

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning _____, and ending _____

-*8364

Heisey Collectors of America, Inc.

Net Asset / Fund Balance at Beginning of Year 7,356,610

Revenue

Contributions	<u>110,302</u>	
Program service revenue	<u>4,070</u>	
Investment income	<u>185,286</u>	
Capital gain / loss	<u>482,854</u>	
Fundraising / Gaming:		
Gross revenue	<u>158,995</u>	
Direct expenses	<u>112,971</u>	
Net income	<u>46,024</u>	
Other income	<u>51,540</u>	
Total revenue		<u>880,076</u>

Expenses

Program services	<u>162,214</u>	
Management and general	<u>209,658</u>	
Fundraising	<u>22,606</u>	
Total expenses		<u>394,478</u>

Excess / (deficit) 485,598

Changes 98,155

Net Asset / Fund Balance at End of Year 7,940,363

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Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>880,076</u></u>

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>394,478</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>7,361,266</u>	<u>7,943,815</u>	
Liabilities	<u>4,656</u>	<u>3,452</u>	
Net assets	<u><u>7,356,610</u></u>	<u><u>7,940,363</u></u>	<u>583,753</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/17/25
 Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2024, or tax year beginning _____, and ending _____

-*8364

Heisey Collectors of America, Inc.

Income & Losses (Form 990-T, Sch A)	# of Schedules	<u>1</u>	
Income from all activities			
Losses from all activities		<u>-15,709</u>	
Unrelated business taxable income from all trades			
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits			
Charitable contributions			
Net operating loss (prior to 2018)			
Specific deduction		<u>1,000</u>	
Section 199A Deduction (Trusts Only)			
Total adjustments			<u>(1,000)</u>
Unrelated business taxable income			<u>_____</u>
Taxes & Credits (Form 990-T, Part II and III)			
Regular tax			
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities			
Tax Due			<u>_____</u>
Foreign tax credit and other credits			
General business credits			
Prior year minimum tax credit			
Total nonrefundable credits			<u>_____</u>
Other taxes			
Total tax			<u>_____</u>
Payments & Penalties			
Estimated tax payments and Tax withheld			
Paid with extension			
Refundable credits and other payments			
Payments			<u>_____</u>
Net tax due			<u>_____</u>
Estimated tax penalty			
Interest on late payments			
Failure to file penalty			
Failure to pay penalty			
Penalties			<u>_____</u>
Balance due			<u>_____</u>
Total overpayment			<u>_____</u>
Overpayment applied to next year's tax			<u>_____</u>
Refund			<u>_____</u>

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Next Year's Estimates

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
Total	_____

Miscellaneous Information

Amended return
 Return / extended due date 11/17/25

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filer

For calendar year 2024, or fiscal year beginning 2024, and ending 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2024

Heisey Collectors of America, Inc.

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

Name and title of officer or person subject to tax
**Caleb-Michael Files
Treasurer**

Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>880,076</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 05/13/25

Part III Certification and Authentication

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 05/13/25

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

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 2024, and ending 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2024

Department of the Treasury
Internal Revenue Service
Name of filer

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

Name and title of officer or person subject to tax
Heisey Collectors of America, Inc.
Caleb-Michael Files
Treasurer

Part I Type of Return and Return Information

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

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

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 05/13/25

Part III Certification and Authentication

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 05/13/25

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning , and ending

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

C Name of organization
Heisey Collectors of America, Inc.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
169 W Church Street

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

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

E Telephone number
740-345-2932

G Gross receipts\$ **2,697,508**

F Name and address of principal officer:
David Blair

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions

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

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

H(c) Group exemption number

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

K Form of organization: Corporation Trust Association Other

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Preservation and education about Heisey Glass.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13		
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	10		
	6 Total number of volunteers (estimate if necessary)	6	68		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		1,573	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	103,357	Current Year	110,302
	9 Program service revenue (Part VIII, line 2g)		3,347		4,070
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		302,443		668,140
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		117,200		97,564
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		526,347		880,076
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
14 Benefits paid to or for members (Part IX, column (A), line 4)					0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			164,970		171,120
16a Professional fundraising fees (Part IX, column (A), line 11e)					0
b Total fundraising expenses (Part IX, column (D), line 25)				22,606	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			179,713		223,358
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		344,683		394,478	
19 Revenue less expenses. Subtract line 18 from line 12		181,664		485,598	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	7,361,266	End of Year	7,943,815
	21 Total liabilities (Part X, line 26)		4,656		3,452
	22 Net assets or fund balances. Subtract line 21 from line 20		7,356,610		7,940,363

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **Caleb-Michael Files** Date: _____
 Treasurer

Type or print name and title

Paid Preparer Use Only

Preparer's name: **Jeffrey M. Priest** Preparer's signature: _____ Date: **10/23/25** Check if self-employed PTIN: *********

Firm's name: **Wells and Priest, Inc., CPA's** Firm's EIN: ****--***3468**

Firm's address: **PO Box 250 Newark, OH 43058-0250** Phone no.: **740-349-8616**

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

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 \$ **132,623** including grants of \$) (Revenue \$)

Museum - Over 6000 examples of Heisey Glassware open to the public. In 2024 approximately 3,478 visitors toured the historic home and museum located at 169 W Church St, Newark, OH.

