

## Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

### Heisey Collectors of America, Inc.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>5,464,470</u>
<b>Revenue</b>		
Contributions	<u>138,118</u>	
Program service revenue	<u>3,351</u>	
Investment income	<u>114,527</u>	
Capital gain / loss	<u>133,170</u>	
Fundraising / Gaming:		
Gross revenue	<u>148,514</u>	
Direct expenses	<u>103,734</u>	
Net income	<u>44,780</u>	
Other income	<u>43,359</u>	
<b>Total revenue</b>		<u>477,305</u>
<b>Expenses</b>		
Program services	<u>102,135</u>	
Management and general	<u>156,763</u>	
Fundraising	<u>7,455</u>	
<b>Total expenses</b>		<u>266,353</u>
<b>Excess / (deficit)</b>		<u>210,952</u>
Changes		<u>578,787</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u>6,254,209</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>477,305</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>266,353</u></u>

#### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>5,470,825</u>	<u>6,261,037</u>	
Liabilities	<u>6,355</u>	<u>6,828</u>	
Net assets	<u><u>5,464,470</u></u>	<u><u>6,254,209</u></u>	<u>789,739</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 07/15/20  
 Failure to file penalty \_\_\_\_\_

## Form 990-T Return Summary

For calendar year 2019, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

**Heisey Collectors of America, Inc.**

**Income & Deductions (990-T)**

Total Income	-5,738	
Deductions related to income		
Activity losses (2018 and after)		
<b>Net Income from page 1</b>		<b>-5,738</b>

**Income & Losses (Sch M)**

# of Schedules 0

Income from other activities		
Losses from other activities	5,738	
<b>Total business taxable income</b>		

**Adjustments**

Disallowed fringe benefits		
Less: Charitable contributions		
Net operating loss (prior to 2018)		
Specific deduction	1,000	
<b>Total adjustments</b>		<b>(1,000)</b>

**Unrelated business taxable income**

**Taxes & Credits**

Regular tax		
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities		
<b>Tax Due</b>		
Foreign tax credit and other credits		
General business credits		
Prior year minimum tax credit		
<b>Total nonrefundable credits</b>		
Other taxes		
<b>Total tax</b>		

**Payments & Penalties**

Estimated tax payments and Tax withheld		
Paid with extension		
Refundable credits and other payments		
<b>Payments</b>		
<b>Net tax due</b>		
Estimated tax penalty		
Interest on late payments		
Failure to file penalty		
Failure to pay penalty		
<b>Penalties</b>		
<b>Balance due</b>		
Total overpayment		
Overpayment applied to next year's tax		
<b>Refund</b>		

**Next Year's Estimates**

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

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 07/15/20

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2019**  
Open to Public Inspection

▶ 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.

**A** For the **2019** calendar year, or tax year beginning , and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Heisey Collectors of America, Inc.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>169 W Church Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Newark OH 43055</b>	<b>D</b> Employer identification number <b>**-***8364</b> <b>E</b> Telephone number <b>740-345-2932</b> <b>G</b> Gross receipts \$ <b>1,911,857</b>
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<b>F</b> Name and address of principal officer: <b>Emie Heisey</b> <b>169 W Church St</b> <b>Newark OH 43055</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <b>www.heiseymuseum.org</b>	<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>1972</b>	<b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <b>Preservation and education about Heisey Glass.</b></p> <p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;"><b>3</b> <b>12</b></span></p> <p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;"><b>4</b> <b>12</b></span></p> <p><b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <span style="float: right;"><b>5</b> <b>10</b></span></p> <p><b>6</b> Total number of volunteers (estimate if necessary) <span style="float: right;"><b>6</b> <b>80</b></span></p> <p><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;"><b>7a</b> <b>1,212</b></span></p> <p><b>b</b> Net unrelated business taxable income from Form 990-T, line 39 <span style="float: right;"><b>7b</b> <b>0</b></span></p>																			
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">130,455</td> <td style="text-align: right;">138,118</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">3,792</td> <td style="text-align: right;">3,351</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">526,803</td> <td style="text-align: right;">247,697</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">77,685</td> <td style="text-align: right;">88,139</td> </tr> <tr> <td><b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">738,735</td> <td style="text-align: right;">477,305</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	130,455	138,118	<b>9</b> Program service revenue (Part VIII, line 2g)	3,792	3,351	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	526,803	247,697	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,685	88,139	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	738,735	477,305
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**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.

<b>Sign Here</b>	Signature of officer <b>Karen Taylo</b> Type or print name and title	Date <b>Treasurer</b>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Jeffrey M. Priest</b>	Preparer's signature	Date <b>05/20/20</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>*****</b>
	Firm's name ▶ <b>Wells and Priest, Inc., CPA's</b>	Firm's EIN ▶ <b>** - ***3468</b>			
	Firm's address ▶ <b>PO Box 250 Newark, OH 43058-0250</b>	Phone no. <b>740-349-8616</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**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 \$ **85,265** including grants of \$ ) (Revenue \$ )

**Museum - Over 6000 examples of Heisey Glassware open to the public. In 2019 approximately 2,774 visitors toured the historic home and museum located at 169 W Church St, Newark, OH.**

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**4b** (Code: ) (Expenses \$ **11,442** 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 \$ **5,428** 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 **102,135**

