

## \*\* PUBLIC DISCLOSURE COPY \*\*

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

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

AI	For the 2	2020 calendar year, or tax year beginning ULL 1, 2020 and ending	JUN 30, 2021	
В	Check if applicable:	C Name of organization	D Employer identific	eation number
	Address	CULTURAL AND HERITAGE COMISSION		
	Name	Doing business as	23-725702	20
F	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/si		
F	Final return/	4621 MT GALLANT ROAD	803-329-2	
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,771,081.
Г	Amended		H(a) Is this a group re	
Ī	Applica-	F Name and address of principal officer: RICHARD CAMPBELL		? Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	
1	Tax-exen	npt status: X 501(c)(3)		list. See instructions
J	Website	▶ WWW.CHMUSEUMS.ORG	H(c) Group exemption	n number 🕨
		rganization: X Corporation	ear of formation: 1950 N	1 State of legal domicile: SC
P		Summary		
4	1 B	riefly describe the organization's mission or most significant activities: ${ t TO  ext{ COMMU}}$		
Governance	N	ATURAL AND CULTURAL HISTORIES OF THE CAROLIN		NSPIRING A
rna	<b>2</b> C	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of m		
Š	3 N		3	7
9	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		7
Activities &	5 T	otal number of individuals employed in calendar year 2020 (Part V, line 2a)		67
ž	6 T	otal number of volunteers (estimate if necessary)		262
Act	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		0.
_	b N	et unrelated business taxable income from Form 990-T, Part I, line 11		
	1.	17. 6	Prior Year 6,558,063.	Current Year 4,505,419.
9	8 0	contributions and grants (Part VIII, line 1h)	193,750.	189,094.
Revenue	9 P	rogram service revenue (Part VIII, line 2g) svestment income (Part VIII, column (A), lines 3, 4, and 7d)	16,937.	0.
Be	10 lr	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	237,081.	46,623.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,005,831.	4,741,136.
-		irants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	45 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,330,510.	2,991,784.
Evnencec	16a P	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
9	b T	otal fundraising expenses (Part IX, column (D), line 25)   229, 755.		
ù	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,585,958.	2,345,417.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,916,468.	5,337,201.
		Revenue less expenses. Subtract line 18 from line 12	89,363.	-596,065.
0	es		Beginning of Current Year	End of Year
Assets	텔 20 T	otal assets (Part X, line 16)	5,219,363.	4,388,699.
Ass	පූ <b>21</b> T	otal liabilities (Part X, line 26)	7,389,534.	7,482,107.
Net		let assets or fund balances. Subtract line 21 from line 20	-2,170,171.	-3,093,408.
0.00	BURES STATE AND STATE OF THE ST	Signature Block		
		ies of perjury, I declare that I have examined this return, including accompanying schedules and sta		/ knowledge and belief, it is
tru	e, correct	, and complete. Declaration of prepared (other than officer) is based on all information of which prep		
		Sidestrue of officer		L
Si	gn	Signature of officer	Date	
He	ere	RICHARD CAMPBELL, EXECUTIVE DIRECTOR  Type or print name and title		
_			Date Check	PTIN
ъ.		Print/Type preparer's name  TANTCE A RATTCA  Preparer's signature  Janua Lattica	03/03/22 of self-employ	
Pa		JIMITOE II IMITEOII		57-0381582
		Firm's address 500 EAST MOREHEAD STREET, SUITE 700	FIRM'S EIN	31-030130Z
US	e Only	CHARLOTTE, NC 28202	Phone no 17	04) 333-8881
N.4	av the ID	S discuss this return with the preparer shown above? See instructions	[ Filolic IIO. ( 7	X Yes No
IVI	ay are in	o diodado ano rotarri vitar ario proparor oriowir abovo: oco instructiono		103110

