

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2023

PREPARED FOR:

MILITARY HERITAGE FOUNDATION
P.O. BOX 839
CARLISLE, PA 17013

PREPARED BY:

MCKONLY & ASBURY, LLP
415 FALLOWFIELD ROAD
CAMP HILL, PA 17011

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

WE HAVE ELECTRONICALLY FILED THIS RETURN WITH THE IRS. NO FURTHER ACTION IS REQUIRED.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. MILITARY HERITAGE FOUNDATION	Taxpayer identification number (TIN) 25-1830984
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 839	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CARLISLE, PA 17013	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of ORGANIZATION
P.O. BOX 839 - CARLISLE, PA 17013

Telephone No. 717-258-1102 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 23 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

Return of Organization Exempt From Income Tax

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

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MILITARY HERITAGE FOUNDATION		D Employer identification number 25-1830984
	Doing business as ARMY HERITAGE CENTER FOUNDATION		E Telephone number 717-258-1102
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 839		
	City or town, state or province, country, and ZIP or foreign postal code CARLISLE, PA 17013		G Gross receipts \$ 1,132,471.
	F Name and address of principal officer: JULIE GERMANY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ARMYHERITAGE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1999
			M State of legal domicile: PA

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE THE DEVELOPMENT OF THE U.S. ARMY HERITAGE AND EDUCATION CENTER (USAHEC) AND ITS	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 18
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 12
	6	Total number of volunteers (estimate if necessary)	6 195
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 889,978. Current Year: 477,481.
	9	Program service revenue (Part VIII, line 2g)	110,921. 188,529.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-122,115. 99,688.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	177,564. 129,150.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,056,348. 894,848.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	465,462. 418,075.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 200,852.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	502,324. 571,279.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	967,786. 989,354.	
19	Revenue less expenses. Subtract line 18 from line 12	88,562. -94,506.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,261,703. End of Year: 2,279,822.
	21	Total liabilities (Part X, line 26)	41,654. 56,553.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,220,049. 2,223,269.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer	Date	
	JULIE GERMANY, PRESIDENT Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JAMES P. SHELLENBERGER	JAMES P. SHELLENBERGER	07/23/24
	Firm's name	Firm's EIN	Check if self-employed <input checked="" type="checkbox"/> PTIN
	MCKONLY & ASBURY, LLP	23-1909723	P02449735
	Firm's address	Phone no.	
	415 FALLOWFIELD ROAD CAMP HILL, PA 17011	717-761-7910	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 156,901. including grants of \$) (Revenue \$) SUPPORT TO THE U.S. ARMY. THE ARMY HERITAGE CENTER FOUNDATION CONTINUED ITS EFFORTS IN 2023 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 2023, THE FOUNDATION EXPENDED \$217,238 TO SUPPORT THESE OBJECTIVES, WHICH INCLUDED \$61,337 OF CONTRIBUTED SERVICES.

AT THE NOVEMBER 2022 BOARD MEETING, THE TIMELINE OF THE CAPITAL CAMPAIGN THAT WILL SUPPORT THE FUTURE EXPANSION OF THE HALL OF THE AMERICAN SOLDIER - A 30,000 SQUARE FOOT, WAS EXTENDED IN 2026 OR BEYOND DUE TO SIGNIFICANT COST ESCALATION AND COVID RESTRICTIONS ON

4b (Code:) (Expenses \$ 175,191. including grants of \$) (Revenue \$ 179,599.) 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 \$175,191 ON THESE INITIATIVES.

FOR 2023, THE FOUNDATION AGAIN MANAGED THE NATIONAL HISTORY DAY IN PENNSYLVANIA (NHD IN PA) PROGRAM. FOUNDATION STAFF WORKING WITH OUR PARTNERS FACILITATED REGIONAL CONTESTS AND PLANNED AND EXECUTED THE STATE CONTEST AT SCRANTON UNIVERSITY. THE CONTEST AT THE STATE LEVEL SUPPORTED APPROXIMATELY 570 STUDENTS AND STUDENT TEAMS AND RESULTED IN 62 ATTENDING THE NATIONAL CONTEST THAT CONTINUED AS A VIRTUAL EVENT.