**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 Revenue Procedure 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? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
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?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
25b			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? If "Yes," complete Schedule L, Part II		X
26			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? If "Yes," complete Schedule L, Part III		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28a			X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32			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? If "Yes," complete Schedule R, Part I		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			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)? If "Yes," complete Schedule R, Part V, line 2		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36			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? If "Yes," complete Schedule R, Part VI		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	
38		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		
1a			5
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			



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

		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> 10		
<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>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<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>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>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>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>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<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>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>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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<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>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>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<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>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>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>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<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>

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>X</b>	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>X</b>	
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>X</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**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 **▶**

**Karen Taylo**  
**Newark**  
**169 W Church St**

**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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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>Gregg Cameron</b> ..... Board Member	2.00 0.00	X						0	0	0
(2) <b>Roy Eggert</b> ..... Board Member	25.00 0.00	X						0	0	0
(3) <b>Candy Freeman</b> ..... Board Member	1.50 0.00	X						0	0	0
(4) <b>Linda Greenwood</b> ..... Board Member	15.00 0.00	X						0	0	0
(5) <b>Emie Heisey</b> ..... President	20.00 0.00	X		X				0	0	0
(6) <b>Geoff Heisey</b> ..... Board Member	2.00 0.00	X						0	0	0
(7) <b>Jon Heron</b> ..... Vice-President	8.00 0.00	X						0	0	0
(8) <b>Dan Kilgore</b> ..... Board Member	5.00 0.00	X						0	0	0
(9) <b>Michael Maher</b> ..... Past President	25.00 0.00	X		X				0	0	0
(10) <b>Martha McGill</b> ..... Board Member	5.00 0.00	X						0	0	0
(11) <b>Mary Olson</b> ..... Board Member	3.00 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) <b>Suzanne Parker</b>	5.00									
Board Member	0.00	X					0	0	0	
(13) <b>Mary Ann Spahr</b>	6.00									
Secretary	0.00	X		X			0	0	0	
(14) <b>Karen Taylo</b>	20.00									
Treasurer	0.00	X		X			0	0	0	

Client Copy

<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> .....			

**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>	1a Federated campaigns	1a					
	b Membership dues	1b	23,795				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	114,323				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,579				
	<b>h Total.</b> Add lines 1a-1f		<b>138,118</b>				
<b>Program Service Revenue</b>	2a <b>Museum Admissions</b>	Business Code		3,351	3,351		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			<b>3,351</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			114,527		114,527	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a	1,457,332				
		b Less: cost or other basis and sales exps.	7b				
c Gain or (loss)	7c	133,170					
d Net gain or (loss)			133,170	133,170			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	148,514					
	b Less: direct expenses	8b	103,734				
c Net income or (loss) from fundraising events			44,780				
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a	47,448					
	b Less: cost of goods sold	10b	6,656				
	c Net income or (loss) from sales of inventory			40,792	40,792		
<b>Miscellaneous Revenue</b>	11a <b>Miscellaneous</b>	Business Code		1,355	1,355		
	b <b>Heisey News</b>	511120		1,212	1,212		
	c						
	d All other revenue						
	<b>e Total.</b> Add lines 11a-11d			<b>2,567</b>			
<b>12 Total revenue.</b> See instructions			<b>477,305</b>	<b>178,668</b>	<b>1,212</b>	<b>114,527</b>	

**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	96,227	23,962	65,402	6,863
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	8,296	2,066	5,638	592
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	8,973		8,973	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,778		22,778	
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	7,759	7,759		
13 Office expenses	13,543	6,950	6,593	
14 Information technology	7,559		7,559	
15 Royalties				
16 Occupancy	43,176	25,906	17,270	
17 Travel	775		775	
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	22,843	20,991	1,852	
23 Insurance	9,894	5,937	3,957	
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>	11,142		11,142	
b <b>Special Project</b>	6,769	6,769		
c <b>Bank Service Charges</b>	3,208		3,208	
d <b>Telephone</b>	2,401	1,441	960	
e All other expenses	1,010	354	656	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>266,353</b>	<b>102,135</b>	<b>156,763</b>	<b>7,455</b>
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>	1	Cash—non-interest-bearing	94,947	1	146,792	
	2	Savings and temporary cash investments	27,560	2	13,083	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4	4,152	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	23,438	8	21,713	
	9	Prepaid expenses and deferred charges	150	9	163	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,252,115		
	b	Less: accumulated depreciation	10b	934,825	10c	317,290
	11	Investments—publicly traded securities	4,171,506	11	4,937,360	
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11	243,397	13	243,397	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	572,378	15	577,087	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	5,470,825	16	6,261,037		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	6,105	17	6,653	
	18	Grants payable		18		
	19	Deferred revenue	250	19	175	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25	6,355	26	6,828	
<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>					
	27	Net assets without donor restrictions	1,272,045	27	1,316,849	
	28	Net assets with donor restrictions	4,192,425	28	4,937,360	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
32	<b>Total net assets or fund balances</b>	5,464,470	32	6,254,209		
33	<b>Total liabilities and net assets/fund balances</b>	5,470,825	33	6,261,037		

**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>477,305</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>266,353</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>210,952</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>5,464,470</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>578,794</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>-7</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>6,254,209</b>

**Part XII Financial Statements and Reporting**

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

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

**b** Were the organization's financial statements audited by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>		<b>X</b>
<b>2c</b>		
<b>3a</b>		<b>X</b>
<b>3b</b>		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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.**