	m 990 (2020) CULTURAL AND HERITAGE COMISSION art III Statement of Program Service Accomplishments	23-7257020	Page 2
70.00			
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:		X
	TO COMMUNICATE AND PRESERVE THE NATURAL AND CULTURAL HI	יטיי ער איז מרעט.	D
	CAROLINA PIEDMONT, INSPIRING A LIFETIME OF LEARNING.	DIOKIES OF IN	<u> </u>
		***	
	Did the association and delicated		
-	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services		Γ <del>υ</del> ΣΠ
	If "Yes," describe these changes on Schedule O.	??Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services a	as measured by evponces	
	Section 50 (c)(3) and 50 (c)(4) organizations are required to report the amount of grants and allocations to of	hers, the total expenses, an	nd
	revenue, if any, for each program service reported.	and the same same same same same same same sam	ıu
4a	/ CAPACISCS V Including grants of \$	venue \$ 103, 7	715.)
	THE CHM SERVES OUR SCHOOL COMMUNITY THROUGH A BROAD RAN	GE OF PROGRAMS	3,
	SERVING PRE-KINDERGARTEN THROUGH ADULT IN CONTENT AREAS HISTORY, NATURAL HISTORY, ASTRONOMY, AND EDUCATION. WE		<del></del>
	OF ENGAGING EDUCATIONAL OPPORTUNITIES, EARLY CHILDHOOD	OFFER A VARIE	TY_
	PROGRAMS, AND EVENTS AT THE MAIN STREET CHILDREN'S MUSE	EDUCATION	
	BRATTONSVILLE, THE MUSEUM OF YORK COUNTY, THE MCCELVEY	CENTER, AND TH	TE .
	HISTORICAL CENTER OF YORK COUNTY, DUE TO THE COVID 19 P	ANDEMIC THE	16
	MUSEUMS WERE CLOSED TO THE PUBLIC FROM MARCH 19, 2020.	UNTIL TUNE 5	
	2021. IN RESPONSE TO THE CHALLENGES PRESENTED BY THE P	ANDEMIC A LAD	RGE
	NUMBER OF MUSEUM PROGRAMS REPRESENTING EACH SITE WERE M	TGRATED TO A	
	VARIETY OF VIRTUAL PLATFORMS, OFFERING LIVE, INTERACTIVE THE PUBLIC. EIGHTY THREE UNIQUE NAMED PROGRAMS CONST.	E PROGRAMMING	TO
4b	(Code ) (Code ) 1 495 454		
	(Code:) (Expenses \$ 1,495,454. including grants of \$) (Rev	venue \$ 132,0	002.
	SITES: HISTORIC BRATTONSVILLE, THE MUSEUM OF YORK COUNT	KIENCES AT OUR	<u> </u>
	CENTER, AND THE MAIN STREET CHILDREN'S MUSEUM. THIS IS	ACCOMPLISHED	<u> </u>
	FROM TOURS, SPECIAL EVENTS, CONCERTS, PLANETARIUM PROGR	AMS, BIRTHDAY	
	PARTIES, RESEARCH OPPORTUNITIES AND MORE. THE CHM SEEK	S TO DROWING A	
	RICH AND MEANINGFUL EXPERIENCE CENTERED ON THE CAROLINA	PIEDMONT. DU	
	TO THE COVID 19 PANDEMIC, THE MUSEUMS WERE CLOSED TO THE	F DURLIC FROM	
	MARCH 19, 2020, UNTIL JUNE 5, 2021. DESPITE CHALLENGES	PRESENTED BY T	HE
	PANDEMIC CHM CONTINUED TO MOVE FORWARD WITH A NUMBER OF	PROJECTS AND	
	THE IMPLEMENTATION OF ITS INSTITUTIONAL PLAN.		
4c	(Code:         ) (Expenses \$         including grants of \$         ) (Rev		<del></del>
		Bune 2	,
		<del></del>	
		<u> </u>	
			<del></del>
		<del></del>	
		<u> </u>	<del></del>
4d	Other program services (Describe on Schedule O.)		<del></del>
	(Expenses \$ including grants of \$ ) (Revenue S	)	
4e_	Total program service expenses ► 3,738,634.		
	OFF COVERNMENT OF THE PARTY OF	Form <b>99</b>	0 (2020)