4c (Code:) (Expenses \$ 110,517. including grants of \$) (Revenue \$ 70,991.) MUSEUM STORE IN 2023, THE MUSEUM STORE CONTINUED TO FACE CHALLENGES DUE TO CONTINUED REDUCED ONSITE VISITATION. THE STORE LOST \$39,526.00 IN CY23.

4d Other program services (Describe on Schedule O.) (Expenses \$ 217,788. including grants of \$) (Revenue \$ 8,930.)

4e Total program service expenses 660,397.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with 3 main columns: Question, Yes, No. Rows include 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8, 9, 10, 11, 12a-12b, 13, 14a-14b, 15, 16, 17.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIE BARKO GERMANY PRESIDENT (STARTING 4/23)	48.00	X		X			43,750.	0.	0.	
(2) EDWIN M. PERRY PRESIDENT AND CEO (THROUGH 4/23)	48.00			X			38,870.	0.	0.	
(3) ROBERT M. DIAMOND BOARD CHAIR	3.00	X		X			0.	0.	0.	
(4) GREGORY ATTORRI BOARD VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) SHAWN BRUBAKER BOARD TREASURER	1.00	X		X			0.	0.	0.	
(6) JOSEPH CAPITA BOARD SECRETARY	1.50	X		X			0.	0.	0.	
(7) ROBERT DESOUSA BOARD MEMBER (THROUGH 4/23)	1.00	X					0.	0.	0.	
(8) GEORGE FISCHER BOARD MEMBER (THROUGH 9/23)	1.00	X					0.	0.	0.	
(9) GRACIE GALLOWAY BOARD MEMBER (STARTING 8/23)	1.00	X					0.	0.	0.	
(10) DEREK LEO BOARD MEMBER	1.00	X					0.	0.	0.	
(11) MICHAEL LITTENBERG BOARD MEMBER	1.00	X					0.	0.	0.	
(12) KATIE MCHENRY BOARD MEMBER	1.00	X					0.	0.	0.	
(13) JEFFREY MOORE BOARD MEMBER (STARTING 8/23)	1.00	X					0.	0.	0.	
(14) MICHAEL O'BRIEN BOARD MEMBER	1.00	X					0.	0.	0.	
(15) GERALD O-KEEFE BOARD MEMBER (THROUGH 12/23)	1.00	X					0.	0.	0.	
(16) JAMES OTTEVAERE BOARD MEMBER	1.00	X					0.	0.	0.	
(17) PAUL PARDEW BOARD MEMBER	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHARLES PEDE BOARD MEMBER	1.00	X						0.	0.	0.
(19) JUANITA SALES LEE BOARD MEMBER (THROUGH 5/23)	1.00	X						0.	0.	0.
(20) PETER VANGJEL BOARD MEMBER (STARTING 8/23)	1.00	X						0.	0.	0.
(21) ROBERT WILBURN BOARD MEMBER	1.00	X						0.	0.	0.
(22) JAMES WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
(23) KENNETH WONG BOARD MEMBER (STARTING 8/23)	1.00	X						0.	0.	0.
(24) LEE WOOLLEY BOARD MEMBER (STARTING 8/23)	1.00	X						0.	0.	0.
1b Subtotal								82,620.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								82,620.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 4,497.				
	b	Membership dues	1b 60,612.				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 412,372.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 131,527.				
	h	Total. Add lines 1a-1f		477,481.			
Program Service Revenue	2 a	NATIONAL HISTORY DAY	Business Code 611600	130,149.	130,149.		
	b	OTHER EDUCATIONAL PROGRAMS	900099	25,599.	25,599.		
	c	SUMMER CAMP REGISTRATION	900099	23,851.	23,851.		
	d	OTHER PROGRAM SERVICE REVENUE	900099	7,672.	7,672.		
	e	RESEARCHERS FOR HIRE	900099	1,258.	1,258.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		188,529.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		58,893.		58,893.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	157,284.		
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	116,489.			
c	Gain or (loss)	7c	40,795.				
d	Net gain or (loss)		40,795.		40,795.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		88,321.			
			8b	30,162.			
c	Net income or (loss) from fundraising events		58,159.		58,159.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
			9b				
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a		161,963.			
			10b	90,972.			
c	Net income or (loss) from sales of inventory		70,991.	70,991.			
Miscellaneous Revenue	11 a	_____	Business Code				
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		894,848.	259,520.	0.	157,847.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,620.	50,631.	10,585.	21,404.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	280,546.	171,923.	35,944.	72,679.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	26,930.	16,503.	3,450.	6,977.
