

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

\*\*-\*\*\*8364

### Heisey Collectors of America, Inc.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>6,902,132</u>
<b>Revenue</b>		
Contributions	<u>111,899</u>	
Program service revenue	<u>3,914</u>	
Investment income	<u>104,618</u>	
Capital gain / loss	<u>417,491</u>	
Fundraising / Gaming:		
Gross revenue	<u>138,060</u>	
Direct expenses	<u>101,215</u>	
Net income	<u>36,845</u>	
Other income	<u>82,863</u>	
<b>Total revenue</b>		<u>757,630</u>
<b>Expenses</b>		
Program services	<u>101,185</u>	
Management and general	<u>173,629</u>	
Fundraising	<u>6,111</u>	
<b>Total expenses</b>		<u>280,925</u>
<b>Excess / (deficit)</b>		<u>476,705</u>
Changes		<u>291,498</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u>7,670,335</u></u>

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Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><u>757,630</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u>280,925</u></u>

		Balance Sheet		
		Beginning	Ending	Differences
Assets	<u>6,905,825</u>	<u>7,673,761</u>		
Liabilities	<u>3,693</u>	<u>3,426</u>		
Net assets	<u><u>6,902,132</u></u>	<u><u>7,670,335</u></u>	<u>768,203</u>	

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22  
 Failure to file penalty \_\_\_\_\_

### Form 990-T Return Summary

For calendar year 2021, or tax year beginning , and ending

**\*\* - \*\*\*8364**

**Heisey Collectors of America, Inc.**

<b>Income &amp; Losses (Form 990-T, Sch A)</b>	# of Schedules	<u>1</u>	
Income from all activities			
Losses from all activities		<u>-6,250</u>	
<b>Unrelated business taxable income from all trades</b>			
<b>Income Adjustments (Form 990-T, Part I)</b>			
Disallowed fringe benefits			
Charitable contributions			
Net operating loss (prior to 2018)			
Specific deduction			
Section 199A Deduction (Trusts Only)			
<b>Total adjustments</b>			
<b>Unrelated business taxable income</b>			<u>                    </u>
<b>Taxes &amp; Credits (Form 990-T, Part II and III)</b>			
Regular tax			
Other tax: <u>  </u> Proxy <u>  </u> AMT <u>  </u> Facilities			
<b>Tax Due</b>			<u>                    </u>
Foreign tax credit and other credits			
General business credits			
Prior year minimum tax credit			
<b>Total nonrefundable credits</b>			<u>                    </u>
Other taxes			
<b>Total tax</b>			<u>                    </u>
<b>Payments &amp; Penalties</b>			
Estimated tax payments and Tax withheld			
Paid with extension			
Refundable credits and other payments			
<b>Payments</b>			<u>                    </u>
<b>Net tax due</b>			<u>                    </u>
Estimated tax penalty			
Interest on late payments			
Failure to file penalty			
Failure to pay penalty			
<b>Penalties</b>			<u>                    </u>
<b>Balance due</b>			<u>                    </u>
Total overpayment			
Overpayment applied to next year's tax			
<b>Refund</b>			<u>                    </u>

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**Next Year's Estimates**

1st quarter	<u>                    </u>
2nd quarter	<u>                    </u>
3rd quarter	<u>                    </u>
4th quarter	<u>                    </u>
<b>Total</b>	<u>                    </u>

**Miscellaneous Information**

Amended return  
 Return / extended due date 11/15/22

Form **8879-TE**

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning ....., 2021, and ending ....., 20 .....

**Do not send to the IRS. Keep for your records.**  
▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

**2021**

Department of the Treasury  
Internal Revenue Service  
Name of filer

**Heisey Collectors of America, Inc.**

EIN or SSN  
**\*\*-\*\*\*8364**

Name and title of officer or person subject to tax  
**Andy Baldus  
Treasurer**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>757,630</u>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	▶ <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	▶ <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	▶ <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Wells and Priest, Inc., CPA's to enter my PIN 43058 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **06/08/22**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

\*\*\*\*\*

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **06/08/22**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

Form **8879-TE**

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning ....., 2021, and ending ....., 20 .....

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**2021**

Department of the Treasury  
Internal Revenue Service

Name of filer

**Heisey Collectors of America, Inc.**

EIN or SSN

**\*\*-\*\*\*8364**

Name and title of officer or person subject to tax **Andy Baldus  
Treasurer**

**Part I Type of Return and Return Information**

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<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>
<b>6a</b> Form 990-T check here	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b>
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b>
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b>

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Wells and Priest, Inc., CPA's to enter my PIN 43058 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **06/08/22**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

\*\*\*\*\*

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **06/08/22**

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Form **8879-TE** (2021)

Form **990**

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**  
**Heisey Collectors of America, Inc.**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**169 W Church Street**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Newark OH 43055**

**D Employer identification number**  
**\*\*-\*\*\*8364**

**E Telephone number**  
**740-345-2932**

**G Gross receipts\$** **2,038,737**

**F Name and address of principal officer:**  
**Charlie Wade**  
**169 W Church St**  
**Newark OH 43055**

**H(a)** Is this a group return for subordinates  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **www.heiseymuseum.org**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1972** **M State of legal domicile:** **OH**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>Preservation and education about Heisey Glass.</b>		
	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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	70
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,000
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)	114,882	111,899
	9 Program service revenue (Part VIII, line 2g)	1,428	3,914
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	404,431	522,109
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,710	119,708
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	592,451	757,630
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	100,715	103,098
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>6,111</b>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	150,202	177,827
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	250,917	280,925
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	341,534	476,705
	20 Total assets (Part X, line 16)	6,905,825	7,673,761
	21 Total liabilities (Part X, line 26)	3,693	3,426
	22 Net assets or fund balances. Subtract line 21 from line 20	6,902,132	7,670,335

**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: **Andy Baldus** Date: \_\_\_\_\_  
 Type or print name and title: **Treasurer**

**Paid Preparer Use Only**

Print/Type preparer's name: **Jeffrey M. Priest** Preparer's signature: \_\_\_\_\_ Date: **10/06/22** Check  if PTIN self-employed **\*\*\*\*\***  
 Firm's name: ▶ **Wells and Priest, Inc., CPA's** Firm's EIN ▶ **\*\* - \*\*\*3468**  
 Firm's address: ▶ **PO Box 250 Newark, OH 43058-0250** Phone no. **740-349-8616**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021) DAA

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**Preservation and education about Heisey Glass.**

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  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  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 \$ **83,047** including grants of\$ ) (Revenue \$ )

**Museum - Over 6000 examples of Heisey Glassware open to the public. In 2020 approximately 1,500 visitors toured the historic home and museum located at 169 W Church St, Newark, OH.**