032002 12-23-20

Part IV Checklist of Required Schedules

			Yes	NO
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		$_{\rm x}$	
	If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3		
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		1	х
	during the tax year? If "Yes," complete Schedule C, Part II	4		
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ا ۔ ا		x
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ۾ ا		v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
	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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		x	
	Schedule D, Part III	8	_^_	
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?			х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	38.139	<u>Λ</u>
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	福度	100	
	as applicable.	[ PARCE!	五种型	1945 y 1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Δ.	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 <u>c</u>		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	<del></del>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	I I I E	-21	<del>                                     </del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		<del></del>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	122	х	
_	Schedule D, Parts XI and XII	12a	<del>  ^</del> `	$\vdash$
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	- 41	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<del>                                     </del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<del>  *</del>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		х
	or more? If "Yes," complete Schedule F, Parts I and IV	140	<del> </del>	<del>  ^</del>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	15		X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	10	<del> </del>	†
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10	<del>                                     </del>	†
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	1	x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	-17	+	<del> </del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		X
	1c and 8a? If "Yes," complete Schedule G, Part II	10	<del> </del>	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	19	1	X
	complete Schedule G, Part III	20a	┼-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	_	+
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	<del>                                     </del>	†
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	1,41	1000	1/0000

Form 990 (2020) CULTURAL AND HERITAGE COMISSION

Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 as a second or the property of th		Ye	s No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			T
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII. Section A. "In 20 II.	22		X
	Tes to Fait VII, Section A. line 3. 4. or 5 about compensation of the organization is			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24:	Schedule J	23		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	tast day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete	1	1	
L	ochedule K. II. No., go to line 25a	248	ıl	X
	and a second of tax-exempt bonds beyond a temporary period exception?	24b		
•	one the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	240	. ]	
05-	bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	_	<del>                                     </del>
252	. Social to I(C)(5), 50 I(C)(4), and 50 I(C)(29) organizations. Did the organization engage in an expose henefit		1	<del>                                     </del>
	transaction with a disqualified person during the year? If "Yes." complete Schedule I. Part I	25a		x
I.	and a significant award trial it eligaged in an excess penetit transaction with a disqualified paragraph a prior constant			<del> </del> -
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete	ł		
	Scriedule L, Part I	25b		X
26	bid the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250	+-	+^-
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 25%			
	controlled entity or family member of any of these persons? If "Yes " complete School Is 1. Day 11.	26	1	x
27	bid the organization provide a grant or other assistance to any current or former officer, director, truston key complete.	20	╁	+≏-
	creator or lounder, substantial contributor or employee thereof, a grant selection committee member, or to a 25% and all the		ŀ	İ
	orticly (including an employee thereof) or family member of any of these persons? If "Voc " page 144 October 1, 12 october 1, 12 october 1, 12 october 1, 12 october 1, 13 october 1, 13 october 1, 14 october 1, 15		i	,,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	1 7 3 3 7 7	X
	instructions, for applicable filing thresholds, conditions, and exceptions):	1916		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #	3)116	302.8	
	"Yes," complete Schedule L. Part IV		ŀ	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	<u>X</u>
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b	ļ	<u> X</u>
	"Yes," complete Schedule 1. Part IV			l
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	<u> </u>	X
	contributions? If "Ves." complete Schedule M.		i	ŀ
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and coase operations?	_30_	<u> </u>	X
32		31_		_ X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
33		32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable scaling.	_33		_ X
- '	If "Yes," complete Schedule R, Part II, III, or IV and			
35a	rait v, inte i	34		X
h	-12 and organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization with a controlled entity	35b		
<b></b>	The state of the state of the organization make any transfers to an exempt non-charitable related proprietions.			
37	If "Yes," complete Schedule R, Part V, line 2	36		X
31	and a signification conduct more than 5% of its activities infolium an entity that is not a related organization			_
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	bid the organization complete Scriedule O and provide explanations in Schedule O for Part VI, lines 11h and 102			
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
	The state of the s		<del></del>	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
Та	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9910-4	2" ;
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	21 - 2 , 1 - 1 3	1444	1 1
	igarnoling) winnings to prize winners?	1c	х	
32004	12-23-20		990 /	00001