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4b (Code:) (Expenses \$ **22,650** including grants of \$) (Revenue \$)

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

4c (Code:) (Expenses \$ **6,941** 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 **162,214**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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 10? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		X

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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?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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
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
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
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	8
1b	0

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

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Andy Baldus Board Member	10.00 0.00	X						0	0	0
(2) David Blair President	30.00 0.00	X		X				0	0	0
(3) Jim Cooke Board Member	3.00 0.00	X						0	0	0
(4) Bari Fauss Board Member	5.00 0.00	X						0	0	0
(5) Caleb-Michael Files Treasurer	30.00 0.00	X		X				0	0	0
(6) Jay Goletz Board Member	2.00 0.00	X						0	0	0
(7) James William Warren II Secretary	8.00 0.00	X		X				0	0	0
(8) David Malick Board Member	20.00 0.00	X						0	0	0
(9) Martha McGill Board Member	12.00 0.00	X						0	0	0
(10) Mary Olson Board Member	20.00 0.00	X						0	0	0
(11) Suzanne Parker Board Member	20.00 0.00	X						0	0	0

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Frachele Scott and Eric Tankesley-Clarke.

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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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row at the bottom.

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		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a							
	b Membership dues	1b	27,611						
	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	82,691						
	g Noncash contributions included in lines 1a-1f	1g	\$ 8,405						
	h Total. Add lines 1a-1f			110,302					
	Program Service Revenue	2a Museum Admissions	Business Code		4,070	4,070			
b									
c									
d									
e									
f All other program service revenue									
g Total. Add lines 2a-2f				4,070					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			185,286			185,286		
	4 Income from investment of tax-exempt bond proceeds								
	5 Royalties								
	6a Gross rents	6a	(i) Real	(ii) Personal	Client Copy				
			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	7a	(i) Securities	(ii) Other	Client Copy				
			b Less: cost or other basis and sales exps.	7b					1,689,079
			c Gain or (loss)	7c					482,854
	d Net gain or (loss)			482,854	482,854				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			158,995				
			b Less: direct expenses	8b	112,971				
c Net income or (loss) from fundraising events					46,024				
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			65,323					
		b Less: cost of goods sold	10b	15,382					
		c Net income or (loss) from sales of inventory			49,941	49,941			
Miscellaneous Revenue	11a Heisey News	Business Code		511120	1,573		1,573		
	b Miscellaneous				26	26			
	c								
	d All other revenue								
	e Total. Add lines 11a-11d				1,599				
12 Total revenue. See instructions				880,076	536,891	1,573	185,286		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	157,565	67,438	69,312	20,815
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	13,555	5,801	5,963	1,791
11 Fees for services (nonemployees):				
a Management				
b Legal	4,682		4,682	
c Accounting	10,485		10,485	
d Lobbying				
e Professional fundraising services. See Part IV, line 47				
f Investment management fees	35,713		35,713	
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	1,956	1,956		
13 Office expenses	22,462	17,282	5,180	
14 Information technology	26,170		26,170	
15 Royalties				
16 Occupancy	59,274	35,564	23,710	
17 Travel	1,128		1,128	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	213		213	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,504	24,899	2,605	
23 Insurance	12,030	7,218	4,812	
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 Equipment Lease	9,935		9,935	
b Bank Service Charges	7,146		7,146	
c Telephone	2,876	1,726	1,150	
d Miscellaneous	729		729	
e All other expenses	1,055	330	725	
25 Total functional expenses. Add lines 1 through 24e	394,478	162,214	209,658	22,606
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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
Assets	1 Cash—non-interest-bearing	106,284	1	73,127
	2 Savings and temporary cash investments	38,579	2	36,848
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	868	4	504
	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	23,804	8	21,275
	9 Prepaid expenses and deferred charges	365	9	386
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,281,097		
	b Less: accumulated depreciation	10b 1,006,109	290,059	10c 274,988
	11 Investments—publicly traded securities	6,047,691	11	6,677,195
	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	610,219	15	616,095
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,361,266	16	7,943,815	
Liabilities	17 Accounts payable and accrued expenses	4,656	17	3,452
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,656	26	3,452
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,308,919	27	1,263,168
	28 Net assets with donor restrictions	6,047,691	28	6,677,195
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,356,610	32	7,940,363
33 Total liabilities and net assets/fund balances	7,361,266	33	7,943,815	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	880,076
2	Total expenses (must equal Part IX, column (A), line 25)	2	394,478
3	Revenue less expenses. Subtract line 2 from line 1	3	485,598
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,356,610
5	Net unrealized gains (losses) on investments	5	98,155
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,940,363

