## Form **990**

## **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2023 calend	lar year, or ta	ax year begin	ning		, <b>2023</b> , a	nd endi	ing		, 20			
В	Check if a	applicable:	C Name of orga	anization <b>TH</b>	E HEIMERDING	ER FOUNDATION	INC			D Empl	loyer identification number			
	Address of	change	Doing busine	ess as							45-4049547			
$\overline{\sqcap}$	Name cha	ange	Number and	street (or P.O. box	x if mail is not delivered to	street address)		Room/sui	ite	E Telep	phone number			
Ī	Initial retu	_		EAST IRIS		,					(615)730-5632			
П		rn/terminated			country, and ZIP or foreig	n postal code		I	G Gross receipts					
П	Amended			ILLE, TN	**	, r poota, oodo				\$	661,547			
H		on pending		ddress of principal		INE RAY			H(a) Is this a		for subordinates? Yes X No			
ш	Applicatio	on pending		AS C ABOV		IAN DAI					res included? Yes No			
_	Tax-exem	ant atatua: X	501(c)(3)	501(c) (	) (insert no.)	4947(a)(1) or	527		1 ' '		st. See instructions			
<u>:                                    </u>	Website:		IEALS.ORG		) (Insert no.)		)Z1		H(c) Group 6					
<u>,</u>		_	Corporation	Trust Ass	ociation Other		Year of formati	an: 201			<del></del>			
	art I	Summar		ITUST ASS	ociation Other		L rear or formati	on: <b>201</b>	LT   IVI 3	state of let	gal domicile: <b>TN</b>			
1 6	1		•	ization's missi	on or most significa	nt activities: ME N	OTTOTOU T	יטדי פסי	DIEC M	TNDC	AND UEADTC OF			
	'	•	ŭ		J	OF HEALTHY ME					AND HEARTS OF			
ė		IHOBE FA	CING CAN	CEK THROU	GH THE FOWER	OF HEADINI ME	שוא מחאי	NOIKI	IION ED	OCALL	ON.			
ğ		-												
Governance	2	Check this h	ov Difthe	organization d	iscontinued its oper	ations or disposed of	more than 25	% of ite	net accete					
9	3		_	J	rning body (Part VI,						11			
જ	4		ū	Ū	• , ,	ody (Part VI, line 1b)				4				
Activities &				-	-	3 (Part V, line 2a)				5	11			
ጀ	5									-	8			
Act	6			s (estimate if r	• ,	\				6	210			
					•	), line 12				7a	0			
	D	Net unrelate	ed business ta	xable income	from Form 990-1, F	Part I, line 11		· · · ·		7b	0			
anı		0 . " . "		D	41.)				Prior Year		Current Year			
	8									,934	619,377			
	9	•		•	•,				11	,900	7,920			
Revenue	10		•	,	•	)				(107)				
8	11								(18,236)		(37,707)			
	12								1,159	,491	593,851			
	13				, ,	1-3)					0_			
	14										0			
w	15		•		,	olumn (A), lines 5-10)			264	,666	264,827			
Expenses	16a	Professional	l fundraising f	ees (Part IX, d	column (A), line 11e	)					36,054			
per	b	Total fundra	ising expense	s (Part IX, col	umn (D), line 25)		137,934							
Щ	17	Other expen	ises (Part IX,	column (A), lir	nes 11a-11d, 11f-24	e)			266	,678	273,426			
	18	Total expens	ses. Add lines	s 13-17 (must	equal Part IX, colun	nn (A), line 25)			531	,344	574,307			
	19	Revenue les	s expenses. S	Subtract line 1	8 from line 12				628	,147	19,544			
5	Se							Begi	nning of Curre	ent Year	End of Year			
ets	<u>k</u> 20	Total assets	(Part X, line	,					1,410	,839	1,404,144			
Net Assets or	<u>n</u> 21	Total liabilitie	es (Part X, lin	e 26)					287	,115	260,876			
_				es. Subtract I	ine 21 from line 20				1,123	,724	1,143,268			
	art II		re Block											
						ig schedules and statements nation of which preparer has		of my know	wledge and bel	ief, it is				
	, , .			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		, , ,							
٥.			ARINE RAY	Z .										
Sig	_	Signature of office	cer							Da	ate			
He	re	KATH	ARINE RA	, EXECUT	IVE DIRECTOR									
		Type or print nar	me and title											
		Print/Type pre	eparer's name		Preparer's signature		Date		Check	if	PTIN			
Pa	id	Bryan E	Blair		Bryan Blair		11-12-20	24	self-em	ployed	P00631975			
Pre	eparer	Firm's name		H A Beas	ley and Compa	any PLLC		F	irm's EIN	1				
Us	e Only	<b>y</b> Firm's addres	SS	111 MTCS	Road			Р	hone no.					
	•			Murfrees	boro TN 3712	9				615-	895-5675			
May	the IRS	S discuss this	retum with th		own above? See in						X Yes No			

310,502

Total program service expenses

Part IV

45-4049547

## **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	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 L	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	L'		Λ
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а				
	complete Schedule D, Part VI	11a	х	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	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	444		
•		11d 11e	x	
e f		116	_^_	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part.X.</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Parts XI and XII	12a	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	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		Х
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	17	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 JI	18	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	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

38

Form 990 (2023) THE HEIMERDINGER FOUNDATION INC Page 4 45-4049547 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 22 Х 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 23 Х 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 24a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?...... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . . . . . . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х 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? 25b Х 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% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х Х A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . . . . . . . . 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part J. . . . . . . 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 х 35a х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . . . . . . . . . . . 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х 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 . . . . . . . . . . . 37 Х 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and

19	? Note: All Form 990 filers are required to complete Schedule O
Part V	Statements Regarding Other IRS Filings and Tax Compliance

reportable gaming (gambling) winnings to prize winners?

EEA

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	11		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				

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

Par	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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov	er,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
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 (Fl	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	$ \   \text{Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?}  .  .$		5b		х
С	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? $\dots \dots$		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	$\label{eq:discrete_problem} \mbox{Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?} \ .$		7e		х
f	$ \   \text{Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?}  \dots  .  .  . $		<b>7</b> f		х
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	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained by the} \\$				
	sponsoring organization have excess business holdings at any time during the year? $\dots \dots \dots$		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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:	1 1			
а	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:	1 1			
а	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?	I I	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.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	1 1			
b	Enter the amount of reserves the organization is required to maintain by the states in which	401			
	the organization is licensed to issue qualified health plans	13b	-		
C 140	Enter the amount of reserves on hand	13c	140		7-
14a h	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		14b		
13	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.		13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?.		16		х
	If "Yes," complete Form 4720, Schedule O.				Α
17	Section 501(c)(21) organizations. Did the trust, or 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?		17		
	If "Yes," complete Form 6069.				