Form 990 (2020) CULTURAL AND HERITAGE COMISSION

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 6	7		
	filed for the calendar year ending with or within the year covered by this return.  Lift at least one is reported on line 2a, did the organization file all required federal employment tax returns		10.232326	X	SENELL I
b			1334	into	5-5-1
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		3a	CE-\$2539	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3b	$\vdash$	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au		4a		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	386	Grands.	En Sa
þ	If "Yes," enter the name of the foreign country	to (EDAD)	·   43/3		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		186.5	682.5	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		- 5C		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit	60		х
	any continue and the co		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?	or gins	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the payor		<u> </u>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		. 7b	<u> </u>	1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c	100000000	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d	_ 47.6	1 1971	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		. <u>7e</u>	$+\!-\!-$	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	. 7f	┿	X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	. 7g	<b>∔</b>	<del> </del>
h		tion file a Form 1098-C?	7 <u>h</u>		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	( W. 4	(相), 概	is set
	sponsoring organization have excess business holdings at any time during the year?		. 8	1 2 5 7	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.		Link	( 10 A	1.5
а			<u>9a</u>	┼	<del> </del>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	J 157 HUN.	8 \$ y = 5 1 h
10	Section 501(c)(7) organizations. Enter:	1 1	4.4.2	4 4414	
а					
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:	ı (	(35	il) for	ja -
a		11a			
k	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			g Berna
12:	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	100	1
ł	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		and the second	3 6 22 6 2
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		12.6		<u>े \$किश्त अ</u>
á	Is the organization licensed to issue qualified health plans in more than one state?		13a	1 名 30 %	
	Note: See the instructions for additional information the organization must report on Schedule O.		13.0		
•	Enter the amount of reserves the organization is required to maintain by the states in which the	L I			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	AG YOU	2.19. 8	V
14	a Bid dio organization in property				X
ı	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O	14	-	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			\ <sub>V</sub>
	excess parachute payment(s) during the year?	·-····	15	<u> </u>	X
	If "Yes," see instructions and file Form 4720, Schedule N.				1.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		<del>  X</del>
	If "Yes," complete Form 4720, Schedule O.		3	<u></u>	<u>. 13</u> <b>0</b> (2020)
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032005 12-23-20

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 on line 1a, above, who are independent 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 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? ..... 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? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8<u>a</u> b Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 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 b Describe in 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... 12c Did the organization have a written whistleblower policy? 13 Х ..... 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SC 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. X Own website X Another's website X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records RICHARD CAMPBELL - 803-329-2121

4621 MT GALLANT ROAD, ROCK HILL, SC 29732 032006 12-23-20

Form 990 (2020)

09180303 792811 136638

### Form 990 (2020) 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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related of (A) (B)					) }	<u>трогі</u>		(D)	(E)	(F)		
Name and title Average		Desition						Reportable	Reportable	Estimated		
rano and the	hours per	box.	unles	s per	son is	s both	an	compensation	compensation	amount of		
	week	offic	er an	dadi	recto	r/trust	tee)	from	from related	other		
	(list any	etor						the	organizations	compensation		
	hours for	or dir				pale		organization	(W-2/1099-MISC)	from the		
	related	ıstee	truste		<u>a.</u>	bens		(W-2/1099-MISC)		organization and related		
	organizations below	ual tri	ional		Ploye Ploye	t com	١. ا			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key en	Highest compensated employee	Former	:		organizatione		
(1) RICHARD CAMPBELL	40.00								_			
EXECUTIVE DIRECTOR				Х				93,334.	0.	15,539.		
(2) CAREY TILLEY	40.00					1						
DIRECTOR OF BUSINESS DEVELOPMENT		L.		Х				82,339.	0.	13,828.		
(3) PENNY SHEPPARD	2.00		•		1		'		_	_		
COMMISSIONER DIST 1		Х			_			0.	0.	0.		
(4) ED STEWART	2.00				1		İ	_	_			
COMMISSIONER DIST 2		Х			<u> </u>		ļ	0.	0.	0.		
(5) DAVID DUNCAN	2.00	1	1					_	l _			
COMMISSIONER DIST 3		Х			<u> </u>	<u> </u>	┕	_ 0.	0.	0.		
(6) NANCY CRAIG	2.00	1		ļ						1		
COMMISSIONER DIST 5		Х	┖			ļ	_	0.	0.	0.		
(7) LUANNE KOKOLIS	2.00											
COMMISSIONER DIST 6		X	<u> </u>	<u> </u>	<u> </u>		┡	0.	0.	0.		
(8) MARGARET PARSONS-WILLINS	2.00				]							
EX-OFFICIOS		Х			ļ		↓_	0.	0.	0.		
(9) BOBBY WALKER	2.00	┨_┈	l		1							
EX-OFFICIOS		X	╄	<u> </u>	<u> </u>	╄	↓	0.	0.	0.		
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	-	4								·		
	l		<u> </u>	1	⊥_					- 000 (0.00)		