Part XII Financial Statements and Reporting

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

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

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

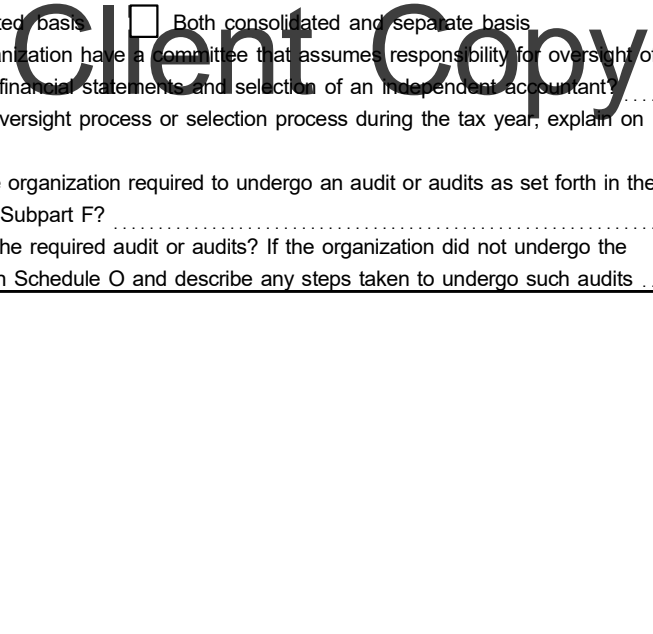
b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.
 Separate basis Consolidated basis Both consolidated and separate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

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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

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



SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

Heisey Collectors of America, Inc.

Employer identification number

****-***8364**

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

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

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

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(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)						
Total						

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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test — 2024. 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 — 2023. 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 — 2024. 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 — 2023. 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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

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Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 70.58%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 72.92%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 29%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 27%.

19a 33 1/3% support tests — 2024. 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 [X]

b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (or greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Table with 2 columns: Section D - Distributions (lines 1-10) and Current Year. Rows include amounts paid to supported organizations, administrative expenses, and total annual distributions.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2024, and (iii) Distributable Amount for 2024. Rows include distributable amount for 2024, underdistributions, and excess distributions carryover.

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

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**Schedule B
(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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.

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

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

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

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

Name of organization

Heisey Collectors of America, Inc.

Employer identification number

**** - ***8364**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Rex & Patricia Lucke 2827 S 217th St Elkhorn NE 68022	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990) (Rev. December 2024) 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

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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1: \$ 8,405. (ii) Assets included in Form 990, Part X: \$ 859,492. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1: \$. b Assets included in Form 990, Part X: \$.

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

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

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,047,691	5,335,759	6,280,675	5,547,546	4,937,360
b Contributions	2,225	32,919	5,486	23,488	14,192
c Net investment earnings, gains, and losses	771,082	805,741	-867,317	813,594	710,904
d Grants or scholarships					
e Other expenditures for facilities and programs	148,090	100,000	106,600	76,199	90,369
f Administrative expenses	35,713	26,728	26,485	27,754	24,541
g End of year balance	6,677,195	6,047,691	5,335,759	6,280,675	5,547,546

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-------------------------------------|-----|----------|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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		924,606	711,997	212,609
c Leasehold improvements				
d Equipment		104,219	100,928	3,291
e Other		234,320	193,184	41,136
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				274,988

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

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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) Heisey Glass Collection	616,095
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	616,095

Part X Other Liabilities

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

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

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

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

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

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

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

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

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

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Part XIII Supplemental Information

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

Part V, Line 4 - Intended Uses for Endowment Funds

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

Part XIII Supplemental Information *(continued)*

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**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Heisey Collectors of America, Inc.

Employer identification number

****-***8364**

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

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment 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						
Total						

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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>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	139,292	17,668	156,960
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	139,292	17,668	156,960
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages		4,879	4,879
	8	Entertainment			
	9	Other direct expenses	102,340	4,658	106,998
	10	Direct expense summary. Add lines 4 through 9 in column (d)			111,877
11	Net income summary. Subtract line 10 from line 3, column (d)			45,083	

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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 the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer Employee Independent contractor

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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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**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.

Form 990, Part VI, Line 15b - Compensation Process for Officers
Compensation is based on an annual review of employee performance by the Board of Directors.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation
Copies of the Form 990 are located at the Museum Reception Desk for public view. Copies of the Form 990 are also available for public view on the Organization's website.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Governing documents, tax forms, and financial statements are available to the public on the Organization's website.