Part VI

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	KATHARINE RAY (615)730-5632, 430 B EAST IRIS DRIVE, NASHVILLE, TN 37204			

## Part VII

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

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

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

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

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

Check this box if neither the organization nor any rela	ted organizat	ion co	mper	nsat	ed a	ny curr	ent	officer, director, or	trustee.	
				(	(C)					
(A) Name and title	(B)  Average hours per week (list any	box,	, unles	eck m ss per	son is	nan one s both an /trustee)	1	(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)KATHARINE RAY	40.00									
EXECUTIVE DIRECTOR				Х				68,408	0	3,375
(2) JANNIS MUSCATO	1.00									
DIRECTOR		x						0	0	0
(3) JONAS DE SOUZA	1.00									
DIRECTOR		х						0	0	0
(4) SHARON PETERS	1.00									
DIRECTOR		x						0	0	0
(5) ANDREW SARTORIS	1.00									
DIRECTOR		x						0	0	0
(6)WENDI MICHELLE	1.00									
DIRECTOR		x						0	0	0
(7)KATHIE HEIMERDINGER	1.00									
DIRECTOR		x						0	0	0
(8) BLAKE BOYD	1.00							-	-	-
DIRECTOR		х						0	0	0
(9)BRIAN HEIMERDINGER	1.00							-	-	-
DIRECTOR		х						0	0	0
(10)DON DIFFENDORF	5.00									
TREASURER		х		x				0	0	0
(11)KEVIN ELKINS	5.00									
PRESIDENT		х		х				0	0	0
(12)JAMES O'BRIEN	5.00			41						•
SECRETARY		х		х				0	0	0
(13)				41						•
(4.4)										
(14)										

EEA Form 990 (2023)

Form 9	90 (2023) THE HEIMERDINGER	FOUNDAT:	ION I	NC						45-4049	547	P	age <b>8</b>
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp	olo	yee	s, an	d H	lighest Comp	ensated Empl	oyees	(conti	nued
	(A) Name and title	(B) Average hours per week (list any hours for	box, offic	unles er and	Pos eck m ss per d a di	rson is rector/	an one both an trustee)	Forme	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	con fr orgar	(F) ated among of other appensation the appensation ap	on and
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	if .	Key employee	Highest compensated employee	er	.555 .125/	.000 1.207	·olatos	0.942	u
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal												
С	Total from continuation sheets to Part VII, Sect	tion A .											
d	Total (add lines 1b and 1c)								68,408	0		3,3	375
2	Total number of individuals (including but neeportable compensation from the organization)		o those	e lis	ted	abo	ve) w	ho r	eceived more th	an \$100,000 of		Į.	C
												Yes	No
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If "Yes," complete Schedu</i>	ıle J for such	indivia	lual .							3		x
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater the	nan \$150,00	0? <i>If</i> "Y	'es,"	con	nplet	e Sche	edule	e J for such				
5	individual	compensati	on from	any	unr	elate	d orga	aniza	ation or individual		4		Х
00-4	for services rendered to the organization? If "Ye.	s," complete	Sched	ule .	J for	sucl	n pers	on .			5		х
	on B. Independent Contractors  Complete this table for your five highest co	mneneator	l inden	and	lant	con	tracto	re +	hat received mo	re than \$100 000	) of		
1	compensation from the organization. Repo	-	-									tax y	ear.

(A)	(B)	(C)
Name and business address	Description of services	Compensation

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

Form 990 (2023) THE HEIMER
Part VIII Statement of Revenue

1 uit		Check if Schedule O contains a res	pons	e or note to any li	ne in this Part V	/III		Г
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c	85,661				
ם סר	d		1d					
ifts,	е	Government grants (contributions)	1e					
nia S, G	f	All other contributions, gifts, grants,						
i Si		and similar amounts not included above	1f	533,716				
ibut	g	Noncash contributions included in						
ontr od O		lines 1a-1f	1g	\$ 54,283				
ة <u>ن</u>	h	Total. Add lines 1a-1f			619,377			
				Business Code				
	2a PATIENT MEALS			900099	7,920	7,920		
Program Service Revenue	b							
Ser	С							
e e	d							
gra Re	е							
F.	f	All other program service revenue						
	g	Total. Add lines 2a-2f			7,920			
	3	Investment income (including dividends, inte	erest,	and				
		other similar amounts)		-	4,261			4,261
	4	Income from investment of tax-exempt bond						
	5	Royalties						
		(i) Real		(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
	d	` '		(ii) Other				
	7a	Gross amount nom						
		sales of assets						
	١.	other than inventory 7a		-				
_	b	Less: cost or other basis						
en ne		and sales expenses 7b						
		Gain or (loss)						
Ŗ		Net gain or (loss)	· <u>· · · · · · · · · · · · · · · · · · </u>					
Other Re	oa	Gross income from fundraising events (not including \$ 85,661						
0		events (not including \$ 85,661 of contributions reported on line	-					
		1c). See Part IV, line 18	8a	29,175				
	h	Less: direct expenses	8b	· · · · ·				
		Net income or (loss) from fundraising event			(38,521)			(38,521
		Gross income from gaming	Ĭ Ė		(30,321)			(307321
	••	activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	1	Net income or (loss) from gaming activities						
		Gross sales of inventory, less						
	IVa	returns and allowances	10a	1				
	b	Less: cost of goods sold	10l					
	1	Net income or (loss) from sales of inventory						
		, , ,		Business Code				
ত	11a	OTHER INCOME		900099	103	103		
nor ue		COOKBOOK SALES		900099	711	711		
ella ven	С							
Miscellanous Revenue	d	All other revenue						
Σ	е	Total. Add lines 11a-11d			814			
_	•	Total revenue See instructions	_		593 851	8 734		(34.260

45-4049547

#### Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 .... Compensation of current officers, directors, trustees, and key employees ...... 13,682 68,408 20,522 34,204 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 . . . . . . . . . . . . . . 165,810 149,406 3,507 12,897 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 6,700 3,700 3,000 10 23,909 18,636 1,386 3,887 11 Fees for services (nonemployees): 6,158 3,158 3,000 Legal...... b 17,594 17,594 d Professional fundraising services. See Part IV, line 17. . 36,054 36,054 f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . 7,504 7,504 12 230 230 13 20,966 5,309 13,018 2,639 5,159 14 5,159 15 16 73,771 22,131 29,508 22,132 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization . . . . . . 21,314 21,314 23 Insurance ........ 1,188 10,949 9,761 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.) STAFF DEVELOPMENT 4,200 4,200 MEALS FOR HEALTH AND HEALING 88,667 88,667 C DEVELOPMENT 10,915 10,915 d CAPITAL CAMPAIGN 4,702 4,702 354 All other expenses 1,297 943 Total functional expenses. Add lines 1 through 24e. . 25 574,307 310,502 125,871 137,934 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

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>(B)</b> End of year
	1	Cash - non-interest-bearing		1	200
	2	Savings and temporary cash investments		2	262,685
	3	Pledges and grants receivable, net		3	4,763
	4	Accounts receivable, net		4	•
	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	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	8,185	8	7,788
Ass	9	Prepaid expenses and deferred charges		9	.,,,,,,,
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 945,33	79		
	b	Less: accumulated depreciation 10b 37,44		10c	907,935
	11	Investments - publicly traded securities		11	201,7000
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	220,773
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	•	16	1,404,144
	17	Accounts payable and accrued expenses		17	14,518
	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,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons		22	
Ë	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	277,512	25	246,358
	26	Total liabilities. Add lines 17 through 25		26	260,876
		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions	515,874	27	1,131,005
lan	28	Net assets with donor restrictions		28	12,263
B		Organizations that do not follow FASB ASC 958, check here			
S n		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
its c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSe	31	Retained earnings, endowment, accumulated income, or other funds		31	
et A	32	Total net assets or fund balances		32	1,143,268
ž	33	Total liabilities and net assets/fund balances		33	1,404,144