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4b (Code: ) (Expenses \$ **11,688** including grants of\$ ) (Revenue \$ )

**Newsletter - Monthly newsletter with a circulation of approximately 800. This publication is devoted to information about Heisey Glass and other glass related topics.**

4c (Code: ) (Expenses \$ **6,450** including grants of\$ ) (Revenue \$ )

**Library - Reference material and media center related to the history of Heisey Glass.**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$ ) (Revenue \$ )

4e Total program service expenses **101,185**

**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	<b>Section 501(c)(3) organizations.</b> 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. See instructions</i>		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)**

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

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

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		



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

**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

**Section A. Governing Body and Management**

		Yes	No
1a	12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	12		
2			X
3			X
4			X
5			X
6		X	
7a		X	
b			X
8			
a		X	
b		X	
9			X

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

		Yes	No
10a		X	
b		X	
11a		X	
b			
12a		X	
b		X	
c		X	
13			X
14		X	
15			
a		X	
b		X	
16a			X
b			
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **OH**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 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 ►  
**Andy Baldus** 169 W Church St  
**Newark** OH 43055 740-345-2932

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 dotted 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) <b>Andy Baldus</b> ..... Treasurer	24.00 0.00	X		X				0	0	0
(2) <b>Bari Fauss</b> ..... Board Member	1.00 0.00	X						0	0	0
(3) <b>Caseb-Michael Files</b> ..... Board Member	5.00 0.00	X						0	0	0
(4) <b>Candy Freeman</b> ..... Board Member	2.00 0.00	X						0	0	0
(5) <b>Jay Goletz</b> ..... Board Member	1.50 0.00	X						0	0	0
(6) <b>Emie Heisey</b> ..... Past President	28.00 0.00	X		X				0	0	0
(7) <b>Geoff Heisey</b> ..... Board Member	5.00 0.00	X						0	0	0
(8) <b>Martha McGill</b> ..... Board Member	6.00 0.00	X						0	0	0
(9) <b>Mary Olson</b> ..... Secretary	24.00 0.00	X		X				0	0	0
(10) <b>Suzanne Parker</b> ..... Vice President	5.00 0.00	X		X				0	0	0
(11) <b>Frachele Scott</b> ..... Board Member	1.50 0.00	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 dotted 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			
(12) Charlie Wade ..... President	14.00 0.00	X		X				0	0	0
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<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

Client Copy

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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
<b>5</b> 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
.....		
.....		
.....		
.....		
.....		

**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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>	24,035			
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	87,864			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 8,274			
	<b>h Total.</b> Add lines 1a-1f		111,899			
<b>Program Service Revenue</b>	<b>2a</b> Museum Admissions	Business Code	3,909	3,909		
	<b>b</b> Glass Identification		5	5		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		3,914			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		104,618		104,618	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real			
		<b>b</b> Less: rental expenses	<b>6b</b>			
		<b>c</b> Rental inc. or (loss)	<b>6c</b>			
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,586,396	6,385	
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	1,175,290		
		<b>c</b> Gain or (loss)	<b>7c</b>	411,106	6,385	
	<b>d</b> Net gain or (loss)		417,491	417,491		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		138,060		
		<b>b</b> Less: direct expenses	<b>8b</b>	101,215		
		<b>c</b> Net income or (loss) from fundraising events		36,845		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		64,575			
	<b>b</b> Less: cost of goods sold	<b>10b</b>	4,602			
	<b>c</b> Net income or (loss) from sales of inventory		59,973	59,973		
<b>Miscellaneous Revenue</b>	<b>11a</b> PPP Loan Forgiven	Business Code	21,409	21,409		
	<b>b</b> Heisey News		511120 1,000		1,000	
	<b>c</b> Miscellaneous		481	481		
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		22,890			
<b>12 Total revenue.</b> See instructions		757,630	503,268	1,000	104,618	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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				
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	92,430	19,861	67,090	5,479
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	10,668	2,292	7,744	632
11 Fees for services (nonemployees):				
a Management				
b Legal	3,900		3,900	
c Accounting	9,103		9,103	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	27,754		27,754	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	730	730		
13 Office expenses	17,697	7,250	10,447	
14 Information technology	2,885		2,885	
15 Royalties				
16 Occupancy	52,740	31,644	21,096	
17 Travel	80		80	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,178	23,081	3,097	
23 Insurance	13,470	8,082	5,388	
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 <b>Equipment Lease</b>	8,914		8,914	
b <b>Special Project</b>	6,391	6,391		
c <b>Bank Service Charges</b>	3,978		3,978	
d <b>Telephone</b>	2,741	1,644	1,097	
e All other expenses	1,266	210	1,056	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	280,925	101,185	173,629	6,111
26 <b>Joint costs.</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>33,441</b>	<b>1</b>	<b>133,368</b>
	<b>2</b> Savings and temporary cash investments	<b>139,816</b>	<b>2</b>	<b>72,217</b>
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>648</b>	<b>4</b>	<b>1,880</b>
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>19,262</b>	<b>8</b>	<b>20,440</b>
	<b>9</b> Prepaid expenses and deferred charges	<b>454</b>	<b>9</b>	<b>860</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>1,317,892</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>985,453</b>	<b>341,050</b>	<b>10c</b> <b>332,439</b>
	<b>11</b> Investments—publicly traded securities	<b>5,547,546</b>	<b>11</b>	<b>6,280,675</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11	<b>243,397</b>	<b>13</b>	<b>243,397</b>
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>580,211</b>	<b>15</b>	<b>588,485</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>6,905,825</b>	<b>16</b>	<b>7,673,761</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>3,518</b>	<b>17</b>	<b>3,276</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>175</b>	<b>19</b>	<b>150</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>3,693</b>	<b>26</b>	<b>3,426</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>1,354,586</b>	<b>27</b>	<b>1,389,660</b>
	<b>28</b> Net assets with donor restrictions	<b>5,547,546</b>	<b>28</b>	<b>6,280,675</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>6,902,132</b>	<b>32</b>	<b>7,670,335</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>6,905,825</b>	<b>33</b>	<b>7,673,761</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>757,630</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>280,925</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>476,705</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>6,902,132</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>291,497</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>1</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>7,670,335</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	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.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>3b</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		



**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**Heisey Collectors of America, Inc.**

Employer identification number

**\*\*-\*\*\*8364**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 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.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2021. 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

b 33 1/3% support test—2020. 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

17a 10%-facts-and-circumstances test—2021. 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

b 10%-facts-and-circumstances test—2020. 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

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

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	94,791	130,455	138,118	114,882	111,899	590,145
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	189,288	204,466	200,668	76,075	228,439	898,936
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	196,681					196,681
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	480,760	334,921	338,786	190,957	340,338	1,685,762
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						1,685,762

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6	480,760	334,921	338,786	190,957	340,338	1,685,762
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	102,287	102,678	114,527	101,343	104,618	525,453
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	102,287	102,678	114,527	101,343	104,618	525,453
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	583,047	437,599	453,313	292,300	444,956	2,211,215
<b>14 First 5 years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	76.24 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	76.90 %

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	24 %
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	23 %

**19a 33 1/3% support tests—2021.** 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—2020.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2 regarding governing body and supported organizations.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1 regarding directors/trustees.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding support provided and relationship.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding functional integration and parent status.