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Form **990-T**

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

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

For calendar year 2024 or other tax year beginning _____, and ending _____

Go to 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

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section	Print or Type	Heisey Collectors of America, Inc.	** - ***8364
<input checked="" type="checkbox"/> 501(C) (3)	Number, street, and room or suite no. If a P.O. box, see instructions.	169 W Church Street	E Group exemption number (see instructions)
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)	City or town, state or province, country, and ZIP or foreign postal code	Newark OH 43055	F <input type="checkbox"/> Check box if an amended return.
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)			
<input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	C Book value of all assets at end of year	7,943,815	

G 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	<input type="checkbox"/> State college/university
	<input type="checkbox"/> 6417(d)(1)(A) Applicable entity				

H Check if filing only to claim	<input type="checkbox"/> Credit from Form 8941	<input type="checkbox"/> Refund shown on Form 2439	<input type="checkbox"/> Elective payment amount from Form 3800
--	--	--	---

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	<input type="checkbox"/>
---	--------------------------

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

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," enter the name and identifying number of the parent corporation		

L The books are in care of	Caleb-Michael Files	Telephone number	740-345-2932
-----------------------------------	----------------------------	------------------	---------------------

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

Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	0
3	Proxy tax. See instructions	
4a	Amount from Form 4255, Part I, line 3, column (q)	
4b	Other tax amounts. See instructions	
5	Alternative minimum tax	
6	Tax on noncompliant facility income. See instructions	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	0

Part III Tax and Payments		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	
1b	Other credits (see instructions)	
1c	General business credit. Attach Form 3800 (see instructions)	
1d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	
1e	Total credits. Add lines 1a through 1d	
2	Subtract line 1e from Part II, line 7	
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	
3b	Amount due from Form 8611	
3c	Amount due from Form 8697	
3d	Amount due from Form 8866	
3e	Other amounts due (see instructions)	
3f	Total amounts due. Add lines 3a through 3e	
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	0

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded		11	

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

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here -42,800 . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	511120	19,060	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

May the IRS discuss this return with the preparer shown below (see instructions)?

Yes No

Treasurer

Signature of officer Date Title

Paid Preparer Use Only

Print/Type preparer's name Jeffrey M. Priest	Preparer's signature	Date 10/23/25	Check <input type="checkbox"/> if self-employed	PTIN *****
Firm's name Wells and Priest, Inc., CPA's	Firm's EIN ** - *** 3468			Phone no. 740-349-8616
Firm's address PO Box 250 Newark, OH 43058-0250				

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

Go to 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

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

E Describe the unrelated trade or business Unrelated Business Activity

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a-13 Total. Total income 1,573, total expenses 17,282, net -15,709.

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Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1-18. Total deductions 0, unrelated business income before net operating loss deduction -15,709, net -15,709.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

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

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Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

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

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Totals

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

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

Totals

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

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

Part IX Advertising Income

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

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

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

	A	B	C	D
2 Gross advertising income	1,573			

a Add columns A through D. Enter here and on Part I, line 11, column (A) **1,573**

3 Direct advertising costs by periodical	17,282			
--	---------------	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (B) **17,282**

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8	-15,709			
--	----------------	--	--	--

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 **0**

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

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

Part XI Supplemental Information (see instructions)

Federal Statements

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
Unrelated Business Activity	511120	\$ <u>19,060</u>
Total		\$ <u><u>19,060</u></u>

Client Copy

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

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	1,220,000
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	3,050,000
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 2023 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 2025. 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	27,030

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 2024	17	472
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 2024 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 2024 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	27,502
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)

DAA

There are no amounts for Page 2

** - ***8364

Federal Asset Report

FYE: 12/31/2024

Auction

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
3	Other Improvements	7/01/90	2,477			2,477	31 MMS/L	2,477	0
11	Air Conditioner	9/01/95	2,350			2,350	39 MMS/L	1,717	61
21	Land Improvements	5/01/89	1,120			1,120	31 MMS/L	1,120	0
29	Warehouse Building Improvements	6/01/90	11,372			11,372	31 MMS/L	11,372	0
32	Addition Furn Museum	4/01/89	2,349			2,349	31 MMS/L	2,349	0
88	Air Conditioner	8/23/10	2,831			2,831	39 MMS/L	971	72
89	New Concrete Porch & Sidewalk	11/16/10	2,975			2,975	39 MMS/L	1,001	76
90	Railing For Porch	12/14/10	856			856	39 MMS/L	286	22
91	New Walkway	12/28/10	3,700			3,700	39 MMS/L	1,237	95
100	Electric Service - Guest Engagement Area	3/31/14	3,037			3,037	39 MMS/L	762	78
101	Computer Connection - Guest Engagement	3/17/14	710			710	39 MMS/L	178	19
116	New Window - Admin	10/30/21	1,891			1,891	39 MMS/L	107	49
			<u>35,668</u>			<u>35,668</u>		<u>23,577</u>	<u>472</u>

Other Depreciation:

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	1,918	63
5	New Addition 1992	11/30/93	275,060			275,060	40 MO S/L	207,155	6,877
6	New Addition 1993	11/30/93	193,460			193,460	40 MO S/L	145,700	4,837
7	Air Conditioner	7/21/94	2,492			2,492	40 MO S/L	1,838	62
8	Alarm System	7/01/87	3,543			3,543	10 MO S/L	3,543	0
9	Addl Alarm System	3/01/93	2,706			2,706	10 MO S/L	2,706	0
10	Water Alarm System	10/25/94	171			171	10 MO S/L	171	0
12	Electrical Recep Multi-Purpose Room	11/01/95	125			125	10 MO S/L	125	0
13	Sofa	6/01/95	692			692	7 MO S/L	692	0
14	Fax Machine	6/30/96	218			218	5 MO S/L	218	0
16	3 Chairs	7/12/94	459			459	7 MO S/L	459	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	22,597	740
23	Light Lamp Poles	9/09/93	4,106			4,106	40 MO S/L	3,109	103
24	Office Building	1/01/78	84,123			84,123	35 MO S/L	84,123	0
25	Office Building Impr	7/01/90	6,876			6,876	35 MO S/L	6,635	196
26	Furnace Office Building	2/16/93	2,063			2,063	40 MO S/L	1,592	52
27	Land Office Building	1/01/78	5,353			5,353	0 -- Memo	0	0
28	Building Warehouse	6/01/85	22,400			22,400	35 MO S/L	22,400	0
30	Land Warehouse Building	6/01/85	12,600			12,600	0 -- Memo	0	0
31	Furniture Museum	7/01/88	2,030			2,030	31 MO S/L	2,030	0
33	Lighting & Fixtures	6/28/93	570			570	7 MO S/L	570	0
34	2 Chairs	9/15/93	1,040			1,040	7 MO S/L	1,040	0
35	Museum Impro-Woodwork Cabinets etc	11/30/93	184,843			184,843	40 MO S/L	139,210	4,621
36	Library Shelves	2/01/93	611			611	40 MO S/L	471	16
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
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
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
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

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Federal Asset Report

FYE: 12/31/2024

Auction

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
72	Furnace -King House	2/15/97	2,135			2,135	40 MO S/L	1,437	53
73	New Roof	6/15/97	4,445			4,445	40 MO S/L	2,954	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	1,403	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	1,103	52
84	2 Humidifiers & fan	4/30/03	648			648	10 MO S/L	648	0
85	Shudders	10/01/05	1,659			1,659	10 MO S/L	1,659	0
86	Cherry Wall Cabinet	2/17/09	6,180			6,180	10 MO S/L	6,180	0
87	Laptop Computer	6/11/09	523			523	5 MO S/L	523	0
92	Security System	6/02/11	1,065			1,065	7 MO S/L	1,065	0
93	Carpet	6/14/11	545			545	7 MO S/L	545	0
94	Mirrored Display Case	8/11/11	10,857			10,857	7 MO S/L	10,857	0
95	Lighting	1/21/13	8,679			8,679	7 MO S/L	8,679	0
96	Server	3/18/13	5,983			5,983	5 MO S/L	5,983	0
97	Lighting	4/15/13	1,461			1,461	7 MO S/L	1,461	0
98	Exterior Door	10/14/13	912			912	39 MO S/L	240	23
99	Desk - Guest Engagement Area	3/17/14	800			800	7 MO S/L	800	0
102	Building Improvements	6/24/14	3,791			3,791	39 MO S/L	924	97
103	Computer	7/22/14	1,179			1,179	5 MO S/L	1,179	0
104	Heating System - King House	10/16/15	2,853			2,853	39 MO S/L	597	74
105	Library Lounge Improvements	10/01/15	18,359			18,359	39 MO S/L	3,884	470
106	Flooring - King House Gallary 3	11/08/16	2,666			2,666	39 MO S/L	490	68
107	Library Lounge Improvements	11/15/16	11,859			11,859	39 MO S/L	2,179	304
108	Stained Glass	8/01/17	772			772	39 MO S/L	127	20
109	Computers	2/11/19	2,682			2,682	5 MO S/L	2,640	45
110	Server	3/09/20	6,867			6,867	5 MO S/L	5,265	1,373
111	Fork Lift	3/09/20	9,895			9,895	7 MO S/L	5,419	1,413
112	Carpet	4/06/20	18,583			18,583	10 MO S/L	6,969	1,858
113	New Lighting	8/21/20	2,624			2,624	39 MO S/L	224	68
114	2nd Floor AC	10/05/20	10,242			10,242	39 MO S/L	854	262
115	Lower Level Flooring	5/03/21	12,175			12,175	10 MO S/L	3,247	1,217
117	Awning	11/08/21	3,500			3,500	10 MO S/L	758	350
118	Security System	3/20/23	11,368			11,368	10 MO S/L	853	1,136
119	Security System Upgrade	3/15/24	4,929			4,929	10 MO S/L	0	411
120	Shipping Door	12/20/24	7,507			7,507	39 MO S/L	0	0
Total Other Depreciation			<u>1,245,431</u>			<u>1,245,431</u>		<u>955,029</u>	<u>27,030</u>
Total ACRS and Other Depreciation			<u>1,245,431</u>			<u>1,245,431</u>		<u>955,029</u>	<u>27,030</u>
Grand Totals			1,281,099			1,281,099		978,606	27,502
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>1,281,099</u>			<u>1,281,099</u>		<u>978,606</u>	<u>27,502</u>

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Depreciation Adjustment Report