032007 12-23-20

Form 990 (2020)

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	·	•	
			Yes	N
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on		7.	
	line 1a? If "Yes," complete Schedule J for such individual	3		2
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization		4 337	1
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		Σ
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	(a) (a) (a)	£	
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Σ
Sec	ction B. Independent Contractors			

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

 (A) Name and business address	NONE	(B) Description of services	(C) Compensation
er of independent contractors (including but	not limited to those list	red above) who received more than	Security Many Recognition
f compensation from the organization	0		Sala Ber ()

Form **990** (2020)

1b Subtotal

d Total (add lines 1b and 1c)

c Total from continuation sheets to Part VII, Section A

175,673.

175,673.

0.

0.

0.

0.

29,367.

29,367.

0.

Form 990 (2020) CULTURA
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
23 53	1 a	Federated campaigns 1a				rija se programa i se programa. Kanada se programa i se programa i se programa i se programa i se programa i se programa i se programa i se p	被基础的基础
E ai		Membership dues 1b	20,949.	Market St. J.		AND SECTION	100
٥ <u>٦</u>		Fundraising events 1c				<b>公共</b> 2007年5月	
Ϊŧ		Related organizations 1d		的。我们还是这			<b>发展的影响</b>
n,c	e		83,000.				
S is	f	All other contributions, gifts, grants, and	• • • • • • • • • • • • • • • • • • • •		State State		14:07:00
ξĔ			01,470.				
ξō	g	Noncash contributions included in lines 1a-1f 1g \$				and the state of the state of	
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f		4,505,419.			
			Business Code	可以移动的	<b>国际国际的</b>		
o l	2 a	CHILDREN'S MUSEUM	900099	170,326.	170,326.		
Š	b	ADMISSIONS & TOURS	900099	18,258.	18,258.		
Se al	C	EDUCATIONAL PROGRAMS	900099	510.	510.		
E S	d						
Program Service Revenue	e						
도	f	All other program service revenue					
:	q	Total. Add lines 2a-2f		189,094.			Table 1
	3	Investment income (including dividends, interes					
		other similar amounts)					
1	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
i		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 40,022.					
	b	Less: rental expenses 6b 0.					1004031
	¢	Rental income or (loss) 6c 40,022.			推出。然何為自		3.4344
	d	Net rental income or (loss)		40,022.	40,022.		
	7 a	Gross amount from sales of (i) Securities	(ii) Other	Profess a shift	STATE OF STA	Emilia in Color	
		assets other than inventory 7a				Barbary Sci	STORY TO SE
	b	Less: cost or other basis					
9		and sales expenses7b				All Control of the	religion of the con-
Revenue	c	Gain or (loss) 7c			Carlotta room som	Section 1995	5. 体性(b)
<u>ş</u>	d	Net gain or (loss)	<b></b>				
Other	8 a	Gross income from fundraising events (not			Water care con	Harot, Associate	6.07388 (0.68
₹		including \$ of		Somethy Associate		Active collect.	a de la Wales &
		contributions reported on line 1c). See				Reservations to	15 A 6 B 45 36 5
1		Part IV, line 18				Respective st	tuanar a war i
	b	Less: direct expenses 8b		and the state of the state of	เป็นเพื่อเล่าเล่าเสียเลื่อ	MATTER ATTACH	
	C	Net income or (loss) from fundraising events			Semily of the Court		1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a			维强加入 3. 48 s 2	Andrew Land Andrews	
		Less: direct expenses 9b					1.3 % 17 17 1
	С	Net income or (loss) from gaming activities	<b>&gt;</b>	,			. 18,5 % 30,111 1 2115
	10 a	Gross sales of inventory, less returns	00 5= 1		1		
		and allowances 10a					
		Less: cost of goods sold 10b	29,945.		1 22 2		
	0	Net income or (loss) from sales of inventory	<u></u>	-1,295.	-1,295.	1 - 2 p	<u> </u>
اي			Business Code	7 005	P 005		
Miscellaneous Revenue	11 a		900099	7,896.	7,896.		<del>  -</del>
	b				<del> </del>		
scellaneo Revenue	C			<del> </del>	<del> </del>	<u> </u>	<del> </del>
¥≅	C			7 005	1.		
	<u> </u>	Total. Add lines 11a-11d  Total revenue. See instructions	<u></u>	7,896.	235,717.	0.	0.
	12						