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

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12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2018 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	110,707	87,976	94,791	130,455	138,118	562,047
<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	216,164	240,910	189,288	204,466	200,668	1,051,496
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513		48,212	196,681			244,893
<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	326,871	377,098	480,760	334,921	338,786	1,858,436
<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.)						1,858,436

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6	326,871	377,098	480,760	334,921	338,786	1,858,436
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	86,986	96,665	102,287	102,678	114,527	503,143
<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	86,986	96,665	102,287	102,678	114,527	503,143
<b>11</b> Net income from unrelated business activities not included in 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.)	413,857	473,763	583,047	437,599	453,313	2,361,579
<b>14 First five 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 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	78.69 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	80.55 %

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	21 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	19 %

- 19a 33 1/3% support tests—2019.** 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—2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b>	<b>Activities Test. Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	<b>Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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).		



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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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)	
6 Other distributions (describe in <b>Part VI</b> ). 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 <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014 .....			
b From 2015 .....			
c From 2016 .....			
d From 2017 .....			
e From 2018 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015 .....			
b Excess from 2016 .....			
c Excess from 2017 .....			
d Excess from 2018 .....			
e Excess from 2019 .....			

**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.)

Client Copy

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

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

Name of the organization

Employer identification number

**Heisey Collectors of America, Inc.**

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

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

2019

Open to Public Inspection

Name of the organization

Heisey Collectors of America, Inc.

Employer identification number

\*\*-\*\*\*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: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
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  Yes  No

**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	4,171,506	4,363,445	3,984,163	3,724,596	3,778,422
b Contributions	28,241	47,320	41,784	32,359	38,255
c Net investment earnings, gains, and losses	837,802	-136,438	432,094	313,677	-7,807
d Grants or scholarships					
e Other expenditures for facilities and programs	77,411	80,742	73,624	67,204	65,291
f Administrative expenses	22,778	22,079	20,972	19,265	18,983
g End of year balance	4,937,360	4,171,506	4,363,445	3,984,163	3,724,596

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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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		851,788	619,309	232,479
c Leasehold improvements				
d Equipment		141,605	139,412	2,193
e Other		240,770	176,104	64,666
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				317,290

**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>577,087</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>577,087</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 III, Line 4 - Collections and Relation to Exempt Purpose**

The mission of the National Heisey Glass Museum is to preserve, collect, and interpret Heisey glass, related materials, and information. The organization maintains over 6,000 examples of Heisey glassware, original metal moulds, and archival materials from A.H. Heisey & Company, Inc. It also maintains an extensive library of books and periodicals related to the glass industry in america. The collection helps promote and preserve the history of fine glass making, highlighting the artistry, innovation and significance of the glass industry in America.

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

Earnings from the endowment fund are available to offset current operating

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

**expenses.**

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**SCHEDULE G  
(Form 990 or 990-EZ)**

**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.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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.

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.

.....  
.....  
.....  
.....

**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>Convention</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	110,635	29,709	8,170	148,514
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	110,635	29,709	8,170	148,514
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages		9,399		9,399
	8	Entertainment				
	9	Other direct expenses	86,272	8,063		94,335
	10	Direct expense summary. Add lines 4 through 9 in column (d)				103,734
11	Net income summary. Subtract line 10 from line 3, column (d)				44,780	

**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:

a The organization's facility	13a	%
b An outside facility	13b	%

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 ▶ \$ ..... **Client Copy**

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.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

**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

Employer identification number

Heisey Collectors of America, Inc.

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

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.

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

Copies of the governing documents and tax forms are available to the public upon written request.

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

Rounding \$ -7

Client Copy

Form **990-T**

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

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
 ▶ 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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>3</b> )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year  <b>6,261,037</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>Heisey Collectors of America, Inc.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>169 W Church Street</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>Newark OH 43055</b></p> <p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>**-***8364</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>511120</b></p>
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**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here  
 ▶ **Advertising**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** 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.

**J** The books are in care of ▶ **Karen Taylo** Telephone number ▶ **740-345-2932**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<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 (Schedule A, line 7)	<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 Schedule D)	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from partnership and S corporation (attach statement)	<b>5</b>		
<b>6</b>	Rent income (Schedule C)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b>	Advertising income (Schedule J)	<b>1,212</b>	<b>6,950</b>	<b>-5,738</b>
<b>12</b>	Other income (See instructions; attach schedule)			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>1,212</b>	<b>6,950</b>	<b>-5,738</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b>	Salaries and wages	<b>15</b>	
<b>16</b>	Repairs and maintenance	<b>16</b>	
<b>17</b>	Bad debts	<b>17</b>	
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b>	Taxes and licenses	<b>19</b>	
<b>20</b>	Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	<b>21b</b>
<b>22</b>	Depletion	<b>22</b>	
<b>23</b>	Contributions to deferred compensation plans	<b>23</b>	
<b>24</b>	Employee benefit programs	<b>24</b>	
<b>25</b>	Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b>	Excess readership costs (Schedule J)	<b>26</b>	
<b>27</b>	Other deductions (attach schedule)	<b>27</b>	
<b>28</b>	<b>Total deductions.</b> Add lines 14 through 27	<b>28</b>	
<b>29</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	<b>-5,738</b>
<b>30</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	
<b>31</b>	Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>	<b>-5,738</b>

Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for tax and payments.