FYE: 12/31/2024

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
OP	1	3	Other Improvements	0	61	-61
OP	1	11	Air Conditioner	61	59	2
OP	1	21	Land Improvements	0	28	-28
OP	1	29	Warehouse Building Improvements	0	284	-284
OP	1	32	Addition Furn Museum	0	59	-59
				<u>61</u>	<u>491</u>	<u>-430</u>
Accelerated Real Preferences:						
OP	1	6	New Addition 1993	4,837	4,831	6
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
OP	1	36	Library Shelves	16	15	1
				<u>5,892</u>	<u>5,858</u>	<u>34</u>

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Future Depreciation Report**FYE: 12/31/25**

FYE: 12/31/2024

Auction

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
3	Other Improvements	7/01/90	2,477	0	62
11	Air Conditioner	9/01/95	2,350	60	174
21	Land Improvements	5/01/89	1,120	0	28
29	Warehouse Building Improvements	6/01/90	11,372	0	284
32	Addition Furn Museum	4/01/89	2,349	0	58
88	Air Conditioner	8/23/10	2,831	73	0
89	New Concrete Porch & Sidewalk	11/16/10	2,975	77	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	18	0
116	New Window - Admin	10/30/21	1,891	48	0
			<u>35,668</u>	<u>471</u>	<u>606</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	213
5	New Addition 1992	11/30/93	275,060	6,876	6,876
6	New Addition 1993	11/30/93	193,460	4,836	16,210
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
16	3 Chairs	7/12/94	459	0	0
18	Folding Tables	6/01/85	13,638	0	0
19	Time Clock	1/05/95	389	0	0
20	Fax Machine	10/01/95	200	0	0
22	Landscaping	6/17/93	29,595	740	740
23	Light Lamp Poles	9/09/93	4,106	102	103
24	Office Building	1/01/78	84,123	0	0
25	Office Building Impr	7/01/90	6,876	45	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	4,622	4,622
36	Library Shelves	2/01/93	611	15	16
37	Benches	7/14/94	224	0	0
38	Carpet Net of Ins Reim	8/26/94	478	0	0
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
56	Carpet	3/26/93	2,898	0	0
62	Hyundai 486 Net Reim	7/22/94	2,063	0	0

-*8364

Future Depreciation Report**FYE: 12/31/25**

FYE: 12/31/2024

Auction

Asset	Description	Date In Service	Cost	Tax	AMT
63	Hyundai 486	9/26/94	1,242	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	53	0
84	2 Humidifiers & fan	4/30/03	648	0	0
85	Shudders	10/01/05	1,659	0	0
86	Cherry Wall Cabinet	2/17/09	6,180	0	0
87	Laptop Computer	6/11/09	523	0	0
92	Security System	6/02/11	1,065	0	0
93	Carpet	6/14/11	545	0	0
94	Mirrored Display Case	8/11/11	10,857	0	0
95	Lighting	1/21/13	8,679	0	0
96	Server	3/18/13	5,983	0	0
97	Lighting	4/15/13	1,461	0	0
98	Exterior Door	10/14/13	912	24	0
99	Desk - Guest Engagement Area	3/17/14	800	0	0
102	Building Improvements	6/24/14	3,791	97	0
103	Computer	7/22/14	1,179	0	0
104	Heating System - King House	10/16/15	2,853	75	0
105	Library Lounge Improvements	10/01/15	18,359	471	0
106	Flooring - King House Gallary 3	11/08/16	2,666	66	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	0	0
110	Server	3/09/20	6,867	229	0
111	Fork Lift	3/09/20	9,895	1,414	0
112	Carpet	4/06/20	18,583	1,858	0
113	New Lighting	8/21/20	2,624	67	0
114	2nd Floor AC	10/05/20	10,242	263	0
115	Lower Level Flooring	5/03/21	12,175	1,218	0
117	Awning	11/08/21	3,500	350	0
118	Security System	3/20/23	11,368	1,137	0
119	Security System Upgrade	3/15/24	4,929	493	0
120	Shipping Door	12/20/24	7,507	192	0
Total Other Depreciation			<u>1,245,431</u>	<u>25,969</u>	<u>29,367</u>
Total ACRS and Other Depreciation			<u>1,245,431</u>	<u>25,969</u>	<u>29,367</u>
Grand Totals			<u>1,281,099</u>	<u>26,440</u>	<u>29,973</u>

Form 990-T	Business Income Activity Summary	2024
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Name Heisey Collectors of America, Inc.	Taxpayer Identification Number **-***8364
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Business Activity Income (and allocation of Prior-2018 NOL)

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

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

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Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. Unrelated Business Activity	511120	1. <u>-15,709</u>
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities		5. _____
6. Totals		6. <u>-15,709</u>

Form 990-T	Schedule A Loss Carryover Calculation Description Unrelated Business Activity	2024
Name Heisey Collectors of America, Inc.		Taxpayer Identification Number **-***8364
Unincorporated Business Income Tax Code: 511120 Activity: Periodical publishers (except In		

Each activity may carryforward losses after 2018

1 Activity income	1	-15,709
2 Activity deductions	2	
3 Activities income or loss, after deductions	3	-15,709
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	19,060
5 Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	
7 Remaining losses to be carried forward to 2025 (Subtract Line 6 from line 4)	7	19,060
8 If line 3 is less than zero, enter that amount here as a positive number	8	15,709
9 Total loss carried forward to 2025 (Add lines 7 and 8)	9	34,769

Electronic Filing includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2023, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ...	E1	19,060
E2 Prior year activity losses included on Schedule A, Line 17	E2	

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Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T**

2024

For calendar year 2024, or tax year beginning _____, ending _____

Name

Heisey Collectors of America, Inc.