**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.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> 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).		

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)</b>				
<b>Section D – Distributions</b>		<b>Current Year</b>		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
<b>Section E – Distribution Allocations</b> (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

**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.)

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**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization <b>Heisey Collectors of America, Inc.</b>	Employer identification number <b>**-***8364</b>
---	---

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<sup>1</sup>/<sub>3</sub>% 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).

Name of organization **Heisey Collectors of America, Inc.** Employer identification number **\*\*-\*\*\*8364**

**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	Rex & Patricia Lucke 2827 S 217th St Elkhorn NE 68022	\$ 20,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Tom & Kathy Files 3029 NW 87th St Kansas City MO 64154	\$ 7,000	Person <input checked="" 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.)
		\$	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Client Copy

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

2021

Open to Public Inspection

Name of the organization

Employer identification number

Heisey Collectors of America, Inc.

\*\*-\*\*\*8364

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose of conservation easements, total number of easements, total acreage, and number of easements on historic structures.

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 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures, and amounts for revenue and assets.

**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
- 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 on 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	5,547,546	4,937,360	4,171,506	4,363,445	3,984,163
b Contributions	23,488	14,192	28,241	47,320	41,784
c Net investment earnings, gains, and losses	813,594	710,904	837,802	-136,438	432,094
d Grants or scholarships					
e Other expenditures for facilities and programs	76,199	90,369	77,411	80,742	73,624
f Administrative expenses	27,754	24,541	22,778	22,079	20,972
g End of year balance	6,280,675	5,547,546	4,937,360	4,171,506	4,363,445

- 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 %
  - 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  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

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		17,952		17,952
b Buildings		900,803	654,132	246,671
c Leasehold improvements				
d Equipment		158,367	145,596	12,771
e Other		240,770	185,725	55,045
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				332,439

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

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

(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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>Heisey Glass Collection</b>	<b>588,485</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>588,485</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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

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

**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.

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

**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 V, Line 4 - Intended Uses for Endowment Funds**

Earnings from the endowment fund are available to offset current operating expenses.

**Part XIII** Supplemental Information *(continued)*

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Client Copy

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**Heisey Collectors of America, Inc.**

Employer identification number

**\*\*-\*\*\*8364**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....					▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.....



**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
		<u>Auction</u> (event type)	<u>Percy Moore Mem</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	125,504	12,556	138,060
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	125,504	12,556	138,060
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages		4,291	4,291
	8	Entertainment			
	9	Other direct expenses	96,924		96,924
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				36,845

**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				
Direct Expenses	2	Cash prizes				
	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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶\$ ..... and the amount of gaming revenue retained by the third party ▶\$ .....

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶\$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶\$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**Heisey Collectors of America, Inc.**

Employer identification number

**\*\*-\*\*\*8364**

**Form 990, Part VI, Line 6 - Classes of Members or Stockholders**

**This organization has members.**

**Form 990, Part VI, Line 7a - Election of Members and Their Rights**

**The members elect the board of directors.**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

**Copies of the form 990 are circulated among the board members. Two weeks time is given to members to review the 990 and contact the treasurer. At the end of 2 weeks the treasurer contacts the preparer with changes, corrections, or the go ahead and finalize.**

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

**Directors and key employees are required to complete an annual disclosure statement. Disclosure in the organization is made to the president of HCA, who shall bring the matter to the attention of the Board of Directors.**

**Disclosures involving directors is made to the President of HCA, (or if she or he is the one with the conflict, then to the Vice-President) who shall bring the matter to the Board of Directors. The Board of Directors shall determine whether a conflict exists.**

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

**Compensation is based on an annual review of employee performance by the Board of Directors.**

Name of the organization <b>Heisey Collectors of America, Inc.</b>	Employer identification number <b>**-***8364</b>
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Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation is based on an annual review of employee performance by the Board of Directors.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation

Copies of the Form 990 are located at the Museum Reception Desk for public view. Copies of the Form 990 are also available for public view on the Organization's website.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents, tax forms, and financial statements are available to the public on the Organization's website.

Client Copy

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Rounding	\$	1
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Form **990-T**

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**A**  Check box if address changed.

**B** Exempt under section  
 501(c) ( **3** )  
 408(e)  220(e)  
 408A  530(a)  
 529(a)  529A

**Name of organization** (  Check box if name changed and see instructions.)  
**Heisey Collectors of America, Inc.**

**Employer identification number**  
**\*\*-\*\*\*8364**

**Print or Type**  
**Number, street, and room or suite no. If a P.O. box, see instructions.**  
**169 W Church Street**

**City or town, state or province, country, and ZIP or foreign postal code**  
**Newark OH 43055**

**E Group exemption number**  
(see instructions)

**F**  Check box if an amended return.

**C** Book value of all assets at end of year ▶ **7,673,761**

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

**J** Enter the number of attached Schedules A (Form 990-T) ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation ▶

**L** The books are in care of ▶ **Andy Baldus** Telephone number ▶ **740-345-2932**

**Part I Total Unrelated Business Taxable income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-6,250
2	Reserved	2	
3	Add lines 1 and 2	3	-6,250
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-6,250
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-6,250
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

**Part II Tax Computation**

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b> Other credits (see instructions)	<b>1b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>	
<b>3</b> Other amounts due. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>	
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions) <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	<b>0</b>
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>	
<b>6a</b> Payments: A 2020 overpayment credited to 2021	<b>6a</b>	
<b>b</b> 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b> Tax deposited with Form 8868	<b>6c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b> Backup withholding (see instructions)	<b>6e</b>	
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>	
<b>7 Total payments.</b> Add lines 6a through 6g	<b>7</b>	
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	<b>0</b>
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		<b>X</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		<b>X</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		
<b>4</b> Enter available pre-2017 NOL carryovers here <input type="checkbox"/> <b>-42,800</b> . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
	\$	
	\$	
	\$	
	\$	
<b>6a</b> Did the organization change its method of accounting? (see instructions)		<b>X</b>
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>Jeffrey M. Priest</b>		<b>10/06/22</b>		
	Firm's name	Firm's EIN		Phone no.	
	<b>Wells and Priest, Inc., CPA's</b>	<b>** - *** 3468</b>		<b>740-349-8616</b>	
	Firm's address	Phone no.			
	<b>PO Box 250</b>	<b>740-349-8616</b>			
	<b>Newark, OH 43058-0250</b>				