10 Payroll taxes	27,979.	17,146.	3,585.	7,248.
11 Fees for services (nonemployees):				
a Management				
b Legal	24,018.	24,018.		
c Accounting	17,160.		17,160.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	83,797.	18,604.	20,943.	44,250.
12 Advertising and promotion	11,766.	11,356.	410.	
13 Office expenses	61,709.	28,597.	11,620.	21,492.
14 Information technology				
15 Royalties				
16 Occupancy	53,337.	36,269.	10,134.	6,934.
17 Travel	89,371.	82,024.	1,272.	6,075.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	29,841.	29,761.	80.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,598.	5,740.	594.	264.
23 Insurance	21,634.	8,585.	10,875.	2,174.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CONTRIBUTION TO U.S. AR	116,901.	116,901.		
b ADMINISTRATIVE AND OTHE	23,721.	16,269.	1,381.	6,071.
c DIRECT PROGRAM EXPENSES	23,046.	17,690.	72.	5,284.
d CONSTRUCTION AND BRICK	4,411.	4,411.		
e All other expenses _____	3,969.	3,969.		
25 Total functional expenses. Add lines 1 through 24e	989,354.	660,397.	128,105.	200,852.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	347,448.	1	314,538.
	2 Savings and temporary cash investments	211,958.	2	227,975.
	3 Pledges and grants receivable, net	13,700.	3	10,200.
	4 Accounts receivable, net	2,310.	4	2,310.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	16,679.	8	19,645.
	9 Prepaid expenses and deferred charges	19,214.	9	21,660.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 208,487.		
	b Less: accumulated depreciation	10b 196,263.	18,822.	10c 12,224.
	11 Investments - publicly traded securities	1,631,572.	11	1,671,270.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,261,703.	16	2,279,822.	
Liabilities	17 Accounts payable and accrued expenses	41,654.	17	56,553.
	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	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	41,654.	26	56,553.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	720,745.	27	568,262.
	28 Net assets with donor restrictions	1,499,304.	28	1,655,007.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,220,049.	32	2,223,269.
	33 Total liabilities and net assets/fund balances	2,261,703.	33	2,279,822.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	894,848.
2	Total expenses (must equal Part IX, column (A), line 25)	2	989,354.
3	Revenue less expenses. Subtract line 2 from line 1	3	-94,506.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,220,049.
5	Net unrealized gains (losses) on investments	5	97,726.
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	2,223,269.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash 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?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	570,279.	354,919.	807,482.	889,978.	538,818.	3,161,476.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	570,279.	354,919.	807,482.	889,978.	538,818.	3,161,476.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						412,258.
6 Public support. Subtract line 5 from line 4.						2,749,218.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	570,279.	354,919.	807,482.	889,978.	538,818.	3,161,476.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,946.	62,125.	80,784.	41,651.	58,893.	266,399.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	64,987.	31,512.	53,857.	106,059.	59,659.	316,074.
11 Total support. Add lines 7 through 10						3,743,949.
12 Gross receipts from related activities, etc. (see instructions)					12	1,029,413.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	73.43 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	80.50 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

MILITARY HERITAGE FOUNDATION

Employer identification number

25-1830984

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

Schedule B (Form 990) (2023)