EEA

Form **990** (2023)

Paı	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		!	593,	851
2	Total expenses (must equal Part IX, column (A), line 25)	2		!	574,	307
3	Revenue less expenses. Subtract line 2 from line 1	3			19,	544
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,:	123,	724
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,:	143,	268
Paı	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			٠,		
					Yes	No
1	Accounting method used to prepare the Form 990: X 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?		. 2	а		х
	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?		2	b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both.					
	X Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2	С	х	
	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?		3	а		X
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		. 3	b		

EEA

#### **SCHEDULE A** (Form 990)

## **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open to Public** Inspection Employer identification number

HE	ΗE	IMERDINGER FOUNDATION I	NC				45-404954	7	
Par	t I	Reason for Public Cha	rity Status. (Al	I organizations mus	st comple	ete this p	oart.) See instruction	ons.	
The o	rgaı	nization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check o	only one bo	x.)			
1		A church, convention of churches,	or association of c	hurches described in <b>se</b>	ction 170(	b)(1)(A)(i)	) <b>.</b>		
2		A school described in section 170	<b>(b)(1)(A)(ii).</b> (Attac	ch Schedule E (Form 990	0).)				
3		A hospital or a cooperative hospital	l service organizat	ion described in <b>section</b>	170(b)(1)	(A)(iii).			
4		A medical research organization of	perated in conjunc	tion with a hospital descr	ribed in <b>se</b>	ction 170	(b)(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the be	nefit of a college o	r university owned or ope	erated by a	a governm	ental unit described in		
	_	section 170(b)(1)(A)(iv). (Complete	te Part II.)						
6	Ц	A federal, state, or local governme	nt or governmenta	I unit described in <b>section</b>	on 170(b)(	1)(A)(v).			
7	X	,	•		jovernmen	tal unit or f	rom the general public		
		described in section 170(b)(1)(A)(		•					
8	Ц	A community trust described in sec							
9	Ш	An agricultural research organization				•	•	ege	
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or		
		university:							
10	Ш	An organization that normally received receipts from activities related to its						S	
		support from gross investment inco	me and unrelated b	ousiness taxable income	(less secti	on 511 tax	) from businesses		
	$\Box$	acquired by the organization after			•	,			
11	님	An organization organized and ope						(	
12	Ш	An organization organized and ope	•	•					1.
		one or more publicly supported org		,			. , ,	o). Chec	ĸ
_		the box on lines 12a through 12d th	• •			•	•	vina	
а		Type I. A supporting organizat the supported organization(s) tl		•		•		virig	
		supporting organization. <b>You r</b>				unectors	or trustees or the		
b		Type II. A supporting organiza	-			nnorted or	raanization(s), hy havin	a	
		control or management of the s	•					-	
		organization(s). You must cor		·			r manage the supporte	u .	
С		Type III functionally integrate	•		connection	with and	functionally integrated	with	
·		its supported organization(s) (s		•				,	
d		Type III non-functionally inte	•	•				ion(s)	
		that is not functionally integrate	•						
		requirement (see instructions).	You must compl	ete Part IV, Sections A	and D, an	d Part V.			
е		Check this box if the organization	on received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III		
		functionally integrated, or Type	III non-functionally	integrated supporting of	rganizatior	<b>).</b>			
f	Е	nter the number of supported organ	izations						
g	P	rovide the following information abo	ut the supported or	ganization(s).					
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary		Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing ent?	support (see instructions)		support (see
				assiv (555 monastron))		1	ou desiene,		
					Yes	No			
A)									
,									
B)									
C)									
D)									
E)									
Cotal									

45-4049547

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

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		on A. Public Support	,	ı		_		
membership fees received. (Do not include any "unusual grants.").  2  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3  The value of services or facilities furnished by a governmental unit to the organization without charge  4  Total. Add lines 1 through 3  4  Total. Add lines 1 through 3  5  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  5  Public support. Subtract lines from line 4	Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any "unusual grants.") 2 Tax revenues levied to the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business activities, etc. (see instructions) 10 Other income. Do not include gain or loss from the said or clapital assets (Explain in Part VI) 11 Erist 5 years, If the Form 990 is for the organization of the check abox 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 qualifies as a publicly supported organi	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		membership fees received. (Do not						
organization's benefit and either paid to or expended on its behalf		include any "unusual grants.")	473,471	350,005	532,029	1,203,527	658,630	3,217,662
to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Buffort line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalites, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organizations 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  4 Public support percentage from 2022 Schedule A, Part II, line 14  14 Public support percentage from 2023 Chedule A, Part II, line 14  15 Total support percentage from 2023 Chedule A, Part II, line 14  16 3 31/3% support test - 2023. If the organization did not check the box on line 13, rad line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  16 3 10% support percentage from 2022 Schedule A, Part II, line 14  17 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 31 10% or more, and if the organization did not check a box on line 13, 16a, or 16b, and line 14 is 31 10% or more, and if the organization meets the facts-and-circumstances test, check this box and sepulation organization meets the facts-and-circumstances	2	Tax revenues levied for the						
The value of services or facilities furnished by a governmental unit to the organization without charge		organization's benefit and either paid						
turnished by a governmental unit to the organization without charge		to or expended on its behalf						
organization without charge 4 Total. Add lines 1 through 3 473,471 350,005 532,029 1,203,527 658,630 3,217,662 asch person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 587,134 58ction B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 473,471 350,005 532,029 1,203,527 658,630 3,217,662 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 5,100 3,991 653 1,096 2,917 133,757 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Income from gos from the sale of capital assets (Explain in Part VI.) 12 Instance or source of capital assets (Explain in Part VI.) 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 Public support test - 2023. If the organization of hot check the box on line 13 and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 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, check this box and stop here. Explain in Part VI how 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, 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 [170 organization organization organization organization organization organization organization organiza	3	The value of services or facilities						
Total. Add lines 1 through 3		furnished by a governmental unit to the						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		organization without charge						
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4	<b>Total.</b> Add lines 1 through 3	473,471	350,005	532,029	1,203,527	658,630	3,217,662
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5	The portion of total contributions by						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		each person (other than a						
line 1 that exceeds 2% of the amount shown on line 11, column (f)		governmental unit or publicly						
shown on line 11, column (f)		supported organization) included on						
Section B. Total Support Calendar year (or fiscal year beginning in)  Amounts from line 4		line 1 that exceeds 2% of the amount						
Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 4		shown on line 11, column (f)						587,134
Section B. Total Support  Calendar year (or fiscal year beginning in)  A mounts from line 4	6	Public support. Subtract line 5 from line 4.						2,630,528
Calendar year (or fiscal year beginning in) 7 Amounts from line 4	Secti	on B. Total Support				•	•	
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
payments received on securities loans, rents, royalties, and income from similar sources	7	Amounts from line 4	473,471	350,005	532,029	1,203,527	658,630	3,217,662
rents, royalties, and income from similar sources	8	Gross income from interest, dividends,						
similar sources 5,100 3,991 653 1,096 2,917 13,757  Net income from unrelated business activities, whether or not the business is regularly carried on		payments received on securities loans,						
Net income from unrelated business activities, whether or not the business is regularly carried on		rents, royalties, and income from						
9 Net income from unrelated business activities, whether or not the business is regularly carried on		similar sources	5,100	3,991	653	1,096	2,917	13,757
is regularly carried on	9	Net income from unrelated business		-				
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  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 2023 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2022 Schedule A, Part II, line 14  16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  16 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part		activities, whether or not the business						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  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 2023 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2022 Schedule A, Part II, line 14  16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  16 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part		is regularly carried on						
loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  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 2023 (line 6, column (f), divided by line 11, column (f))  15  Public support percentage from 2022 Schedule A, Part II, line 14  15  79.30 9  16a  33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a  10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 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 - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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 qu	10	- ·						
(Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)								
Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  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  Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  Public support percentage from 2022 Schedule A, Part II, line 14  313 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how 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, check this box and stop here. Explain in Part VI how 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, 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.		· · · · · · · · · · · · · · · · · · ·						
Gross receipts from related activities, etc. (see instructions)	11							3,231,419
organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	13	First 5 years. If the Form 990 is for the or	rganization's fir	st, second, thi	rd, fourth, or fit	th tax year as	a section 501(d	c)(3)
Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))			•			•	•	, , ,
Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	Secti							
Public support percentage from 2022 Schedule A, Part II, line 14	14	Public support percentage for 2023 (line 6	6, column (f), di	ivided by line 1	1, column (f))		14	81.40 %
box and stop here. The organization qualifies as a publicly supported organization	15							79.30 %
box and stop here. The organization qualifies as a publicly supported organization	16a						1/3% or more,	check this
<ul> <li>b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.</li> <li>17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li> <li>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>								
<ul> <li>10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>	b	33 1/3% support test - 2022. If the organ	nization did not	check a box or	n line 13 or 16	a, and line 15 i	s 33 1/3% or m	
10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		this box and <b>stop here.</b> The organization	qualifies as a p	oublicly suppor	ted organizati	on		
10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	17a		•		•			_
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 - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		•					•	
<ul> <li>b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li></ul>					_			
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	h	•						_
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	~		_					
organization		<del>-</del>					-	•
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		<u> </u>			_	· ·	-	
_	18	· ·						see
		•						