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). **Open to Public Inspection for 501(c)(3) Organizations Only**

<b>A</b> Name of the organization <b>Heisey Collectors of America, Inc.</b>	<b>B</b> Employer identification number <b>**-***8364</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>511120</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E Describe the unrelated trade or business ▶ Unrelated Business Activity**

<b>Part I Unrelated Trade or Business Income</b>	<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b> 1,000	<b>7,250</b>	<b>-6,250</b>
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 1,000	<b>7,250</b>	<b>-6,250</b>

<b>Part II Deductions Not Taken Elsewhere</b> See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income			
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>0</b>
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement)	<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		<b>-6,250</b>
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>		
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		<b>-6,250</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold**

Enter method of inventory valuation ▶

1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach statement)	4
5	Other costs (attach statement)	5
6	<b>Total.</b> Add lines 1 through 5	6
7	Inventory at end of year	7
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	▶ _____			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	▶ _____			

**Part V Unrelated Debt-Financed Income (see instructions)**

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	▶ _____			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	▶ _____			
11 <b>Total dividends-received deductions</b> included in line 10	▶ _____			



<b>Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)</b>					
1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

<input type="checkbox"/>	<b>A</b>	<b>Heisey News</b>
<input type="checkbox"/>	<b>B</b>	
<input type="checkbox"/>	<b>C</b>	
<input type="checkbox"/>	<b>D</b>	

Enter amounts for each periodical listed above in the corresponding column.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
2 Gross advertising income	<b>1,000</b>			
a Add columns A through D. Enter here and on Part I, line 11, column (A) <b>▶ 1,000</b>				
3 Direct advertising costs by periodical	<b>7,250</b>			
a Add columns A through D. Enter here and on Part I, line 11, column (B) <b>▶ 7,250</b>				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8	<b>-6,250</b>			
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7	<b>0</b>			
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 <b>▶</b>				

**Part X Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 <b>▶</b>			

**Part XI Supplemental Information (see instructions)**

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Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

Name(s) shown on return

**Heisey Collectors of America, Inc.**

Identifying number  
**\*\*-\*\*\*8364**

Business or activity to which this form relates

**Auction**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	25,305

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	860
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property	10/30/21	39 yrs.	MM	S/L	10
				MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	26,175
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2021)

DAA

There are no amounts for Page 2

\*\*-\*\*\*8364

**Federal Asset Report**

FYE: 12/31/2021

**Auction**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Non-Residential Real Property:</b>									
116	New Window - Admin	10/30/21	1,891			1,891	39 MMS/L	0	10
			<u>1,891</u>			<u>1,891</u>		<u>0</u>	<u>10</u>
<b>Prior MACRS:</b>									
3	Other Improvements	7/01/90	2,477			2,477	31 MMS/L	2,397	79
11	Air Conditioner	9/01/95	2,350			2,350	39 MMS/L	1,537	60
21	Land Improvements	5/01/89	1,120			1,120	31 MMS/L	1,120	0
29	Warehouse Building Improvements	6/01/90	11,372			11,372	31 MMS/L	11,014	358
32	Addition Furn Museum	4/01/89	2,349			2,349	31 MMS/L	2,349	0
88	Air Conditioner	8/23/10	2,831			2,831	39 MMS/L	753	73
89	New Concrete Porch & Sidewalk	11/16/10	2,975			2,975	39 MMS/L	772	77
90	Railing For Porch	12/14/10	856			856	39 MMS/L	220	22
91	New Walkway	12/28/10	3,700			3,700	39 MMS/L	953	95
100	Electric Service - Guest Engagement Area	3/31/14	3,037			3,037	39 MMS/L	529	78
101	Computer Connection - Guest Engagement	3/17/14	710			710	39 MMS/L	124	18
			<u>33,777</u>			<u>33,777</u>		<u>21,768</u>	<u>860</u>
<b>Other Depreciation:</b>									
1	King House Building	5/01/77	25,000			25,000	35 MO S/L	25,000	0
2	Building Improvements	7/01/83	106,571			106,571	35 MO S/L	106,571	0
4	New Addition	11/30/93	2,546			2,546	40 MO S/L	1,727	63
5	New Addition 1992	11/30/93	275,060			275,060	40 MO S/L	186,526	6,876
6	New Addition 1993	11/30/93	193,460			193,460	40 MO S/L	131,191	4,836
7	Air Conditioner	7/21/94	2,492			2,492	40 MO S/L	1,651	62
8	Alarm System	7/01/87	3,543			3,543	10 MO S/L	3,543	0
9	Addl Alarm System	3/01/93	2,706			2,706	10 MO S/L	2,706	0
10	Water Alarm System	10/25/94	171			171	10 MO S/L	171	0
12	Electrical Recep Multi-Purpose Room	11/01/95	125			125	10 MO S/L	125	0
13	Sofa	6/01/95	692			692	7 MO S/L	692	0
14	Fax Machine	6/30/96	218			218	5 MO S/L	218	0
15	Visa Machine	5/31/94	260			260	7 MO S/L	260	0
16	3 Chairs	7/12/94	459			459	7 MO S/L	459	0
17	Cannon Copier	12/14/94	7,754			7,754	7 MO S/L	7,754	0
18	Folding Tables	6/01/85	13,638			13,638	10 MO S/L	13,638	0
19	Time Clock	1/05/95	389			389	7 MO S/L	389	0
20	Fax Machine	10/01/95	200			200	5 MO S/L	200	0
22	Landscaping	6/17/93	29,595			29,595	40 MO S/L	20,377	740
23	Light Lamp Poles	9/09/93	4,106			4,106	40 MO S/L	2,801	103
24	Office Building	1/01/78	84,123			84,123	35 MO S/L	84,123	0
25	Office Building Impr	7/01/90	6,876			6,876	35 MO S/L	6,045	197
26	Furnace Office Building	2/16/93	2,063			2,063	40 MO S/L	1,438	51
27	Land Office Building	1/01/78	5,353			5,353	0 -- Memo	0	0
28	Building Warehouse	6/01/85	22,400			22,400	35 MO S/L	22,400	0
30	Land Warehouse Building	6/01/85	12,600			12,600	0 -- Memo	0	0
31	Furniture Museum	7/01/88	2,030			2,030	31 MO S/L	2,030	0
33	Lighting & Fixtures	6/28/93	570			570	7 MO S/L	570	0
34	2 Chairs	9/15/93	1,040			1,040	7 MO S/L	1,040	0
35	Museum Impro-Woodwork Cabinets etc	11/30/93	184,843			184,843	40 MO S/L	125,347	4,621
36	Library Shelves	2/01/93	611			611	40 MO S/L	426	15
37	Benches	7/14/94	224			224	7 MO S/L	224	0
38	Carpet Net of Ins Reim	8/26/94	478			478	7 MO S/L	478	0
39	Fork Lift	1/12/94	6,450			6,450	7 MO S/L	6,450	0
40	Fork Lift Cage	7/07/94	225			225	7 MO S/L	225	0
41	3 Office Chairs	1/05/95	346			346	7 MO S/L	346	0
42	Coffee Maker	4/01/95	200			200	5 MO S/L	200	0
43	Office Furniture	5/01/77	4,346			4,346	10 MO S/L	4,346	0
44	Office Furn	11/01/78	4,112			4,112	10 MO S/L	4,112	0
45	Office Furn	11/01/79	960			960	10 MO S/L	960	0
46	Office Fixtures	8/01/80	130			130	10 MO S/L	130	0
47	Office Furn & fix	11/01/81	3,448			3,448	10 MO S/L	3,448	0
48	Office Furn	12/01/83	93			93	10 MO S/L	93	0
49	Office Furn 1985	12/01/85	1,157			1,157	10 MO S/L	1,157	0
50	Office Furn 1986	12/01/86	1,535			1,535	10 MO S/L	1,535	0
51	Office Fixtures 1988	1/01/88	930			930	7 MO S/L	930	0
52	Office Fixtures	3/01/88	2,377			2,377	7 MO S/L	2,377	0