Name of organization MILITARY HERITAGE FOUNDATION	Employer identification number 25-1830984
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MEMBERS 1ST FEDERAL CREDIT UNION 5000 MARKETPLACE WAY ENOLA, PA 17025	\$ 12,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	PRITZKER MILITARY FOUNDATION 104 S MICHIGAN AVE, STE 1120 CHICAGO, IL 60603-6135	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UHS OF PENNSYLVANIA, INC. P.O. BOX 61558 KING OF PRUSSIA, PA 19406	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FN AMERICA 7950 JONES BRANCH DR MCLEAN, VA 22102	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SAMUEL M. & DENA M. LOMBARDO 100 MILLWYC RD. LITITZ, PA 17543	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	T-MOBILE 12920 SE 38TH STREET BELLEVUE, WA 98006	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MILITARY HERITAGE FOUNDATION	Employer identification number 25-1830984
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UGI CORPORATION 460 N. GULPH ROAD KING OF PRUSSIA, PA 19406	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ANNE J. CAUDAL FOUNDATION 114 WEST 47TH STREET NEW YORK, NY 10036	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	EDWIN M. PERRY 35 LONGSTREET DRIVE CARLISLE, PA 17013	\$ 5,501.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	HUMANA 5000 RITTER ROAD, SUITE 101 MECHANICSBURG, PA 17055	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	JULIE GERMANY 3532 GODDARD WAY ALEXANDRIA, VA 22304	\$ 8,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	HOWARD AND SUSAN KRAMER FAMILY FUND P.O. BOX 409, 4702 STIEGEL PIKE SCHAEFFERSTOWN, PA 17088	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MILITARY HERITAGE FOUNDATION	Employer identification number 25-1830984
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	REDSTONE FEDERAL CREDIT UNION 220 WYNNE DRIVE HUNTSVILLE, AL 35893	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CACI, INC 1100 N. GLEBE ROAD ARLINGTON, VA 22201	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	UPMC PINNACLE PO BOX 8700 HARRISBURG, PA 17105	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	AVALON INSURANCE COMPANY PO BOX 772531 HARRISBURG, PA 17177	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	UNITED CONCORDIA 4401 DEER PATH ROAD HARRISBURG, PA 17110	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	UGI ENERGY SERVICES 835 KNITTING MILLS WAY READING, PA 19610	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MILITARY HERITAGE FOUNDATION	Employer identification number 25-1830984
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	M&T CHARITABLE FOUNDATION ONE SOUTH MARKET SQUARE HARRISBURG, PA 17101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	F & M TRUST 20 SOUTH MAIN STREET CHAMBERSBURG, PA 17201	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	QUALX CORPORATION 6564 LOISDALE COURT, SUITE 305 SPRINGFIELD, VA 20152	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	BGR GROUP 601 13TH ST NW FL 11 WASHINGTON, DC 20005	\$ 6,117.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	JOHN M. DALEY 41 KITSZELL DR CARLISLE, PA 17015	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	HOWARD KRAMER 100 W MILLPORT RD LITITZ, PA 17543	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MILITARY HERITAGE FOUNDATION	Employer identification number 25-1830984
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ELIZABETH AARESTAD LUSTER 60 GLADWYN DR CARLISLE, PA 17015	\$ 5,679.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	REBECCA HODNE 16103 BRIDGEPARK DR LITHIA, FL 33547	\$ 15,784.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	HOWARD PORTNOY 8607 WILD OLIVE DR POTOMAC, MD 20854	\$ 42,114.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	CONRAD CRANE 4 DERBYSHIRE DR CARLISLE, PA 17015	\$ 5,687.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MILITARY HERITAGE FOUNDATION	Employer identification number 25-1830984
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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
25	BOOKS _____ _____ _____	\$ 5,679.	03/10/23
26	BOOKS _____ _____ _____	\$ 15,784.	08/18/23
27	BOOKS _____ _____ _____	\$ 42,114.	12/30/23
28	BOOKS _____ _____ _____	\$ 5,687.	12/08/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization MILITARY HERITAGE FOUNDATION	Employer identification number 25-1830984
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		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