Schedule A (Form 990) 2023 EEA

45-4049547

### 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
-	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(1)	(4)		(27)	(3)	()
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501(	c)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2023 (line 8	, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch	edule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (I			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	33 1/3% support tests - 2023. If the orga					ore than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2022. If the organizati	-	_	•			
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization die	-	_			-	_

#### Part IV **Supporting Organizations**

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

Section A. All Supporting Organization	Section	A. All	Supporting	Organizations
--	---------	--------	------------	---------------

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		103	110
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	-		
_				
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
٥-	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
- Cu	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
h		Ja		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	- F-		
_	designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	_		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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 <b>Part VI</b>.</i>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI</b> .	11c		
Section	on 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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on 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)? 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).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b>	_		
_	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Castin	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations	inat		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst	ructio	ons).
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instruction supported a government entity (see instruction).</i>	otiono)		
C		cuoris)	Yes	No
2	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	Za		
Ŋ	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	11 July 2011 11 11 11 11 11 11 11 11 11 11 11 11			

45-4049547

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1	$\  \  \  \  \  \  \  \  \  \  \  \  \  $	j trus	st on Nov. 20, 1970 <i>(expl</i>	ain in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Section	ons A through E.
Socti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
<u> </u>	on A - Adjusted Net Income		(A) Filor real	(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		
Coati	on D. Minimum Accet Amount		(A) Drier Veer	(B) Current Year
Secu	on B - Minimum Asset Amount		(A) Prior 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on 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-functiona	lly ir	ntegrated Type III support	ing organization

Schedule A (Form 990) 2023 EEA

45-4049547

Part	V Type III Non-Functionally Integrated 509(a)	<ol><li>Supporting Organ</li></ol>	<b>izations</b> (continue	ed)	
Sect	ion D - Distributions				<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	· VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributior	าร	(iii) Distributable

10	Line o amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

EEA Schedule A (Form 990) 2023 Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE D** (Form 990)

## **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

Name o	of the or	ganization			Employer identification number
THE I	HE IME	RDINGER FOUNDATION INC			45-4049547
Pa	rt I	Organizations Maintaining Donor Advised	Funds or Other S	milar Funds or Ac	counts
		Complete if the organization answered "Yes" of	on Form 990, Part	IV, line 6.	
		· •	(a) Donor	advised funds	(b) Funds and other accounts
1	Total	number at end of year			
2		gate value of contributions to (during year)			
3		gate value of grants from (during year)			
4		egate value at end of year			
5		e organization inform all donors and donor advisors in	writing that the asset	s held in donor advised	1
		are the organization's property, subject to the organization	-		
6		e organization inform all grantees, donors, and donor a			
		or charitable purposes and not for the benefit of the do			
		rring impermissible private benefit?			
Par		Conservation Easements			· · · · · · · · · · · · · · · · · · ·
ı uı	•	Complete if the organization answered "Yes" of	on Form 990 Part	IV line 7	
1	Dumo	se(s) of conservation easements held by the organization			
•		eservation of land for public use (for example, recreation		_	historically important land area
	_	eservation of natural habitat	on or education)		certified historic structure
	=			Preservation of a	certined historic structure
•		eservation of open space		other Care to the Care at	
2		lete lines 2a through 2d if the organization held a qualit	ied conservation con	tribution in the form of	
		nent on the last day of the tax year.			Held at the End of the Tax Year
a		number of conservation easements			
b		acreage restricted by conservation easements			
C		er of conservation easements on a certified historic str			<u>2c</u>
d		er of conservation easements included on line 2c, acq			
		storic structure listed in the National Register			
3	Numb	er of conservation easements modified, transferred, re	eleased, extinguished	or terminated by the o	organization during the
	tax ye				
4	Numb	er of states where property subject to conservation ea	sement is located		
5	Does	the organization have a written policy regarding the pe	riodic monitoring, ins	pection, handling of	<u>_</u> ,
		ons, and enforcement of the conservation easements in			
6	Staff a	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations	and enforcing conserv	ation easements during the year
7	Amou	nt of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conservatio	n easements during the year
8	Does	each conservation easement reported on line 2d abov	e satisfy the requirem	ents of section 170(h)	(4)(B)(i)
	and s	ection 170(h)(4)(B)(ii)?			
9	In Par	rt XIII, describe how the organization reports conserva-	tion easements in its	revenue and expense s	statement and balance
	sheet,	and include, if applicable, the text of the footnote to the	e organization's finan	cial statements that des	scribes the
	organ	ization's accounting for conservation easements	_		
Par	t III	<b>Organizations Maintaining Collections</b>	of Art, Historica	al Treasures, or 0	Other Similar Assets
		Complete if the organization answered "Yes" of	on Form 990, Part	IV, line 8.	
1a	If the	organization elected, as permitted under FASB ASC 9	58, not to report in its	revenue statement an	d balance sheet works
	of art.	historical treasures, or other similar assets held for pu	blic exhibition, educa	ion, or research in furt	herance of public
		e, provide in Part XIII the text of the footnote to its fina			
b		organization elected, as permitted under FASB ASC 9			
_		storical treasures, or other similar assets held for public			
		the following amounts relating to these items:		.,	
	•	evenue included on Form 990, Part VIII, line 1			¢
		ssets included in Form 990, Part X			
2					
2		organization received or held works of art, historical tre			yam, provide me
_		ing amounts required to be reported under FASB ASC	_		Φ.
a		nue included on Form 990, Part VIII, line 1			
b	ASSet	s included in Form 990. Part X			\$