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

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 57-59 regarding foreign activities and tax-exempt interest.

Sign Here: Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Includes signature and title of the preparer.

Preparer Information: Print/Type preparer's name (Jeffrey M. Priest), Firm's name (Wells and Priest, Inc., CPA's), Firm's address (Newark, OH 43058-0250), Date (05/20/20), Firm's EIN (\*\*-\*\*\*3468), and Phone no. (740-349-8616).

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

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

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1) <b>N/A</b>
(2)
(3)
(4)

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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	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 schedule)	(b) Other deductions (attach schedule)	
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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) <b>N/A</b>					
(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 page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals** ▶

**Schedule G – 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
			Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).

**Totals** ▶

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.

**Totals** ▶

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>Heisey News</b>	<b>1,212</b>	<b>6,950</b>				
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))	<b>1,212</b>	<b>6,950</b>	<b>-5,738</b>			

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>1,212</b>	<b>6,950</b>				
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>1,212</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>6,950</b>				Enter here and on page 1, Part II, line 26.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			

Client Copy

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)  
 Name(s) shown on return

**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

**2019**

Attachment Sequence No. **179**

**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	1,020,000
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	2,550,000
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 2018 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 2020. 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	21,872

**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 2019	17	971
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	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2019 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			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2019 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	<b>Total.</b> 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	22,843
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.



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## Federal Asset Report

FYE: 12/31/2019

## Auction

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
3	Other Improvements	7/01/90	2,477				2,477	31	MMS/L	2,240	78
11	Air Conditioner	9/01/95	2,350				2,350	39	MMS/L	1,416	60
21	Land Improvements	5/01/89	1,120				1,120	31	MMS/L	1,054	36
29	Warehouse Building Improvements	6/01/90	11,372				11,372	31	MMS/L	10,292	361
32	Addition Furn Museum	4/01/89	2,349				2,349	31	MMS/L	2,224	75
88	Air Conditioner	8/23/10	2,831				2,831	39	MMS/L	608	73
89	New Concrete Porch & Sidewalk	11/16/10	2,975				2,975	39	MMS/L	620	76
90	Railing For Porch	12/14/10	856				856	39	MMS/L	177	21
91	New Walkway	12/28/10	3,700				3,700	39	MMS/L	763	95
100	Electric Service - Guest Engagement Area	3/31/14	3,037				3,037	39	MMS/L	373	78
101	Computer Connection - Guest Engagement	3/17/14	710				710	39	MMS/L	87	18
			<u>33,777</u>				<u>33,777</u>			<u>19,854</u>	<u>971</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	1,599	64
5	New Addition 1992	11/30/93	275,060				275,060	40	MO S/L	172,773	6,876
6	New Addition 1993	11/30/93	193,460				193,460	40	MO S/L	121,518	4,836
7	Air Conditioner	7/21/94	2,492				2,492	40	MO S/L	1,526	63
8	Alarm System	7/01/87	3,543				3,543	10	MO S/L	3,543	0
9	Add 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	18,898	740
23	Light Lamp Poles	9/09/93	4,106				4,106	40	MO S/L	2,596	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	5,653	196
26	Furnace Office Building	2/16/93	2,063				2,063	40	MO S/L	1,335	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	21,770	630
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	1,982	48
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	116,105	4,621
36	Library Shelves	2/01/93	611				611	40	MO S/L	395	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
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



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## Federal Asset Report

FYE: 12/31/2019

## Auction

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
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 Comnputer 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	1,170	53
73	New Roof	6/15/97	4,445				4,445	40 MO S/L	2,399	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	1,113	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	840	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	6,077	103
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	7,336	1,240
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	1,200	209
98	Exterior Door	10/14/13	912				912	39 MO S/L	123	23
99	Desk - Guest Engagement Area	3/17/14	800				800	7 MO S/L	543	114
102	Building Improvements	6/24/14	3,791				3,791	39 MO S/L	437	98
103	Computer	7/22/14	1,179				1,179	5 MO S/L	1,041	138
104	Heating System - King House	10/16/15	2,853				2,853	39 MO S/L	232	73
105	Library Lounge Improvements	10/01/15	18,359				18,359	39 MO S/L	1,530	471
106	Flooring - King House Gallary 3	11/08/16	2,666				2,666	39 MO S/L	148	69
107	Library Lounge Improvements	11/15/16	11,859				11,859	39 MO S/L	659	304
108	Stained Glass	8/01/17	772				772	39 MO S/L	28	20
109	Computers	2/11/19	2,685				2,685	5 MO S/L	0	492
<b>Total Other Depreciation</b>			<u>1,218,338</u>				<u>1,218,338</u>		<u>892,131</u>	<u>21,872</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,218,338</u>				<u>1,218,338</u>		<u>892,131</u>	<u>21,872</u>
<b>Grand Totals</b>			1,252,115				1,252,115		911,985	22,843
<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>1,252,115</u>				<u>1,252,115</u>		<u>911,985</u>	<u>22,843</u>

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**Depreciation Adjustment Report**