2023

Open to Public Inspection

Name of the organization MILITARY HERITAGE FOUNDATION Employer identification number 25-1830984

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other PENDING TRANSFER TO U.S. ARMY
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	58,871.	73,789.	67,390.	60,409.	51,549.
b Contributions				131.	318.
c Net investment earnings, gains, and losses	8,469.	9,570.	9,160.	9,506.	10,792.
d Grants or scholarships					
e Other expenditures for facilities and programs	16,196.	24,488.	2,761.	2,656.	2,250.
f Administrative expenses					
g End of year balance	51,144.	58,871.	73,789.	67,390.	60,409.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 100%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		144,494.	144,116.	378.
e Other		63,993.	52,147.	11,846.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,224.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	1,084,073.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	97,726.
b	Donated services and use of facilities	2b	61,337.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	30,162.
e	Add lines 2a through 2d	2e	189,225.
3	Subtract line 2e from line 1	3	894,848.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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	894,848.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements	1	1,080,853.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	61,337.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	30,162.
e	Add lines 2a through 2d	2e	91,499.
3	Subtract line 2e from line 1	3	989,354.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	989,354.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE 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

A "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, 2023

AND 2022, 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 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 30,162.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES 30,162.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MEMBERSHIP DINNER (event type)	ARMY BIRTHDAY DINNER (event type)	NONE (total number)	
Revenue	1	Gross receipts	56,041.	31,530.	87,571.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	56,041.	31,530.	87,571.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	15,236.	3,894.	19,130.
	8	Entertainment			
	9	Other direct expenses	5,127.	3,036.	8,163.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			27,293.
11	Net income summary. Subtract line 10 from line 3, column (d)			60,278.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **MILITARY HERITAGE FOUNDATION**
Employer identification number: **25-1830984**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 COLL)	X	175	131,527.	APPRAISAL
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MILITARY HERITAGE FOUNDATION

Employer identification number

25-1830984

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:

FUNDRAISING THAT HAD LIMITED TRAVEL AND IN PERSON CONVERSATIONS. THE

FOUNDATION DID, HOWEVER, SEEK AND OBTAIN A COMMONWEALTH OF PENNSYLVANIA

REDEVELOPMENT ASSISTANCE CAPITAL PROGRAM MATCHING GRANT (RACP) TO

ENHANCE THE SPACE AROUND THE EVENT PAVILION AND IMPROVE HANDICAP ACCESS

TO THE LOCATION. GRANT CONTRACT AT THE END OF 2023 WITH THE

COMMONWEALTH WAS PENDING.

THE FOUNDATION'S ACTIVE ROLE WORKING WITH POTENTIAL DONORS OF ARTIFACT,

MANUSCRIPT, AND LIBRARY COLLECTIONS WAS MAINTAINED. IN 2023, THE

FOUNDATION FACILITATED 56 IN-KIND DONATIONS THAT WERE PROCESSED AND/OR

TRANSFERRED TO THE ARMY WITH A VALUE OF \$6,010.41.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AS A COMPONENT OF NATIONAL HISTORY DAY, THE STAFF ALSO CONTINUED ITS

QUARTERLY TEACHER WORKSHOP PROGRAM IN 2023 TO INCLUDE BOTH ONSITE AND

VIRTUAL PROGRAM. FINALLY, IN ITS EFFORTS TO BUILD A COLLECTION OF

SOLDIER STORIES ON THE FOUNDATION'S WEBSITE THAT ARE AVAILABLE AT NO

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

Schedule O (Form 990) 2023

Name of the organization MILITARY HERITAGE FOUNDATION	Employer identification number 25-1830984
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COST TO USERS THE FOUNDATION ADDED 5 STORIES TO THE PAGE.

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 2023, WE PAIRED 36 STUDENTS AND 18 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 BACK TO IN PERSON EVENTS WITH 6 ON SITE PROGRAMS. FINALLY, THE FOUNDATION'S SOLDIER EXPERIENCE HISTORY SUMMER CAMP PROGRAM EXPANDED AND IN 2023, 122 CAMPERS PARTICIPATED IN THE PROGRAM (WEEKLONG, EVENING, AND WEEKEND SESSIONS).