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**Federal Asset Report**

FYE: 12/31/2021

**Auction**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
53	Office 1990	1/01/90	685			685	7 MO S/L	685	0
54	Office Fixtures	5/01/90	520			520	7 MO S/L	520	0
55	Office Furn 1992	1/01/92	714			714	7 MO S/L	714	0
56	Carpet	3/26/93	2,898			2,898	7 MO S/L	2,898	0
57	Computer	10/01/87	4,786			4,786	10 MO S/L	4,786	0
58	Computer Additions	7/01/89	12,650			12,650	7 MO S/L	12,650	0
59	Other 1991 Computer additions	7/01/91	4,089			4,089	7 MO S/L	4,089	0
60	1992 Computer additions	11/01/92	5,038			5,038	7 MO S/L	5,038	0
61	1993 Computer Additions	7/01/93	4,111			4,111	7 MO S/L	4,111	0
62	Hyundai 486 Net Reim	7/22/94	2,063			2,063	7 MO S/L	2,063	0
63	Hyundai 486	9/26/94	1,242			1,242	7 MO S/L	1,242	0
64	Computer	6/01/95	2,104			2,104	5 MO S/L	2,104	0
65	Computer upgrade	11/01/95	12,402			12,402	5 MO S/L	12,402	0
66	Additional Computer Upgrade	12/01/95	953			953	5 MO S/L	953	0
67	Hyundai Net reim	3/24/93	2,027			2,027	7 MO S/L	2,027	0
68	Display Cases IIT-Robert Lang	7/01/96	5,694			5,694	7 MO S/L	5,694	0
72	Furnace -King House	2/15/97	2,135			2,135	40 MO S/L	1,277	53
73	New Roof	6/15/97	4,445			4,445	40 MO S/L	2,621	111
74	Endowment Plaque	7/15/97	1,910			1,910	7 MO S/L	1,910	0
75	TV & VCR	10/15/97	2,001			2,001	7 MO S/L	2,001	0
76	Stand For TV & VCR	11/15/97	490			490	7 MO S/L	490	0
77	PETIT-WINDOWS KING HOUSE	10/25/99	2,322			2,322	40 MO S/L	1,229	58
78	ELEVATOR-MOTOR	10/25/99	5,000			5,000	10 MO S/L	5,000	0
79	DIGITAL CAMERA	10/20/99	813			813	5 MO S/L	813	0
80	2 COMPAQ COMP -PEACHTREE UPGR	4/08/99	7,574			7,574	5 MO S/L	7,574	0
81	Gordon Fleisch Copy Machine	2/23/00	25,491			25,491	5 MO S/L	25,491	0
82	Lock Mail Box	11/15/00	100			100	7 MO S/L	100	0
83	Furnace-Lennox G5ouh60c-110	12/17/02	2,100			2,100	40 MO S/L	945	53
84	2 Humidifiers & fan	4/30/03	648			648	10 MO S/L	648	0
85	Shudders	10/01/05	1,659			1,659	10 MO S/L	1,659	0
86	Cherry Wall Cabinet	2/17/09	6,180			6,180	10 MO S/L	6,180	0
87	Laptop Computer	6/11/09	523			523	5 MO S/L	523	0
92	Security System	6/02/11	1,065			1,065	7 MO S/L	1,065	0
93	Carpet	6/14/11	545			545	7 MO S/L	545	0
94	Mirrored Display Case	8/11/11	10,857			10,857	7 MO S/L	10,857	0
95	Lighting	1/21/13	8,679			8,679	7 MO S/L	8,679	0
96	Server	3/18/13	5,983			5,983	5 MO S/L	5,983	0
97	Lighting	4/15/13	1,461			1,461	7 MO S/L	1,461	0
98	Exterior Door	10/14/13	912			912	39 MO S/L	170	23
99	Desk - Guest Engagement Area	3/17/14	800			800	7 MO S/L	771	29
102	Building Improvements	6/24/14	3,791			3,791	39 MO S/L	632	97
103	Computer	7/22/14	1,179			1,179	5 MO S/L	1,179	0
104	Heating System - King House	10/16/15	2,853			2,853	39 MO S/L	378	73
105	Library Lounge Improvements	10/01/15	18,359			18,359	39 MO S/L	2,471	471
106	Flooring - King House Gallary 3	11/08/16	2,666			2,666	39 MO S/L	285	68
107	Library Lounge Improvements	11/15/16	11,859			11,859	39 MO S/L	1,267	304
108	Stained Glass	8/01/17	772			772	39 MO S/L	68	19
109	Computers	2/11/19	2,685			2,685	5 MO S/L	1,029	537
110	Server	3/09/20	6,867			6,867	5 MO S/L	1,145	1,373
111	Fork Lift	3/09/20	9,895			9,895	7 MO S/L	1,178	1,414
112	Carpet	4/06/20	18,583			18,583	10 MO S/L	1,394	1,858
113	New Lighting	8/21/20	2,624			2,624	39 MO S/L	22	68
114	2nd Floor AC	10/05/20	10,242			10,242	39 MO S/L	66	262
115	Lower Level Flooring	5/03/21	12,175			12,175	10 MO S/L	0	812
117	Awning	11/08/21	3,500			3,500	10 MO S/L	0	58
<b>Total Other Depreciation</b>			<u>1,282,224</u>			<u>1,282,224</u>		<u>937,511</u>	<u>25,305</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,282,224</u>			<u>1,282,224</u>		<u>937,511</u>	<u>25,305</u>
<b>Grand Totals</b>			1,317,892			1,317,892		959,279	26,175
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>1,317,892</u>			<u>1,317,892</u>		<u>959,279</u>	<u>26,175</u>