Par	t III   Organizations Maintaining C	ollections of F	art, His	storicai i	reasures,	or Otr	ier Similar As	sets (C	ntini	uea)
3	Using the organization's acquisition, accession	, and other records	, check	any of the fo	llowing that m	ake sigr	nificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan or	r exchange pr	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how the	ey further the	e organization	s exemp	ot purpose in Part			
	XIII.									
5	During the year, did the organization solicit or r	eceive donations o	f art, his	torical treas	ures, or other	similar				
	assets to be sold to raise funds rather than to l	be maintained as p	art of the	e organizatio	on's collection	?		Yes	; 🗌	No
Par	t IV Escrow and Custodial Arrang	gements								
	Complete if the organization ar 990, Part X, line 21.	nswered "Yes"	on For	m 990, P	art IV, line	9, or re	eported an amo	ount on	Form	1
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for co	ontributions	or other asset	s not				
	included on Form 990, Part X?	. <b></b> .						. 🗌 Yes	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the foll	lowing ta	able.						
							Amo	ount		
С	Beginning balance					1c				
d	Additions during the year	. <b></b>				1d				
е	Distributions during the year	. <b></b> .				1e				
f	Ending balance	<b></b>				1f				
2a	Did the organization include an amount on Forr	m 990, Part X, line	21, for e	scrow or cu	stodial accour	t liability	?	Yes	; [	No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	planatio	n has been	provided on P	art XIII				
Par	t V Endowment Funds									
	Complete if the organization ar	nswered "Yes"	on For	m 990, P	art IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two years	back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	nt year end balance	(line 1g	, column (a)	) held as:					
а	Board designated or quasi-endowment	%	,	, ,	,					
b	Permanent endowment %									
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possess		tion that	are held an	d administere	d for the				
	organization by:	-							Yes	No
	(i) Unrelated organizations?							3a(i)		
	(ii) Related organizations?							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati							3b		
4	Describe in Part XIII the intended uses of the d	organization's endo	wment f	unds.						I
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization ar		on For	m 990, P	art IV, line	11a. S	ee Form 990.	Part X, I	ine 1	0.
	Description of property	(a) Cost or other			r other basis		ccumulated	(d) Bool		
		(investmer		1 ' '	other)		preciation	.,		
1a	Land									
b	Buildings									
С	Leasehold improvements				737,195		12,287	7	724,9	908
d	Equipment				208,184		25,157		183,0	
e	Other			<u> </u>	, =		-,			
	Add lines 1a through 1e. (Column (d) must equ		X. line	10c. column	(B)				907.9	935

	(a) Description of security or category (including name of security)	(b) Book value			thod of valuation: d-of-year market value
(1) Financial	derivatives				
. ,	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	(I) (F 000 B (V) (F 40 1/B))				
	nn (b) must equal Form 990, Part X, line 12, col.(B))				
Part VIII	Investments - Program Related Complete if the organization answered "Yes" on For	m 990, Part I\	/, line 11d	c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value			thod of valuation: d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(0)					
(7)					
(7) (8)					
(7) (8) (9)					
(7) (8) (9) Total. (Colum	nn (b) must equal Form 990, Part X, line 13, col. (B))				
(7) (8) (9)	Other Assets	000 5 410	1 15 11		200 D 11/1 15
(7) (8) (9) Total. (Colum	Other Assets Complete if the organization answered "Yes" on For	m 990, Part I\	/, line 11c	d. See Form	
(7) (8) (9) Total. (Colun Part IX	Other Assets Complete if the organization answered "Yes" on For  (a) Description	m 990, Part I\	/, line 11c	d. See Form	(b) Book value
(7) (8) (9) Total. (Column Part IX	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT	m 990, Part I\	/, line 110	d. See Form	(b) Book value 6,23
(7) (8) (9) Total. (Column Part IX  (1)ECURI (2)RIGHT	Other Assets Complete if the organization answered "Yes" on For  (a) Description	m 990, Part I\	/, line 11d	d. See Form	(b) Book value 6,23
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3)	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT	m 990, Part I\	/, line 11d	d. See Form	(b) Book value 6,23
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4)	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT	m 990, Part IV	/, line 11d	d. See Form	(b) Book value 6,23
(7) (8) (9) Total. (Colum Part IX  (1) ECURI (2) RIGHT (3) (4) (5)	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT	m 990, Part IV	/, line 11c	d. See Form	(b) Book value 6,23
(7) (8) (9) Total. (Column Part IX)  (1) ECURI (2) RIGHT (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT	m 990, Part IV	/, line 11d	d. See Form	(b) Book value 6,23
(7) (8) (9) Total. (Column Part IX)  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT	m 990, Part IV	/, line 11d	d. See Form	(b) Book value 6,23
(7) (8) (9) Total. (Column Part IX)  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8)	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT	m 990, Part IV	/, line 11d	d. See Form	(b) Book value 6,23
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT  OF USE ASSET(OPERATING LEASE)				(b) Book value 6,23 214,53
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part IX	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT  OF USE ASSET (OPERATING LEASE)  Inn (b) must equal Form 990, Part X, line 15 col. (B))				(b) Book value 6,23 214,53
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT  OF USE ASSET(OPERATING LEASE)  Inn (b) must equal Form 990, Part X, line 15 col. (B))  Other Liabilities  Complete if the organization answered "Yes" on For				(b) Book value 6,23 214,53
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part IX	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT  OF USE ASSET(OPERATING LEASE)  Inn (b) must equal Form 990, Part X, line 15 col. (B))  Other Liabilities  Complete if the organization answered "Yes" on For line 25.	m 990, Part I\			(b) Book value 6,23 214,53
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT  OF USE ASSET(OPERATING LEASE)  Inn (b) must equal Form 990, Part X, line 15 col. (B))  Other Liabilities Complete if the organization answered "Yes" on For line 25.  (a) Description of liability (b) Book (c)	m 990, Part I\			(b) Book value 6,23 214,53
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT  OF USE ASSET (OPERATING LEASE)  Inn (b) must equal Form 990, Part X, line 15 col. (B))  Other Liabilities  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability (b) Book vincome taxes	m 990, Part IV			(b) Book value 6,23 214,53
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT  OF USE ASSET (OPERATING LEASE)  Inn (b) must equal Form 990, Part X, line 15 col. (B))  Other Liabilities  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability (b) Book vincome taxes	m 990, Part I\			(b) Book value 6,23 214,53
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) PERAT	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT  OF USE ASSET (OPERATING LEASE)  Inn (b) must equal Form 990, Part X, line 15 col. (B))  Other Liabilities  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability (b) Book vincome taxes	m 990, Part IV			(b) Book value 6,23 214,53
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) PERAT (3)	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT  OF USE ASSET (OPERATING LEASE)  Inn (b) must equal Form 990, Part X, line 15 col. (B))  Other Liabilities  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability (b) Book vincome taxes	m 990, Part IV			(b) Book value 6,23 214,53
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) PERAT (3) (4)	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT  OF USE ASSET (OPERATING LEASE)  Inn (b) must equal Form 990, Part X, line 15 col. (B))  Other Liabilities  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability (b) Book vincome taxes	m 990, Part IV			(b) Book value 6,23 214,53
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) PERAT (3) (4) (5)	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT  OF USE ASSET (OPERATING LEASE)  Inn (b) must equal Form 990, Part X, line 15 col. (B))  Other Liabilities  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability (b) Book vincome taxes	m 990, Part IV			(b) Book value 6,23 214,53
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) PERAT (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT  OF USE ASSET (OPERATING LEASE)  Inn (b) must equal Form 990, Part X, line 15 col. (B))  Other Liabilities  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability (b) Book vincome taxes	m 990, Part IV			(b) Book value 6,23 214,53
(7) (8) (9) Total. (Column Part IX  (1) ECURI (2) RIGHT (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) PERAT (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes" on For  (a) Description  TY DEPOSIT  OF USE ASSET (OPERATING LEASE)  Inn (b) must equal Form 990, Part X, line 15 col. (B))  Other Liabilities  Complete if the organization answered "Yes" on For line 25.  (a) Description of liability (b) Book vincome taxes	m 990, Part IV			(b) Book value 6,23 214,53