FYE: 12/31/2019

**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
OP	1	3	Other Improvements	78	61	17
OP	1	11	Air Conditioner	60	59	1
OP	1	21	Land Improvements	36	28	8
OP	1	29	Warehouse Building Improvements	361	284	77
OP	1	32	Addition Furn Museum	75	59	16
				<u>610</u>	<u>491</u>	<u>119</u>
<b><u>Accelerated Real Preferences:</u></b>						
OP	1	6	New Addition 1993	4,836	4,831	5
OP	1	7	Air Conditioner	63	62	1
OP	1	22	Landscaping	740	739	1
OP	1	23	Light Lamp Poles	103	102	1
OP	1	25	Office Building Impr	196	171	25
				<u>5,938</u>	<u>5,905</u>	<u>33</u>

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**Future Depreciation Report****FYE: 12/31/20**

FYE: 12/31/2019

**Auction**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
3	Other Improvements	7/01/90	2,477	79	62
11	Air Conditioner	9/01/95	2,350	61	119
21	Land Improvements	5/01/89	1,120	30	28
29	Warehouse Building Improvements	6/01/90	11,372	361	284
32	Addition Furn Museum	4/01/89	2,349	50	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	95	0
100	Electric Service - Guest Engagement Area	3/31/14	3,037	78	0
101	Computer Connection - Guest Engagement Area	3/17/14	710	19	0
			<u>33,777</u>	<u>943</u>	<u>551</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	136
5	New Addition 1992	11/30/93	275,060	6,877	6,876
6	New Addition 1993	11/30/93	193,460	4,837	10,386
7	Air Conditioner	7/21/94	2,492	62	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	739	740
23	Light Lamp Poles	9/09/93	4,106	102	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	16	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
55	Office Furn 1992	1/01/92	714	0	0

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**Future Depreciation Report****FYE: 12/31/20**

FYE: 12/31/2019

**Auction**

Asset	Description	Date In Service	Cost	Tax	AMT
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	54	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	103	0
96	Server	3/18/13	5,983	0	0
97	Lighting	4/15/13	1,461	52	0
98	Exterior Door	10/14/13	912	24	0
99	Desk - Guest Engagement Area	3/17/14	800	114	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	470	0
106	Flooring - King House Gallary 3	11/08/16	2,666	68	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
<b>Total Other Depreciation</b>			<u>1,218,338</u>	<u>19,703</u>	<u>23,466</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,218,338</u>	<u>19,703</u>	<u>23,466</u>
<b>Grand Totals</b>			<u>1,252,115</u>	<u>20,646</u>	<u>24,017</u>

Form <b>990-T</b>	<b>Schedule M Loss Carryover Calculation</b> Description <b>Unrelated Business Activity</b>	<b>2019</b>
Name <b>Heisey Collectors of America, Inc.</b>		Taxpayer Identification Number <b>**-***8364</b>
Unincorporated Business Income Tax Code: <b>511120</b> Activity: <b>Periodical publishers (except In</b>		

1 Activity income .....	<b>1</b>	<b>-5,738</b>
2 Activity deductions .....	<b>2</b>	
3 Activities income or loss, after deductions .....	<b>3</b>	<b>-5,738</b>
4 Losses carried over to this year (do not include amounts prior to 2018) .....	<b>4</b>	<b>5,167</b>
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive. ....	<b>5</b>	
6 Take the lesser of Line 4 or Line 5. <b>Enter here and on Line 30 of Form 990-T or Schedule M</b> .....	<b>6</b>	
7 Remaining losses to be carried forward to 2020 (Subtract Line 6 from line 4) .....	<b>7</b>	<b>5,167</b>
8 If line 3 is less than zero, enter that amount here as a positive number .....	<b>8</b>	<b>5,738</b>
9 Total loss carried forward to 2020 (Add lines 7 and 8) .....	<b>9</b>	<b>10,905</b>

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<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2019</b>
For calendar year 2019, or tax year beginning _____, and ending _____		

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

		(a) Other event <u>Percy Moore Mem</u> <small>(event type)</small>	(b) Other event _____ <small>(event type)</small>	(c) Other event _____ <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	<b>8,170</b>			<b>8,170</b>
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	<b>8,170</b>			<b>8,170</b>
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

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## Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T**

**2019**

For calendar year 2019, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

**Heisey Collectors of America, Inc.**

Employer Identification Number  
**\*\*-\*\*\*8364**

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
19th 12/31/99					
18th 12/31/00					
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			-1,000	
NOL carryover available to next year					42,800

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Form **990****Two Year Comparison Report****2018 & 2019**

For calendar year 2019, or tax year beginning

, ending

Name

Taxpayer Identification Number

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

		2018	2019	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	106,410	114,323	7,913
	2. Membership dues and assessments	24,045	23,795	-250
	3. Government contributions and grants			
	4. Program service revenue	3,792	3,351	-441
	5. Investment income	102,678	114,527	11,849
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	424,125	133,170	-290,955
	8. Net income or (loss) from fundraising events	48,305	44,780	-3,525
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	26,460	40,792	14,332
	11. Other revenue	2,920	2,567	-353
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>738,735</b>	<b>477,305</b>	<b>-261,430</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	99,713	104,523	4,810
	17. Professional fundraising fees			
	18. Other professional fees	31,034	31,751	717
	19. Occupancy, rent, utilities, and maintenance	46,340	43,176	-3,164
	20. Depreciation and Depletion	24,290	22,843	-1,447
	21. Other expenses	54,589	64,060	9,471
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>255,966</b>	<b>266,353</b>	<b>10,387</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>482,769</b>	<b>210,952</b>	<b>-271,817</b>
<b>Other Information</b>	24. Total exempt revenue	738,735	477,305	-261,430
	25. Total unrelated revenue	1,448	1,212	-236
	26. Total excludable revenue	558,527	293,195	-265,332
	27. Total assets	5,470,825	6,261,037	790,212
	28. Total liabilities	6,355	6,828	473
	29. Retained earnings	5,464,470	6,254,209	789,739
	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	106	80	



Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2018 &amp; 2019</b>
For calendar year 2019, or tax year beginning _____, ending _____		

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

		2018	2019	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rent income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Income from controlled organizations (net of expense)	6.			
	7. Section 501(c)(7)(9)(17) organization income (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.	-5,167	-5,738	-571
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>-5,167</b>	<b>-5,738</b>	<b>-571</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>			
	<b>24. Net income (990T/first activity);</b> Subtract line 23 from 11	<b>24.</b>	<b>-5,167</b>	<b>-5,738</b>	<b>-571</b>
	25. Number of unrelated business activities for this return	25.	1	1	
26. Unrelated business taxable income from all trades	26.	-5,167		5,167	
27. Disallowed employee fringe benefits	27.				
28. Charitable contributions	28.				
<b>29. Taxable income before NOL loss</b>	<b>29.</b>				
30. Net operating loss (pre-2018)	30.				
31. Specific deduction	31.	1,000	1,000		
<b>32. Unrelated business taxable income.</b>	<b>32.</b>				
<b>Tax &amp; Credits</b>	33. Income tax (corporate or trust)	33.			
	34. Proxy tax	34.			
	35. Other taxes	35.			
	<b>36. Total taxes</b>	<b>36.</b>			
	37. Other credits	37.			
	38. General business credit	38.			
	39. Credit for prior year minimum tax	39.			
	<b>40. Total credits</b>	<b>40.</b>			
	<b>41. Net tax after credits</b>	<b>41.</b>			
	42. Recapture taxes and 965 tax	42.			
	<b>43. Total Taxes</b>	<b>43.</b>			
<b>Due/Refund</b>	44. Prior year overpayment and estimated tax payments	44.			
	45. Payment made with extension	45.			
	46. Backup withholding and foreign withholding	46.			
	47. Other payments	47.			
	<b>48. Total payments</b>	<b>48.</b>			
	<b>49. Balance due/(Overpayment)</b>	<b>49.</b>			
	50. Overpayment applied to next year	50.			
	51. Penalties	51.			
	<b>52. Total due/(Refund)</b>	<b>52.</b>			

Form <b>SchM</b>	<b>Two Year Comparison for Unrelated Business Activity</b> For calendar year 2019, or tax year beginning _____, ending _____	<b>2018 &amp; 2019</b>
Organization Name <b>Heisey Collectors of America, Inc.</b>		Taxpayer Identification Number <b>**-***8364</b>

 Unincorporated Business Income Tax Code: **511120** Activity: **Unrelated Business Activity**

		2018	2019	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.	-5,167	-5,738	-571
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>-5,167</b>	<b>-5,738</b>	<b>-571</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	<b>22. Total deductions.</b> Add lines 12 through 22	<b>22.</b>			
	<b>23. Taxable income before deductions.</b> Subtract line 23 from 11	<b>23.</b>	<b>-5,167</b>	<b>-5,738</b>	<b>-571</b>
	24. Deductible losses	24.		5,167	5,167
	<b>25. Unrelated business taxable income (loss)</b>	<b>25.</b>	<b>-5,167</b>	<b>-10,905</b>	<b>-5,738</b>

**Form 990 Tax Return History 2019**

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

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	84,694	61,804	69,347	106,410	114,323	
Membership dues	26,013	26,172	25,444	24,045	23,795	
Program service revenue	3,070	2,708	2,608	3,792	3,351	
Capital gain or loss	60,106	168,537	135,323	424,125	133,170	
Investment income	86,986	96,665	102,287	102,678	114,527	
Fundraising revenue (income/loss)	40,895	48,336	39,207	48,305	44,780	
Gaming revenue (income/loss)						
Other revenue	88,277	136,615	242,205	29,380	43,359	
<b>Total revenue</b>	<b>390,041</b>	<b>540,837</b>	<b>616,421</b>	<b>738,735</b>	<b>477,305</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	83,488	93,250	88,783	99,713	104,523	
Professional fees	30,493	28,170	29,874	31,034	31,751	
Occupancy costs	46,647	40,930	45,901	46,340	43,176	
Depreciation and depletion	25,286	25,637	25,957	24,290	22,843	
Other expenses	220,603	59,194	61,584	54,589	64,060	
<b>Total expenses</b>	<b>406,517</b>	<b>247,181</b>	<b>252,099</b>	<b>255,966</b>	<b>266,353</b>	
<b>Excess or (Deficit)</b>	<b>-16,476</b>	<b>293,656</b>	<b>364,322</b>	<b>482,769</b>	<b>210,952</b>	
Total exempt revenue	390,041	540,837	616,421	738,735	477,305	
Total unrelated revenue	2,359	1,066	1,446	1,448	1,212	
Total excludable revenue	236,080	403,459	480,977	558,527	293,195	
Total Assets	4,994,053	5,294,754	5,657,537	5,470,825	6,261,037	
Total Liabilities	8,110	15,155	13,616	6,355	6,828	
Net Fund Balances	4,985,943	5,279,599	5,643,921	5,464,470	6,254,209	