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## Depreciation Adjustment Report

FYE: 12/31/2021

### All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b><u>MACRS Adjustments:</u></b>						
OP	1	3	Other Improvements	79	61	18
OP	1	11	Air Conditioner	60	59	1
OP	1	21	Land Improvements	0	28	-28
OP	1	29	Warehouse Building Improvements	358	284	74
OP	1	32	Addition Furn Museum	0	59	-59
				497	491	6
<b><u>Accelerated Real Preferences:</u></b>						
OP	1	6	New Addition 1993	4,836	4,831	5
OP	1	22	Landscaping	740	739	1
OP	1	23	Light Lamp Poles	103	102	1
OP	1	25	Office Building Impr	197	171	26
				5,876	5,843	33

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**Future Depreciation Report****FYE: 12/31/22**

FYE: 12/31/2021

**Auction**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
3	Other Improvements	7/01/90	2,477	1	62
11	Air Conditioner	9/01/95	2,350	60	136
21	Land Improvements	5/01/89	1,120	0	28
29	Warehouse Building Improvements	6/01/90	11,372	0	284
32	Addition Furn Museum	4/01/89	2,349	0	58
88	Air Conditioner	8/23/10	2,831	72	0
89	New Concrete Porch & Sidewalk	11/16/10	2,975	76	0
90	Railing For Porch	12/14/10	856	22	0
91	New Walkway	12/28/10	3,700	94	0
100	Electric Service - Guest Engagement Area	3/31/14	3,037	78	0
101	Computer Connection - Guest Engagement Area	3/17/14	710	18	0
116	New Window - Admin	10/30/21	1,891	49	0
			<u>35,668</u>	<u>470</u>	<u>568</u>

**Other Depreciation:**

1	King House Building	5/01/77	25,000	0	0
2	Building Improvements	7/01/83	106,571	0	0
4	New Addition	11/30/93	2,546	64	159
5	New Addition 1992	11/30/93	275,060	6,877	6,876
6	New Addition 1993	11/30/93	193,460	4,837	12,129
7	Air Conditioner	7/21/94	2,492	63	63
8	Alarm System	7/01/87	3,543	0	0
9	Addl Alarm System	3/01/93	2,706	0	0
10	Water Alarm System	10/25/94	171	0	0
12	Electrical Recep Multi-Purpose Room	11/01/95	125	0	0
13	Sofa	6/01/95	692	0	0
14	Fax Machine	6/30/96	218	0	0
15	Visa Machine	5/31/94	260	0	0
16	3 Chairs	7/12/94	459	0	0
17	Cannon Copier	12/14/94	7,754	0	0
18	Folding Tables	6/01/85	13,638	0	0
19	Time Clock	1/05/95	389	0	0
20	Fax Machine	10/01/95	200	0	0
22	Landscaping	6/17/93	29,595	740	740
23	Light Lamp Poles	9/09/93	4,106	103	103
24	Office Building	1/01/78	84,123	0	0
25	Office Building Impr	7/01/90	6,876	196	172
26	Furnace Office Building	2/16/93	2,063	52	52
27	Land Office Building	1/01/78	5,353	0	0
28	Building Warehouse	6/01/85	22,400	0	0
30	Land Warehouse Building	6/01/85	12,600	0	0
31	Furniture Museum	7/01/88	2,030	0	0
33	Lighting & Fixtures	6/28/93	570	0	0
34	2 Chairs	9/15/93	1,040	0	0
35	Museum Impro-Woodwork Cabinets etc	11/30/93	184,843	4,621	4,622
36	Library Shelves	2/01/93	611	15	16
37	Benches	7/14/94	224	0	0
38	Carpet Net of Ins Reim	8/26/94	478	0	0
39	Fork Lift	1/12/94	6,450	0	0
40	Fork Lift Cage	7/07/94	225	0	0
41	3 Office Chairs	1/05/95	346	0	0
42	Coffee Maker	4/01/95	200	0	0
43	Office Furniture	5/01/77	4,346	0	0
44	Office Furn	11/01/78	4,112	0	0
45	Office Furn	11/01/79	960	0	0
46	Office Fixtures	8/01/80	130	0	0
47	Office Furn & fix	11/01/81	3,448	0	0
48	Office Furn	12/01/83	93	0	0
49	Office Furn 1985	12/01/85	1,157	0	0
50	Office Furn 1986	12/01/86	1,535	0	0
51	Office Fixtures 1988	1/01/88	930	0	0
52	Office Fixtures	3/01/88	2,377	0	0
53	Office 1990	1/01/90	685	0	0
54	Office Fixtures	5/01/90	520	0	0

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**Future Depreciation Report****FYE: 12/31/22**