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

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

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Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning _____, ending _____		

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

			2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1.	73,824	82,691	8,867
	2. Membership dues and assessments	2.	29,533	27,611	-1,922
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	3,347	4,070	723
	5. Investment income	5.	150,613	185,286	34,673
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	151,830	482,854	331,024
	8. Net income or (loss) from fundraising events	8.	41,941	46,024	4,083
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	72,677	49,941	-22,736
	11. Other revenue	11.	2,582	1,599	-983
	12. Total revenue. Add lines 1 through 11	12.	526,347	880,076	353,729
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	164,970	171,120	6,150
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	39,542	50,880	11,338
	19. Occupancy, rent, utilities, and maintenance	19.	55,407	59,274	3,867
	20. Depreciation and Depletion	20.	27,300	27,504	204
	21. Other expenses	21.	57,464	85,700	28,236
	22. Total expenses. Add lines 13 through 21	22.	344,683	394,478	49,795
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	181,664	485,598	303,934
Other Information	24. Total exempt revenue	24.	526,347	880,076	353,729
	25. Total unrelated revenue	25.	1,184	1,573	389
	26. Total excludable revenue	26.	379,865	722,177	342,312
	27. Total assets	27.	7,361,266	7,943,815	582,549
	28. Total liabilities	28.	4,656	3,452	-1,204
	29. Retained earnings	29.	7,356,610	7,940,363	583,753
	30. Number of voting members of governing body	30.	13	13	
	31. Number of independent voting members of governing body	31.	13	13	
	32. Number of employees	32.	11	10	
	33. Number of volunteers	33.	75	68	

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Form 990T	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning _____, ending _____		

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

		2023	2024	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades			
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss			
	6. Net operating loss (pre-2018)			
	7. Specific deduction	1,000	1,000	
	8. Unrelated business taxable income.			
Tax & Credits	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits			
	18. Recapture taxes and 965 tax			
	19. Total Taxes			
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)			
	26. Overpayment applied to next year			
	27. Penalties			
	28. Total due/(Refund)			
	29. Activity Losses NOL (Post-2017)	-6,505	-15,709	-9,204

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Form SchA (990T)	Two Year Comparison for Unrelated Business Activity	2023 & 2024
For calendar year 2024, or tax year beginning _____, ending _____		

Organization Name Heisey Collectors of America, Inc.	Taxpayer Identification Number **-***8364
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Activity: **Unrelated Business Activity** Unincorporated Business Income Tax Code: **511120**

		2023	2024	Differences	
R e v e n u e	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.	-6,505	-15,709	-9,204
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	-6,505	-15,709	-9,204
E x p e n s e s	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.			
	22. Total deductions. Add lines 12 through 21	22.			
	23. Taxable income before deductions. Subtract line 22 from 11	23.	-6,505	-15,709	-9,204
	24. Deductible losses	24.		19,060	19,060
	25. Unrelated business taxable income (loss)	25.	-6,505	-34,769	-28,264

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Form **990****Tax Return History**

Name

Heisey Collectors of America, Inc.

	2020	2021	2022	2023	
Contributions, gifts, grants	91,813	87,864	66,321	73,824	
Membership dues	23,069	24,035	31,012	29,533	
Program service revenue	1,428	3,914	3,005	3,347	
Capital gain or loss	303,088	417,491	-116,135	151,830	
Investment income	101,343	104,618	108,943	150,613	
Fundraising revenue (income/loss)	-564	36,845	32,033	41,941	
Gaming revenue (income/loss)					
Other revenue	72,274	82,863	79,738	75,259	
Total revenue	592,451	757,630	204,917	526,347	
Grants and similar amounts paid					
Benefits paid to or for members					
Compensation of officers, etc.					
Other compensation	100,715	103,098	125,116	164,970	
Professional fees	34,173	40,755	43,057	39,542	
Occupancy costs	35,657	52,740	84,345	55,407	
Depreciation and depletion	24,450	26,178	26,449	27,300	
Other expenses	55,922	58,152	65,815	57,464	
Total expenses	250,917	280,925	344,782	344,683	
Excess or (Deficit)	341,534	476,705	-139,865	181,664	
Total exempt revenue	592,451	757,630	204,917	526,347	
Total unrelated revenue	824	1,000	1,116	1,184	
Total excludable revenue	477,309	607,886	74,435	379,865	
Total Assets	6,905,825	7,673,761	6,674,382	7,361,266	7,
Total Liabilities	3,693	3,426	3,971	4,656	
Net Fund Balances	6,902,132	7,670,335	6,670,411	7,356,610	7,