**Tax Return History**

Form **990T**

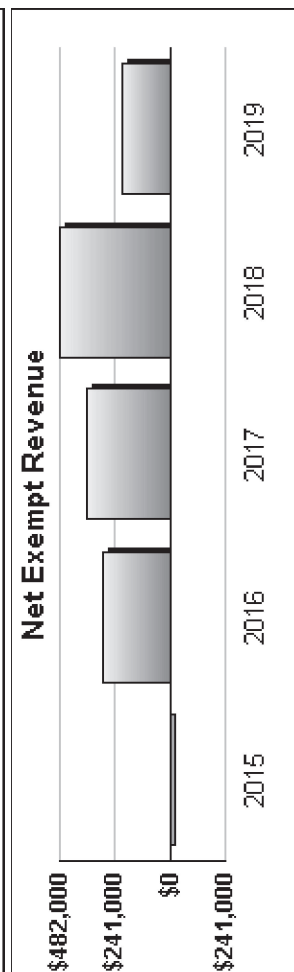
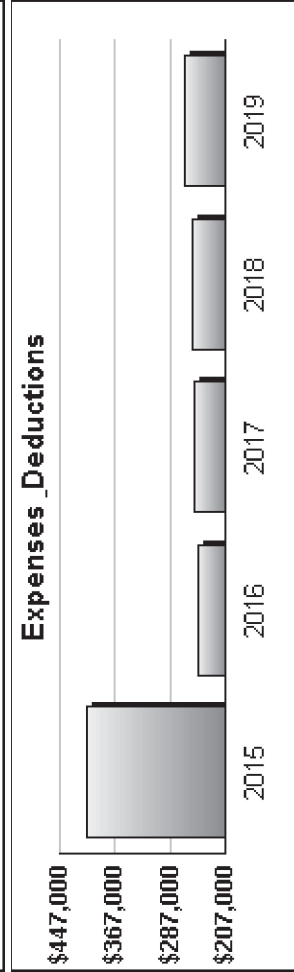
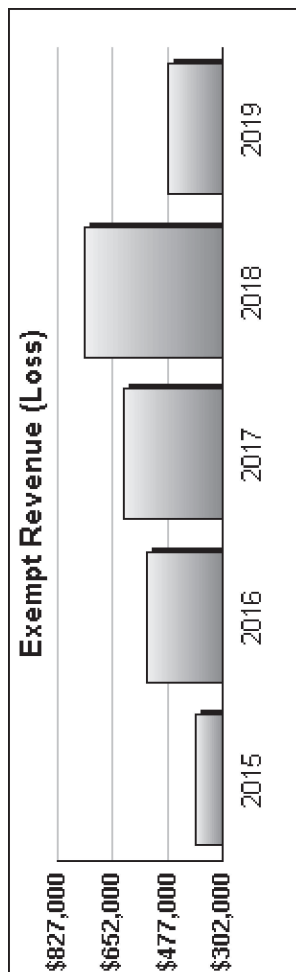
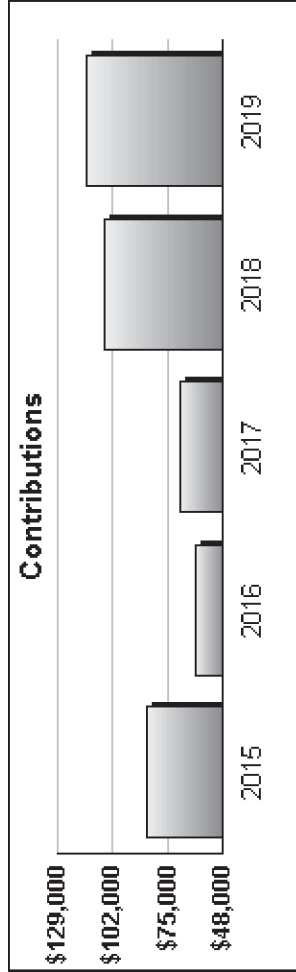
**2019**