Part			•	Return	
	Complete if the organization answered "Yes" on Form 990, P				
1	Total revenue, gains, and other support per audited financial statements			1	673,250
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	56,667		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	22,732		
е	Add lines 2a through 2d			2e	79,399
3	Subtract line 2e from line 1			3	593,851
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	593,851
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents V	Vith Expenses pe	r Returr	)
	Complete if the organization answered "Yes" on Form 990, P	art IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	653,706
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	56,667		
b	Prior year adjustments	2b	-		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	22,732		
е	Add lines 2a through 2d			2e	79,399
3	Subtract line <b>2e</b> from line <b>1</b>			3	574,307
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	574,307
Part	XIII Supplemental Information				
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	lines 1b a	and 2b; Part V, line 4; P	art X, line	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar				
			·		

EEA Schedule D (Form 990) 2023

#### **SCHEDULE G** (Form 990)

#### **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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

	HEIMERDINGER FOUNDATION					45-4049			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.									
	Form 990-EZ filers are i	not required to c	complete	this part.					
1	Indicate whether the organization rai	sed funds through a	-						
а	Mail solicitations		е		of non-government				
b	x Internet and email solicitations		f		of government gran	ts			
С	x Phone solicitations		g	x Special fur	ndraising events				
d	x In-person solicitations								
2a	Did the organization have a written of	•	-	•	•				
	or key employees listed in Form 990				_		x Yes No		
b	If "Yes," list the 10 highest paid indivi	,	ndraisers)	pursuant to ag	greements under whi	ch the fundraiser is to be	9		
	compensated at least \$5,000 by the	organization.							
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	undraiser have or control of ributions?	(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		(·)			
1JI	ENNIFER CHALOS & ASSOCIA	HELPED WITH		-	1				
	LONE OAK DRIVE TN	ALL TYPES OF	,	х	114,836	36,054	78,782		
2									
3									
4									
_									
5									
-									
6									
7									
•									
8									
9									
10									
					114,836	36,054	78,782		
3	List all states in which the organization	on is registered or lic	censed to	solicit contribu	tions or has been no	otified it is exempt from			
	registration or licensing.				_				
:all	fornia, Colorado, Florida	a, IIIInois,	Missou	rı, New J	ersey, Tennes	see			
					-				

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. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through HAFFNER DINN HOPE FOR HEA NONE col. (c)) (event type) (event type) (total number) Revenue Gross receipts . . . . . . . 1 29,360 85,476 114,836 2 Less: Contributions . . . . . 18,485 67,176 85,661 3 Gross income (line 1 minus line 2) . . . . . . . . . . 10,875 18,300 29,175 4 Cash prizes . 5 Noncash prizes 6 Rent/facility costs . . . . . . 5,000 5,000 Direct Expenses Food and beverages . . . . . 16,695 19,020 35,715 8 Entertainment . . . . . . . . Other direct expenses . . . . 9 26,981 26,981 10 67,696 11 Net income summary. Subtract line 10 from line 3, column (d) (38,521)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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue . . . . . . . 2 Cash prizes . . . . . . . . . Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses No 6 Volunteer labor No 7 8 9 Enter the state(s) in which the organization conducts gaming activities: b If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

EEA Schedule G (Form 990) 2023

# SCHEDULE M (Form 990)

## **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

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

nation. Inspection
Employer identification number

	HEIMERDINGER FOUNDATION IN	IC 45-4049547								
Par	t I Types of Property				1					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on noncash cor					
1	Art - Works of art	х	2	3,475	FMV					
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household									
c	goods									
6										
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC,									
	or trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation									
	contribution - Historic									
	structures									
14	Qualified conservation									
	contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	Х	124	13,480	FMV					
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ( <b>FURNITURE, CUTL</b> )	Х	21	22,853	FMV					
26	Other ()									
27	Other ()									
28	Other (									
29	Number of Forms 8283 received by the			tions for						
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29					
						Y	es	No		
30a	During the year, did the organization rec	-								
	28, that it must hold for at least 3 years f			hich isn't required to be						
	used for exempt purposes for the entire		d?			30a		х		
b	If "Yes," describe the arrangement in Pa									
31	Does the organization have a gift accept	tance policy t	that requires the review of any n	nonstandard						
						31		Х		
32a	Does the organization hire or use third p	arties or rela	ted organizations to solicit, pro-	cess, or sell noncash						
						32a		Х		
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amou	nt in column	(c) for a type of property for whi	ich column (a) is checked,						
	describe in Part II									

#### **SCHEDULE O** (Form 990)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open to Public** Inspection

**Employer identification number** 

THE HEIMERDINGER FOUNDATION INC	45-4049547
01. Officer, directors, etc. family relationship (Part VI, line 2)	
KATHIE HEIMERDINGER IS THE MOTHER OF BRIAN HEIMERDINGER.	
02. Form 990 governing body review (Part VI, line 11)	
THE BOARD OF DIRECTORS APPROVES THE 990 BEFORE IT IS FILED.	
03. Conflict of interest policy compliance (Part VI, line 12c)	
THE BOARD COMPLIES WITH ITS PRE-ESTABLISHED CONFLICT OF INTEREST POL	ICY. ALL BOARD
MEMBERS MUST DISCLOSE ANY RELATIONSHIPS THAT MAY CONFLICT WITH THE O	ORGANIZATION. THE
ORGANIZATION ENFORCED COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICE	Y BY REVIEWING IT AT
BOARD MEETINGS.	
04. CEO, executive director, top management comp (Part VI, line 15a)	
GOVERNING BODY USES A COMPENSATION SURVEY TO ESTABLISH THE COMPENSAT	TION FOR TOP
MANAGEMENT.	
05. Other officer or key employee compensation (Part VI, line 15b	
GOVERNING BODY USES A COMPENSATION SURVEY TO ESTABLISH THE COMPENSAT	ION FOR ALL KEY
EMPLOYEE COMPENSATION.	
06. Form 990 availability to public (Part VI, line 18)	
THE 990 RETURN IS POSTED PUBLICLY ON OUR GIVING MATTERS PROFILE THRO	UGH THE COMMUNITY
FOUNDATION OF MIDDLE TENNESSEE WEBSITE.	
07. Governing documents, etc, available to public (Part VI, line 19)	