Form **990T**

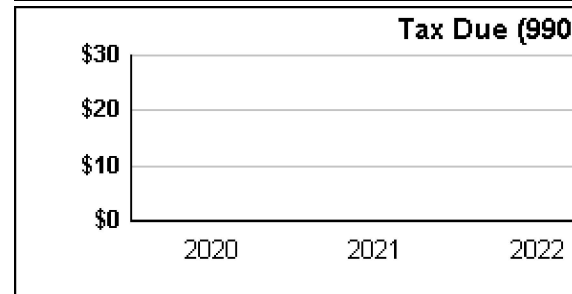
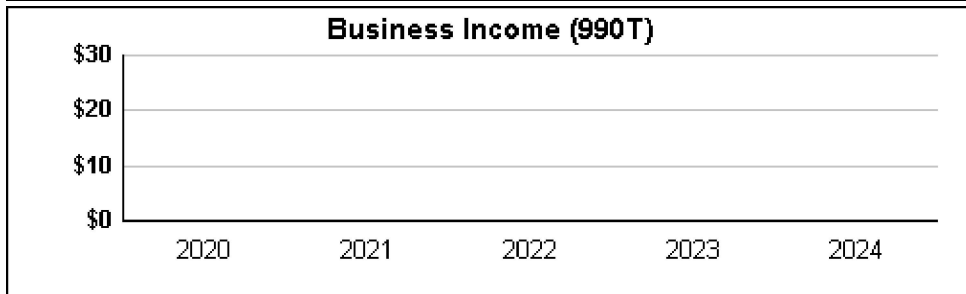
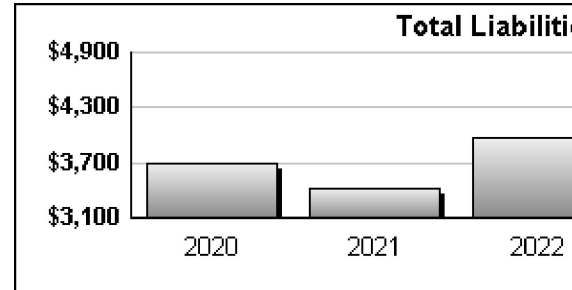
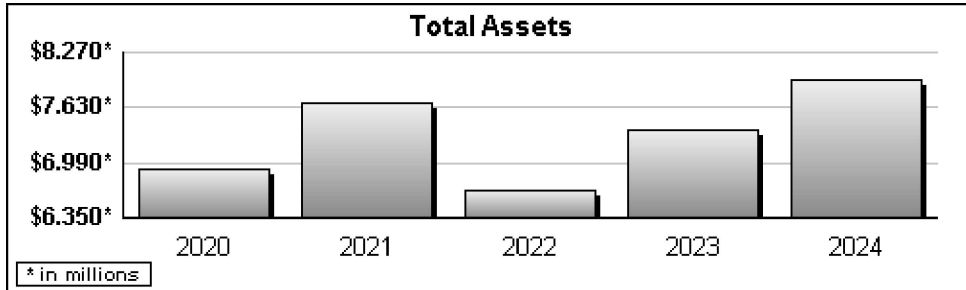
Tax Return History

Name

Heisey Collectors of America, Inc.

	2020	2021	2022	2023
UBTI from all trades	0	0	0	0
Charitable contributions				
Net operating loss deduction				
Specific deduction			1,000	1,000
Section 199A deduction (trusts)				
Income after deductions				
Income tax (corporate or trust)				
Other taxes				
Total taxes				
General business credit				
Other credits				
Net tax after credits				
Estimated tax payments				
Other payments				
Balance due /-Overpayment				

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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>
	\$ 104,859		14			
Total	\$ <u>104,859</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>
	\$ 80,427		14			
Total	\$ <u>80,427</u>					

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HEISEY Heisey Collectors of America, Inc.

-*8364

FYE: 12/31/2024

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management General</u>
Dues & Subscriptions	\$ 725	\$	\$ 725
Outreach	330	330	
Total	\$ <u>1,055</u>	\$ <u>330</u>	\$ <u>725</u>

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Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
Membership Dues and Assessments	\$ 27 82
Total	\$ 110

Schedule A, Part III, Line 2(e)

Description	Amount
Museum Admissions	\$ 4
Miscellaneous	
Auction	139
Inventory	65
Convention	17
Percy Moore Memorial	2
Heisey News	
Total	\$ 228

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

Description	Amount
	\$ 104 80
Total	\$ 185

Schedule A, Part III, Line 11

Description	Amount
Heisey News	\$ -15
Less: Deductions	-1
Total	\$ -16

**-*8364

Federal Statements

FYE: 12/31/2024

Convention

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
Show Expenses	\$ 2,800
Printing & Copying	151
Advertising	1,201
Other Convention Expenses	506
Total	\$ <u>4,658</u>

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