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

\* Income shown net of expenses

	2015	2016	2017	2018	2019	2020
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	-6,500	-6,096	-5,856	-5,167	-5,738	
<b>Total trade or business income.</b>	<b>-6,500</b>	<b>-6,096</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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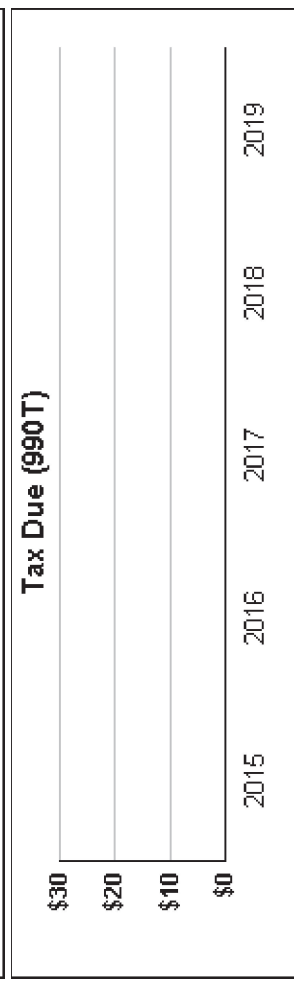
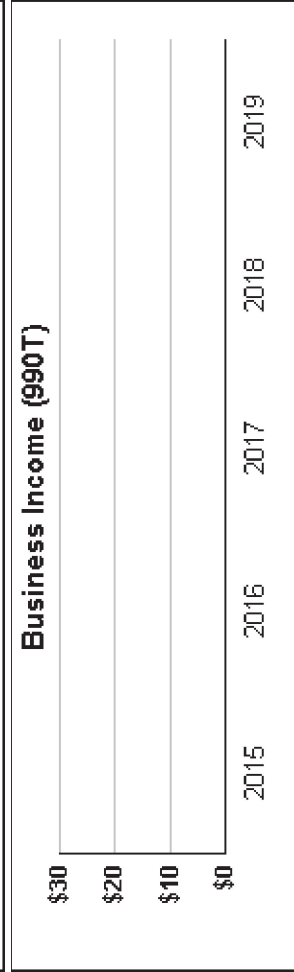
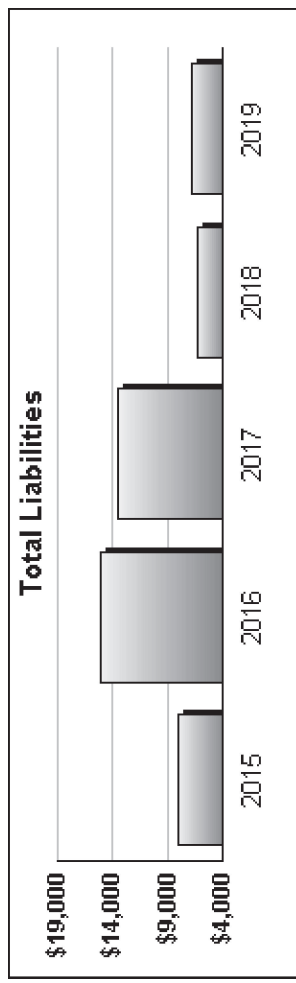
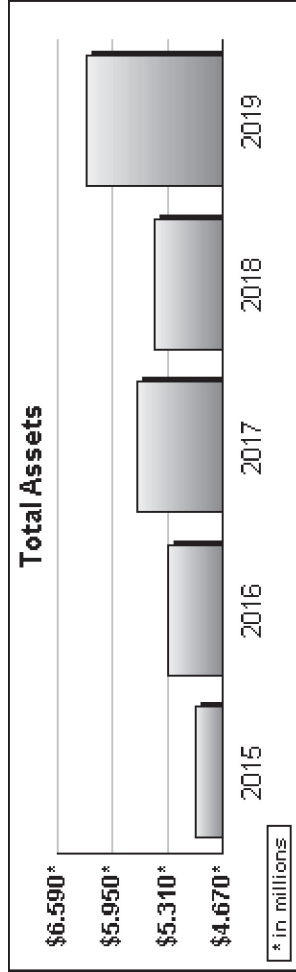


**Tax Return History**

Form **990T** 2019  
 Name **Heisey Collectors of America, Inc.** Employer Identification Number  
 \*\*-\*\*\*8364

	2015	2016	2017	2018	2019	2020
Other deductions .....						
<b>Net income (990T/first activity)</b> .....	-6,500	-6,096	-5,856	-5,167	-5,738	
UBTI from all trades .....	0	0	0	0	0	
Taxable employee fringe benefits .....						
Charitable contributions .....						
Net operating loss deduction .....						
Specific deduction .....				1,000	1,000	
<b>Income after expense and 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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**Federal Statements**

**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>
	\$ 49,251		14			
Total	\$ <u>49,251</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>
	\$ 65,276		14			
Total	\$ <u>65,276</u>					

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### Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Outreach	\$ 354	\$ 354		
Miscellaneous	351		351	
Dues & Subscriptions	305		305	
<b>Total</b>	<b>\$ 1,010</b>	<b>\$ 354</b>	<b>\$ 656</b>	<b>\$ 0</b>

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**Federal Statements**

\*\*\_\*\*\*8364

FYE: 12/31/2019

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

Description	Amount
Membership Dues and Assessments	\$ 23,795
Robert M Loch	54,611
Cash Contribution	19,092
James A Cooke	5,070
Cash Contribution	15,400
Robert Harrison	10,000
Cash Contribution	5,000
Tom, Cathy & Caleb-Michael Files	5,150
Cash Contribution	138,118
John & Trudy Mock	
Cash Contribution	
Total	

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

Description	Amount
Museum Admissions	\$ 3,351
Glass Identification	1,355
Miscellaneous	110,635
Special Project	47,448
Auction	29,709
Inventory	8,170
Convention	
Percy Moore Memorial	
Heisey News	
Total	\$ 200,668



### Federal Statements

#### Schedule A, Part III, Line 3(e)

Description	Amount
Unrealized Gain on Investment	\$
Total	\$ 0

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

Description	Amount
	\$ 49,251
	65,276
Total	\$ 114,527

#### Schedule A, Part III, Line 11

Description	Amount
Heisey News	\$ -5,738
Less: Deductions	-1,000
Total	\$ -6,738

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**Federal Statements****Convention****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Show Expenses	\$ 6,027
Printing & Copying	12
Advertising	450
Other Convention Expenses	<u>1,574</u>
Total	<u>\$ 8,063</u>

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