	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			or areal phones in the	
	and domestic governments. See Part IV, line 21			Companies and the second	A CALL CONTRACTOR OF THE PARTY
2	Grants and other assistance to domestic			all the configuration	an object to the
_	individuals. See Part IV, line 22			and the property of	Mbs,com,
3	Grants and other assistance to foreign			and his contraction	edra kološi i i i i
	organizations, foreign governments, and foreign			telanamen, ita	in Emission (i.e.
4	individuals. See Part IV, lines 15 and 16	<del></del>		Was to see the second second second	WESTERN DOLL
5	Benefits paid to or for members  Compensation of current officers, directors,				TOTAL CONTRACTOR
J	trustees, and key employees	175,674.	121 070	24 000	0 506
6	Compensation not included above to disqualified	1/3,0/4.	<u>131,879.</u>	34,999.	8,796
Ū	persons (as defined under section 4958(f)(1)) and				
	percape described in section 4050/-1/0//DI				
7	Other salaries and wages	1,934,245.	1,452,047.	385,351.	06 047
8	Pension plan accruals and contributions (include		1, 300, V31.	200,301.	96,847
	section 401(k) and 403(b) employer contributions)	325,956.	245,372.	64,662.	15,922
9	Other employee benefits	402,621.	225,169.	161,441.	16,011
10	Payroll taxes	153,288.	115,676.	29,817.	7,795
11	Fees for services (nonemployees):			25,017.	1,755
а	Management				
	Legal				<del></del>
	Accounting				
	Lobbying				
е					
f	Investment management fees			<u> </u>	
g	( 0				
	column (A) amount, list line 11g expenses on Sch 0.)	19,941. 22,270.	10,836.	9,104.	1.
12	Advertising and promotion	22,270.			25.
13	Office expenses	105,876.	31,313.	72,530.	2,033.
14	Information technology	3,721.		3,721.	
15	Royalties				
16	Occupancy	260,300.	182,557.	66,785.	10,958.
17	Travel	6,862.	3,652.	26.	3,184.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	<del></del>		<u> </u>	
20 21	Interest Payments to affiliates		<del></del> .		
2 I 22	Payments to affiliates  Depreciation, depletion, and amortization	84,907.	59,155.	20 110	
23	I	112,786.	39,133.	22,118.	3,634.
24	Other expenses. Itemize expenses not covered	112,700.		112,786.	Agent give Note and a second
	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.)			e time e la propia de a propia de la propia dela propia de la propia dela propia de la propia dela	
а	CARTON ACCES THE COLOR	789,820.	550,268.	205,748.	33 004
b	HOD OF CAROLETAN DR CREEK	587,961.	463,903.	106,552.	33,804. 17,506.
c	CAPITAL OUTLAY	246,353.	177,954.	59,314.	9,085.
d	163 T370001331600 A GD0	68,535.	46,575.	20,260.	1,700.
е	All other expenses	36,085.	20,033.	13,598.	2,454.
25	Total functional expenses. Add lines 1 through 24e	5,337,201.	3,738,634.	1,368,812.	229,755
26	Joint costs. Complete this line only if the organization			<u></u>	225,133
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