FYE: 12/31/2021

**Auction**

Asset	Description	Date In Service	Cost	Tax	AMT
55	Office Furn 1992	1/01/92	714	0	0
56	Carpet	3/26/93	2,898	0	0
57	Computer	10/01/87	4,786	0	0
58	Computer Additions	7/01/89	12,650	0	0
59	Other 1991 Computer additions	7/01/91	4,089	0	0
60	1992 Computer additions	11/01/92	5,038	0	0
61	1993 Computer Additions	7/01/93	4,111	0	0
62	Hyundai 486 Net Reim	7/22/94	2,063	0	0
63	Hyundai 486	9/26/94	1,242	0	0
64	Computer	6/01/95	2,104	0	0
65	Computer upgrade	11/01/95	12,402	0	0
66	Additional Comnputer Upgrade	12/01/95	953	0	0
67	Hyundai Net reim	3/24/93	2,027	0	0
68	Display Cases IIT-Robert Lang	7/01/96	5,694	0	0
72	Furnace -King House	2/15/97	2,135	53	53
73	New Roof	6/15/97	4,445	111	111
74	Endowment Plaque	7/15/97	1,910	0	136
75	TV & VCR	10/15/97	2,001	0	0
76	Stand For TV & VCR	11/15/97	490	0	0
77	PETIT-WINDOWS KING HOUSE	10/25/99	2,322	58	0
78	ELEVATOR-MOTOR	10/25/99	5,000	0	0
79	DIGITAL CAMERA	10/20/99	813	0	0
80	2 COMPAQ COMP -PEACHTREE UPGRADE	4/08/99	7,574	0	0
81	Gordon Fleisch Copy Machine	2/23/00	25,491	0	0
82	Lock Mail Box	11/15/00	100	0	0
83	Furnace-Lennox G5ouh60c-110	12/17/02	2,100	52	0
84	2 Humidifiers & fan	4/30/03	648	0	0
85	Shudders	10/01/05	1,659	0	0
86	Cherry Wall Cabinet	2/17/09	6,180	0	0
87	Laptop Computer	6/11/09	523	0	0
92	Security System	6/02/11	1,065	0	0
93	Carpet	6/14/11	545	0	0
94	Mirrored Display Case	8/11/11	10,857	0	0
95	Lighting	1/21/13	8,679	0	0
96	Server	3/18/13	5,983	0	0
97	Lighting	4/15/13	1,461	0	0
98	Exterior Door	10/14/13	912	23	0
99	Desk - Guest Engagement Area	3/17/14	800	0	0
102	Building Improvements	6/24/14	3,791	97	0
103	Computer	7/22/14	1,179	0	0
104	Heating System - King House	10/16/15	2,853	73	0
105	Library Lounge Improvements	10/01/15	18,359	471	0
106	Flooring - King House Gallary 3	11/08/16	2,666	69	0
107	Library Lounge Improvements	11/15/16	11,859	304	0
108	Stained Glass	8/01/17	772	20	0
109	Computers	2/11/19	2,685	537	0
110	Server	3/09/20	6,867	1,373	0
111	Fork Lift	3/09/20	9,895	1,413	0
112	Carpet	4/06/20	18,583	1,858	0
113	New Lighting	8/21/20	2,624	67	0
114	2nd Floor AC	10/05/20	10,242	263	0
115	Lower Level Flooring	5/03/21	12,175	1,217	0
117	Awning	11/08/21	3,500	350	0
<b>Total Other Depreciation</b>			<u>1,282,224</u>	<u>25,977</u>	<u>25,232</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,282,224</u>	<u>25,977</u>	<u>25,232</u>
<b>Grand Totals</b>			<u>1,317,892</u>	<u>26,447</u>	<u>25,800</u>



Form <b>990-T</b>	<b>Business Income Activity Summary</b>	<b>2021</b>
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Name <b>Heisey Collectors of America, Inc.</b>	Taxpayer Identification Number <b>**-***8364</b>
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**Business Activity Income (and allocation of Prior-2018 NOL)**

A. Total Pre-2018 Net Operating Losses Carried Forward .....	A. <u>42,800</u>
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities .....	B. _____
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 .....	C. _____
D. Pre-2018 Applied (Sum of B and C) .....	D. _____
E. Pre-2018 Remaining (Line A minus Line D) .....	E. <u>42,800</u>
F. Pre-2018 Net Operating Losses Expiring this Year .....	F. _____
G. Pre-2018 Net Operating Losses Carried Forward .....	G. <u>42,800</u>

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____		1. _____	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue _____		15. _____	_____
16. Total taxable income .....		16. _____	_____

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**Business Activity Losses**

Unrelated Business Income Activity with Losses	Code		Current Year Loss
1. <b>Unrelated Business Activity</b> .....	<b>511120</b>	1. _____	<u>-6,250</u>
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. All other activities .....		5. _____	_____
6. Totals .....		6. _____	<u>-6,250</u>

Form <b>990-T</b>	<b>Schedule A Loss Carryover Calculation</b>	<b>2021</b>
Description <b>Unrelated Business Activity</b>		

Name <b>Heisey Collectors of America, Inc.</b>	Taxpayer Identification Number <b>**-***8364</b>
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Unincorporated Business Income Tax Code: **511120** Activity: **Periodical publishers (except In**

Each activity may carryforward losses after 2018

1 Activity income .....	1	-6,250
2 Activity deductions .....	2	
3 Activities income or loss, after deductions .....	3	-6,250
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts .....	4	
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive. ....	5	
6 Take the lesser of Line 4 or Line 5. <b>Enter here and on Line 17 of Form 990-T, Sch A, Part II</b> .....	6	
7 Remaining losses to be carried forward to 2022 (Subtract Line 6 from line 4) .....	7	
8 If line 3 is less than zero, enter that amount here as a positive number .....	8	6,250
9 Total loss carried forward to 2022 (Add lines 7 and 8) .....	9	6,250

Electronic Filing includes the report of additional amounts for this activity

<b>E1</b> Post-2017 loss amounts from 2020, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) .....	<b>E1</b>
<b>E2</b> Prior year activity losses included on Schedule A, Line 17 .....	<b>E2</b>

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<b>Form 990-T</b>	<b>Net Operating Loss Carryover Worksheet for Pre-2018 Losses</b>	<b>2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name <b>Heisey Collectors of America, Inc.</b>	Employer Identification Number <b>**-***8364</b>
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Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year Carryover
		NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
17th 12/31/01					
16th 12/31/02					
15th 12/31/03					
14th 12/31/04					
13th 12/31/05					
12th 12/31/06					
11th 12/31/07					
10th 12/31/08					
9th 12/31/09					
8th 12/31/10					
7th 12/31/11					
6th 12/31/12	-13,324		13,324		13,324
5th 12/31/13	-4,921		4,921		4,921
4th 12/31/14	-6,103		6,103		6,103
3rd 12/31/15	-6,500		6,500		6,500
2nd 12/31/16	-6,096		6,096		6,096
1st 12/31/17	-5,856		5,856		5,856
NOL carryover available to current year			42,800		
Current year	0				
NOL carryover available to next year					42,800

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**Heisey Collectors of America, Inc.****\*\*-\*\*\*8364**

