISTRIBUTED TO THE REST OF THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: THE PRESIDENT AND CEO OVERSEES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

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

THE PRESIDENT AND CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND COMPARABLE DATA IS CONSIDERED.

Schedule O (Form 990) 2021 Page **2**

Name of the organization MILITARY HERITAGE FOUNDATION	Employer identification number 25-1830984						
COMPENSATION CONSIDERATIONS ARE DOCUMENTED BY THE ORGANIZATION.							
KEY EMPLOYEES SALARIES ARE COMPARED TO OUTSIDE ORGANIZATION	NS FOR THE AREA						
AND SIZE OF THE ORGANIZATION TO DETERMINE REASONABLENESS.	SALARIES ARE						
APPROVED BY THE BOARD AND DOCUMENTATION IS MAINTAINED BY T	HE ORGANIZATION						
TO SUPPORT.							
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:						
AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, ME, MD, MI, M	IN, MO, MS, NC, ND, NH						
NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV							
	_						
FORM 990, PART VI, SECTION C, LINE 19:							
FOUNDATION BYLAWS, CONFLICT OF INTEREST POLICY, FINANCIAL	STATEMENTS,						
ANNUAL REPORT, AND IRS 990 ARE AVAILABLE UPON REQUEST. TH	E ANNUAL REPORT						
AND IRS 990 ARE PUBLISHED ON THE FOUNDATION'S WEBSITE.							
FORM 990, PART IX, LINE 11G, OTHER FEES:							
MISCELLANEOUS FEES:							
PROGRAM SERVICE EXPENSES	200,383.						
MANAGEMENT AND GENERAL EXPENSES	5,210.						
FUNDRAISING EXPENSES	12,242.						
TOTAL EXPENSES	217,835.						
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	217,835.						
FORM 990, PART XII, LINE 2C							
THERE WAS NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR.							