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 2023, THE FOUNDATION HOSTED 16 LECTURE PROGRAMS. MORE THAN 1,200 UNIQUE INDIVIDUALS ATTENDED THE LECTURES AT THE TIME OF THEIR PRESENTATION, AND MORE THAN 43,800 VIEWED THE PRESENTATIONS WITHIN SIX MONTHS OF THEIR POSTING ON THE FOUNDATION'S YOUTUBE CHANNEL.

IN 2023, THE FOUNDATION HOSTED TWO ON SITE DINNERS. THE ARMY BIRTHDAY

Name of the organization MILITARY HERITAGE FOUNDATION	Employer identification number 25-1830984
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PROGRAM FEATURED A CIVIL WAR ERA REENACTOR BRASS BAND. IN NOVEMBER 2023, THE FOUNDATION'S MEMBERSHIP AND RECOGNITION DINNER OCCURRED WITH HONORING BG ROBERT STEWART, USA RETIRED, THE ARMY'S FIRST ACTIVE DUTY ASTRONAUT, AND OPERATION DEPLOY YOUR DRESS FOR THEIR ASSISTANCE WITH OBTAINING AND DONATING FORMALWEAR FOR MILITARY BALLS.

ALSO CONTINUING IN 2023 WAS THE FOUNDATION'S SUPPORT OF ARMY MANDATED BATTLEFIELD STAFF RIDES FOR TO BE COMMISSIONED ROTC CADETS. THE FOUNDATION PARTNERED WITH TRAINED AND LICENSED GETTYSBURG BATTLEFIELD GUIDES TO PROVIDE FACILITATORS FOR THE STAFF RIDES. CADETS ALSO VISIT USAHEC TO LEARN ABOUT THE CENTER. SOME EVEN STAY IN THE ONSITE REPLICA WWII BARRACKS TO OFFSET LODGING COSTS. IN 2023, THE FOUNDATION HOSTED 26 SCHOOLS FOR THESE STAFF RIDES.

IN ADDITION, THE FOUNDATION PARTNERED FOR OR HOSTED ADDITIONAL EDUCATIONAL PROGRAMS. THE FOUNDATION PARTNERED WITH AUSA HUNTSVILLE CHAPTER IN MAY FOR A PROGRAM IN ALABAMA FOCUSING ON VETERANS OF THE VIETNAM WAR'S BATTLE OF THE IA DRANG. IN SEPTEMBER, THE FOUNDATION PRESENTED A PROGRAM ON CRISIS LEADERSHIP IN OXFORD, MISSISSIPPI. AT THE AUSA NATIONAL CONVENTION HELD IN OCTOBER IN WASHINGTON, DC. THE FOUNDATION HOSTED A PROGRAM DRAWING ATTENTION TO VETERANS OF THE BATTLE OF MOGADISHU. LASTLY, IN NOVEMBER, THE FOUNDATION HOSTED GENERAL DAVID PETRAEUS, USA RETIRED FOR A BOOK TALK AT USAHEC.

EXPENSES \$ 217,788. INCLUDING GRANTS OF \$ 0. REVENUE \$ 8,930.

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.

Name of the organization MILITARY HERITAGE FOUNDATION	Employer identification number 25-1830984
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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. ALL COMPENSATION CONSIDERATIONS ARE DOCUMENTED BY THE ORGANIZATION.

KEY EMPLOYEES SALARIES ARE COMPARED TO OUTSIDE ORGANIZATIONS FOR THE AREA AND SIZE OF THE ORGANIZATION TO DETERMINE REASONABLENESS. SALARIES ARE APPROVED BY THE BOARD AND DOCUMENTATION IS MAINTAINED BY THE 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, MN, 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. THE ANNUAL REPORT AND IRS 990 ARE PUBLISHED ON THE FOUNDATION'S WEBSITE.

FORM 990, PART XII, LINE 2C
THERE WAS NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR.