		2020	2021	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	91,813	87,864	-3,949
	2. Membership dues and assessments	23,069	24,035	966
	3. Government contributions and grants			
	4. Program service revenue	1,428	3,914	2,486
	5. Investment income	101,343	104,618	3,275
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	303,088	417,491	114,403
	8. Net income or (loss) from fundraising events	-564	36,845	37,409
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	45,188	59,973	14,785
	11. Other revenue	27,086	22,890	-4,196
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>592,451</b>	<b>757,630</b>	<b>165,179</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	100,715	103,098	2,383
	17. Professional fundraising fees			
	18. Other professional fees	34,173	40,757	6,584
	19. Occupancy, rent, utilities, and maintenance	35,657	52,740	17,083
	20. Depreciation and Depletion	24,450	26,178	1,728
	21. Other expenses	55,922	58,152	2,230
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>250,917</b>	<b>280,925</b>	<b>30,008</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>341,534</b>	<b>476,705</b>	<b>135,171</b>
<b>Other Information</b>	24. Total exempt revenue	592,451	757,630	165,179
	25. Total unrelated revenue	824	1,000	176
	26. Total excludable revenue	477,309	607,886	130,577
	27. Total assets	6,905,825	7,673,761	767,936
	28. Total liabilities	3,693	3,426	-267
	29. Retained earnings	6,902,132	7,670,335	768,203
	30. Number of voting members of governing body	12	12	
	31. Number of independent voting members of governing body	12	12	
	32. Number of employees	10	10	
	33. Number of volunteers	38	70	

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name **Heisey Collectors of America, Inc.** Taxpayer Identification Number **\*\*-\*\*\*8364**

		2020	2021	Differences
<b>Business Taxable Income</b>	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades		-6,250	-6,250
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. <b>Taxable income before NOL loss</b>			
	6. Net operating loss (pre-2018)			
	7. Specific deduction			
	8. <b>Unrelated business taxable income.</b>			
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. <b>Total taxes</b>			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. <b>Total credits</b>			
	17. <b>Net tax after credits</b>			
	18. Recapture taxes and 965 tax			
	19. <b>Total Taxes</b>			
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. <b>Total payments</b>			
	25. <b>Balance due/(Overpayment)</b>			
	26. Overpayment applied to next year			
	27. Penalties			
	28. <b>Total due/(Refund)</b>			
	29. Activity Losses NOL (Post-2017)		-6,250	-6,250

Form <b>990</b>	<b>Tax Return History</b>					<b>2021</b>
Name <b>Heisey Collectors of America, Inc.</b>						Employer Identification Number <b>**-***8364</b>
	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	69,347	106,410	114,323	91,813	87,864	
Membership dues	25,444	24,045	23,795	23,069	24,035	
Program service revenue	2,608	3,792	3,351	1,428	3,914	
Capital gain or loss	135,323	424,125	133,170	303,088	417,491	
Investment income	102,287	102,678	114,527	101,343	104,618	
Fundraising revenue (income/loss)	39,207	48,305	44,780	-564	36,845	
Gaming revenue (income/loss)						
Other revenue	242,205	29,380	43,359	72,274	82,863	
<b>Total revenue</b>	<b>616,421</b>	<b>738,735</b>	<b>477,305</b>	<b>592,451</b>	<b>757,630</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	88,783	99,713	104,523	100,715	103,098	
Professional fees	29,874	31,034	31,751	34,173	40,757	
Occupancy costs	45,901	46,340	43,176	35,657	52,740	
Depreciation and depletion	25,957	24,290	22,843	24,450	26,178	
Other expenses	61,584	54,589	64,060	55,922	58,152	
<b>Total expenses</b>	<b>252,099</b>	<b>255,966</b>	<b>266,353</b>	<b>250,917</b>	<b>280,925</b>	
<b>Excess or (Deficit)</b>	<b>364,322</b>	<b>482,769</b>	<b>210,952</b>	<b>341,534</b>	<b>476,705</b>	
Total exempt revenue	616,421	738,735	477,305	592,451	757,630	
Total unrelated revenue	1,446	1,448	1,212	824	1,000	
Total excludable revenue	480,977	558,527	293,195	477,309	607,886	
Total Assets	5,657,537	5,470,825	6,261,037	6,905,825	7,673,761	
Total Liabilities	13,616	6,355	6,828	3,693	3,426	
Net Fund Balances	5,643,921	5,464,470	6,254,209	6,902,132	7,670,335	

<b>Form 990T</b>	<b>Tax Return History</b>	<b>2021</b>
Name <b>Heisey Collectors of America, Inc.</b>		Employer Identification Number <b>**-***8364</b>

\* Income shown net of expenses

	2017	2018	2019	2020	2021	2022
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....	-5,856	-5,167	-5,738			
<b>Total trade or business income.</b> .....	<b>-5,856</b>	<b>-5,167</b>	<b>-5,738</b>			
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

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<b>Form 990T</b>	<b>Tax Return History</b>	<b>2021</b>
Name <b>Heisey Collectors of America, Inc.</b>		Employer Identification Number <b>**-***8364</b>

	2017	2018	2019	2020	2021	2022
Other deductions .....						
<b>Net income (first activity, year 2019 &amp; prior)</b> .....	-5,856	-5,167	-5,738			
UBTI from all trades .....	0	0	0	0	0	
Charitable contributions .....						
Net operating loss deduction .....						
Specific deduction .....		1,000	1,000			
Section 199A deduction (trusts) .....						
<b>Income after deductions</b> .....						
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

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**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 36,996				14	
Total	\$ <u>36,996</u>					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 67,622					
Total	\$ <u>67,622</u>					

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\*\*-\*\*\*8364  
FYE: 12/31/2021

### Federal Statements

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#### Form 990. Part IX. Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Miscellaneous	\$ 559	\$	\$ 559	\$
Dues & Subscriptions	390		390	
Outreach	150	150		
Meals	100	60	40	
Employee Relations	67		67	
Total	<u>\$ 1,266</u>	<u>\$ 210</u>	<u>\$ 1,056</u>	<u>\$ 0</u>

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**Federal Statements**

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**Schedule A, Part III, Line 1(e)**

<u>Description</u>	<u>Amount</u>
Membership Dues and Assessments	\$ 24,035
	87,864
Total	\$ <u>111,899</u>

**Schedule A, Part III, Line 2(e)**

<u>Description</u>	<u>Amount</u>
Museum Admissions	\$ 3,909
Glass Identification	5
Miscellaneous	481
PPP Loan Forgiven	21,409
Auction	125,504
Inventory	64,575
Convention	
Percy Moore Memorial	12,556
Heisey News	
Total	\$ <u>228,439</u>

**Schedule A, Part III, Line 10a(e)**

<u>Description</u>	<u>Amount</u>
	\$ 36,996
	67,622
Total	\$ <u>104,618</u>

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FYE: 12/31/2021

**Federal Statements**

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**Schedule A, Part III, Line 11**

<u>Description</u>	<u>Amount</u>
Heisey News	\$ -6,250
Less: Deductions	<u>-1,000</u>
Total	<u>\$ -7,250</u>

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**Federal Statements**

FYE: 12/31/2021

**Convention**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Show Expenses	\$
Printing & Copying	
Advertising	
Other Convention Expenses	
Total	\$ <u><u>0</u></u>

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