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE

## Form **4562**

Department of the Treasury

Name(s) shown on return

Internal Revenue Service

## **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.

Business or activity to which this form relates

OMB No. 1545-0172 **2023** 

Identifying number

Attachment Sequence No. 179

THE HEIMERDINGER FOUNDATION INC FORM 990 - 1 45-4049547 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 ............. 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 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 . . . . Note: Don't use Part II or Part III below for listed property. Instead, use Part V. 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 14 15 16 627 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 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property b 5-yeas paopenient #567 7,502 7-yeas paopentent #568 900 **d** 10-year property e 15-year property 737,195 15 MQ  $\mathtt{SL}$ 12,287 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/I 27.5 yrs. MM S/L property S/L i Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year С 30-year 30 yrs. MM S/L S/L d 40-vear 40 vrs. Part IV Summary (See instructions.) 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 21,316 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

Name(s) as shown on re		Federal Supporting S	Statements	<b>2023 PG01</b> Tax ID Number
. ,	ERDINGER FOUN	DATION INC		45-4049547
		FORM 4562 - LINE	I 19B	Statement #56
BASIS 9,899 32,278 12,001 9,031 36,633 19,332 7,622 1,024 3,722 1,912 4,166 7,299 2,308 1,092 13,947 1,000 TOTAL	RP 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	CV MQ	METHOD SL	DEDUCTION
		FORM 4562 - LINE	I 19C	<b>PG01</b> Statement #568
BASIS 1,754 8,000 5,317 4,714 2,216	RP 7 7 7 7 7	CV MQ MQ MQ MQ MQ MQ	METHOD SL SL SL SL SL	DEDUCTION 63 400 190 168 79
TOTAL				900

990	Overflow Statement	2023	
	(This page is not filed with the return. It is for your records only.)		Page 1
ame(s) as shown on return		FEIN	45 4040545
HE HEIMERDIN	GER FOUNDATION INC		45-4049547
	INVESTMENT INCOME		
escription			Amount
<u> IVIDEND INCO</u>		\$	23
NTEREST INCO			
<u>EALIZED GAIN</u>	S ON INVESTMENTS		1,34
	TOTA	1: \$	4,26
escription	RSISING AND PROMOTION - MANAGEMENT AND C	SENERAL4	Amount
DVERTISING	Mat a	\$ 1: \$	23 <b>23</b>
	1008	» <u>—</u>	23
			C /I
ANK CHARGES EMBERSHIP FE FFICE EXPENS	E		3,20 39
EMBERSHIP FE FFICE EXPENS ELEPHONE AND	ES E INTERNET		54 3,20 39 96
EMBERSHIP FE FFICE EXPENS	ES E INTERNET CRIPTIONS		3,20 39 96 20
EMBERSHIP FE FFICE EXPENS ELEPHONE AND	ES E INTERNET CRIPTIONS		3,20 39 96 20
EMBERSHIP FE FFICE EXPENS ELEPHONE AND	ES E INTERNET CRIPTIONS	al: \$	3,20 39 96 20
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS	ES E INTERNET CRIPTIONS Tota	al: \$	3,20 39 96 20 <b>5,30</b>
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS	ES E INTERNET CRIPTIONS Tota  OFFICE EXPENSES - MANAGEMENT AND GENE	al: \$	3,20 39 96 20 <b>5,30</b> Amount
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS  escription UES AND SUBS	ES E INTERNET CRIPTIONS Tota  OFFICE EXPENSES - MANAGEMENT AND GENE	al: \$	3,20 39 96 20 <b>5,30</b>
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS  escription UES AND SUBS FFICE EXPENS	ES E INTERNET CRIPTIONS Tota  OFFICE EXPENSES - MANAGEMENT AND GENE	11: \$	3,20 39 96 20 <b>5,30</b> Amount 3,67 2,26
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS  escription UES AND SUBS FFICE EXPENS ANK CHARGES	ES E INTERNET CRIPTIONS Tota  OFFICE EXPENSES - MANAGEMENT AND GENE  CRIPTIONS E	al: \$	3,20 39 96 20 <b>5,30</b> Amount 3,67 2,26 2,94 2,16
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS  escription UES AND SUBS FFICE EXPENS ANK CHARGES OSTAGE AND S RINTING	ES E INTERNET CRIPTIONS Tota  OFFICE EXPENSES - MANAGEMENT AND GENE  CRIPTIONS E HIPPING	al: \$	3,20 39 96 20 <b>5,30</b> <b>Amount</b> 3,67 2,26 2,94 2,16 69
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS  ESCRIPTION UES AND SUBS FFICE EXPENS ANK CHARGES OSTAGE AND S RINTING	ES E INTERNET CRIPTIONS Tota  OFFICE EXPENSES - MANAGEMENT AND GENE CRIPTIONS E HIPPING	al: \$ ERAL	3,20 39 96 20 5,30 Amount 3,67 2,26 2,94 2,16
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS  escription UES AND SUBS FFICE EXPENS ANK CHARGES OSTAGE AND S RINTING	ES E INTERNET CRIPTIONS Tota  OFFICE EXPENSES - MANAGEMENT AND GENE CRIPTIONS E HIPPING	al: \$ ERAL	3,20 39 96 20 5,30 Amount 3,67 2,26 2,94 2,16
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS  escription UES AND SUBS FFICE EXPENS ANK CHARGES OSTAGE AND S RINTING	ES E INTERNET CRIPTIONS Tota  OFFICE EXPENSES - MANAGEMENT AND GENE CRIPTIONS E HIPPING	al: \$ ERAL	3,20 39 96 20 5,30 Amount 3,67 2,26 2,94 2,16
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS  escription UES AND SUBS FFICE EXPENS ANK CHARGES OSTAGE AND S RINTING	ES E INTERNET CRIPTIONS Tota  OFFICE EXPENSES - MANAGEMENT AND GENE CRIPTIONS E HIPPING	al: \$ ERAL	3,20 39 96 20 5,30 Amount 3,67 2,26 2,94 2,16
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS  MATERIAL SUBS FFICE EXPENS ANK CHARGES OSTAGE AND S RINTING ELEPHONE AND  ESCRIPTION	ES E INTERNET CRIPTIONS Tota  OFFICE EXPENSES - MANAGEMENT AND GENE  CRIPTIONS E HIPPING INTERNET Tota  OFFICE EXPENSES - FUND-RAISING	al: \$	3,20 39 96 20 <b>5,30</b> Amount
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS  ESCRIPTION UES AND SUBS FFICE EXPENS ANK CHARGES OSTAGE AND S RINTING ELEPHONE AND  ESCRIPTION ANK CHARGES	ES E INTERNET CRIPTIONS Tota  OFFICE EXPENSES - MANAGEMENT AND GENE  CRIPTIONS E HIPPING INTERNET Tota  OFFICE EXPENSES - FUND-RAISING	al: \$	3,20 39 96 20 5,30 Amount 3,67 2,26 2,94 2,16 69 1,28 13,01 Amount
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS  ESCRIPTION UES AND SUBS FFICE EXPENS ANK CHARGES OSTAGE AND S RINTING ELEPHONE AND  ESCRIPTION ANK CHARGES	ES E INTERNET CRIPTIONS Tota  OFFICE EXPENSES - MANAGEMENT AND GENE  CRIPTIONS E HIPPING INTERNET Tota  OFFICE EXPENSES - FUND-RAISING	al: \$	3,20 39 96 20 <b>5,30</b> <b>Amount</b> 3,67 2,26 2,94 2,16 69 1,28 <b>13,01</b> <b>Amount</b>
EMBERSHIP FE FFICE EXPENS ELEPHONE AND UES AND SUBS  ESCRIPTION UES AND SUBS FFICE EXPENS ANK CHARGES OSTAGE AND S RINTING ELEPHONE AND ANK CHARGES	ES E INTERNET CRIPTIONS Tota  OFFICE EXPENSES - MANAGEMENT AND GENE  CRIPTIONS E HIPPING INTERNET Tota  OFFICE EXPENSES - FUND-RAISING	al: \$	3,20 39 96 20 5,30 Amount  Amount  Amount  Amount

990	Overflow Statement	2023
Name(s) as shown on return	(This page is not filed with the return. It is for your records only.)	Page 2
, ,	IGER FOUNDATION INC	45-4049547
	OCCUPANCY - PROGRAM SERVICES	
Description		Amount
RENT	m.1.7	\$ 22,131
	Total:	\$ <u>22,131</u>
	OTHER EXPENSES - MGMT AND GENERAL	
Description	NIED T DUE ONG	Amount
CAXES AND LIC	NTRIBUTIONS	\$ 124 230
IAKES AND DIC	Total:	\$ 230 \$ 354
Description EVENT DIRECT	EXPENSES 67,696 LESS DIRECT BENEFIT 44,964 Total:	*** Amount
	PART XII LINE 2D OTHER	
Description		Amount
EVENT DIRECT	EXPENSES 67,696 LESS DIRECT BENEFIT 44,964	\$ 22,732
	Total:	\$ 22,732

#### \* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

### **Depreciation Detail Listing**

Management & General

(This page is not filed with the return. It is for your records only.)

2023

PAGE 1

Social security number/EIN

Name(s) as shown on return 45-4049547 THE HEIMERDINGER FOUNDATION INC Basis Business Section Current Depreciable Prior Accumulated AMT Ronus Description Date Cost Life Method Rate No. Depreciation Depreciation Depreciation Adjustment percentage 179 depreciation **Basis** Current OFFICE EQUIPMENT 08-26-2013 1,640 100.00 1,640 7 0 1 1,640 1,640 COMPUTERS 10-07-2013 1,637 100.00 1,637 5 0 1,637 1,637 02-23-2015 570 100.00 570 3 GARDEN EQUIPMENT 570 7 0 570 2 IPAD 07-14-2016 1,758 100.00 1,758 5 0 1,758 1,758 07-15-2016 1,700 100.00 LAPTOP 1,700 5 1,700 1,700 LAPTOP 10-31-2016 1,699 100.00 1,699 5 1,699 1,699 02-24-2017 6,439 100.00 6,439 7 6,438 6,439 REFRIGERATOR SL ΗY 14.286 1 WHITE FILING CABINET-07-25-2018 776 100.00 776 7 SL ΗY 14.286 489 111 600 EQUIPMENT 07-01-2019 17,899 100.00 17,899 0 5 0 RANGE 07-01-2022 5,500 100.00 5,500 5 SL 20 275 275 10 ΗY 02-28-2022 100.00 11 DELL LAPTOP NUMBER 2 599 599 5 SL ΗY 2.0 99 120 219 DELL LAPTOP 02-28-2022 599 100.00 599 5 SL HY 20 100 120 220 12 100.00 THERMIDOR RANGE WITH 10-01-2023 9,899 9,899 5 SL 495 495 13 MO 2.5 100.00 KITCHEN BUILDOUT 10-01-2023 737,195 737,195 15 SL .833 12,287 12,287 14 MO 100.00 10-01-2023 1,754 15 HERMAN MILLER CANVAS 1,754 SL MQ 1.786 63 63 16 KITCHEN EQUIPMENT 10-01-2023 8,000 100.00 8,000 7 SL MO 1.786 400 400 10-01-2023 5,317 100.00 5,317 7 190 190 17 HERMAN MILLER CANVAS SL MQ 1.786 10-01-2023 100.00 168 HERMAN MILLER CANVAS 4,714 4,714 7 SL 1.786 168 MQ 18 HERMAN MILLER CANVAS 10-01-2023 2,216 100.00 2,216 7 SL 1.786 79 79 19 MQ CAPTIVE HAIR INC HOOD 10-16-2023 32,278 100.00 32,278 5 SL MO 2.5 1,614 1,614 20 21 FIRE SYSTEM 10-16-2023 12,001 100.00 12,001 5 SL MQ 2.5 600 600 VARIOUS SHELVING AND 10-16-2023 9,031 100.00 9,031 5 SL 2.5 452 452 22 MO COMBI OVEN, GAS 10-16-2023 36,633 100.00 36,633 5 MQ 2.5 1,832 1,832 23 19,332 100.00 ELECTRIC COUNTERTOP K 12-01-2023 19,332 5 322 322 SL MQ 2.5 10-16-2023 7,622 100.00 7,622 5 SL 2.5 381 381 25 WALL FLASH MQ 100.00 26 KITCHEN WORK TABLE 10-16-2023 1,024 1,024 5 SL MQ 2.5 51 51 ICE MAKER WITH BIN, W 10-16-2023 3,722 100.00 3,722 5 SL 2.5 186 186 27 MO 100.00 BUN/SHEET PAN RACK, D 10-16-2023 1,912 1,912 5 SL 96 96 28 MO 2.5 REACH IN REFRIGIRATOR 10-16-2023 4,166 100.00 4,166 5 SL MO 2.5 208 208 2.9 100.00 REACH IN FREEZER TRUF 10-16-2023 7,299 7,299 5 365 365 MO 2.5

#### \* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

## **Depreciation Detail Listing**

Management & General

(This page is not filed with the return. It is for your records only.)

2023

PAGE 2

Name(s) as shown on return

Social security number/EIN

4	5	-	4	0	4	9	5	4	١

T	THE HEIMERDINGER FOUNDATION INC 45-4049547															
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	М	ethod	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	SOILED DISHTABLE	10-16-2023	2,308		100.00			2,308	5	SL	MQ	2.5		115	115	
	CLEAN DISHTABLE	10-16-2023	1,092		100.00			1,092	l .	SL	MQ	2.5		55	55	
33	FREIGHT, INSTALL DELI	10-16-2023	13,947		100.00			13,947	5	SL	MQ	2.5		697	697	
34	8 CHEF KNIVES(DONATED	10-24-2023	1,000		100.00			1,000	5	SL	MQ	2.5		33	33	
	Totals		963,278					945,379					16,130	21,316	37,446	

21,316