032010 12-23-20

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 2,797,247. 2,818,020. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 63,947. 17,030. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, LYSHIAM AND A 5 F 15 Section of the second trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 进行 有被数 Let the design the 315 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Assets 59,202. 44,311. Inventories for sale or use 51,603. 56,043. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 2,315,478. 10a 1,729,151. 1,461,054. 586,327. 10b 10c b Less: accumulated depreciation Investments · publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 <u>786,310.</u> 866,968. 15 15 Other assets. See Part IV, line 11 4,388,699. 5,219,363. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 228,985. 324,658. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 140,730. 215,936. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 台灣 到年級 대통령 방법으로 있는 Loans and other payables to any current or former officer, director, 22 Liabilities Paris and Allegan 113 trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 6,848,940. 7,112,392. of Schedule D 7,482,107. 7,389,534. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here 🕨 🗓 or Fund Balances and complete lines 27, 28, 32, and 33. -2,196,081 3,119,318. 27 27 Net assets without donor restrictions 25,910. 25,910. 28 Net assets with donor restrictions 28 ayan (perdukted) Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Net Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds -3,093,408. -2,170,171. 32 Total net assets or fund balances 32 4,388,699. 5,219,363. Total liabilities and net assets/fund balances

Form 990 (2020)

Pa	t XI Reconciliation of Net Assets			, ,,	90
	Check if Schedule O contains a response or note to any line in this Part XI				X
					2.5
1	Total revenue (must equal Part VIII, column (A), line 12)		4,74		
2	Total expenses (must equal Part IX, column (A), line 25)		<u>5,33'</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	-59		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		2,17	),1	71.
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	<u>-32'</u>	7 , 1	72.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 -	3,09.	3,40	08.
Pa	t XII Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		11.48	ā.	4
	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	W.	300	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1		
	separate basis, consolidated basis, or both:		76.88E		W. T.
	Separate basis Consolidated basis Both consolidated and separate basis		15.01		3 / Terr
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		300		100
	consolidated basis, or both:		divers.		
	X Separate basis Consolidated basis Both consolidated and separate basis		W.P		100
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.		23 3.13	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		100	M 52	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	•	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection 3

Name of the organization

Employer identification number CULTURAL AND HERTTAGE COMISSION 23-7257020

				INTINOL CONT.				, , , , , , , , , , , , , , , , , , , ,			
Pa	rt I	Reason for Public C	harity Status. (/	All organizations must co	mplete thi	s part.) Se	e instructions.				
he	organi	zation is not a private founda	ation because it is: (F	or lines 1 through 12, ch	eck only o	ne box.)					
1		A church, convention of chu	ırches, or associatior	of churches described	in section	170(b)(1)	)(A)(i).				
2	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	Ħ.	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Ħ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
7		•	ation operated in con-	portotion with a moopitary	200011204	0001,01	, 11 o(2)(1)(1)(11), Cinto	,,			
_	$\Box$	city, and state:		ana au contrantito accord		d by a gar	remedental resit decoribe	d in			
5	ш	An organization operated fo		ege or university owned	or operate	a by a gov	vernmental unit describe	d in			
		section 170(b)(1)(A)(iv). (C									
6	$\sqsubseteq$	A federal, state, or local gov	-				·				
7	X	An organization that normal	ly receives a substan	tial part of its support fro	om a gove	rnmental u	ınit or from the general p	oublic described in			
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)								
8		A community trust describe	d in section 170(b)(	1)(A)(vi). (Complete Part	II.)						
9		An agricultural research org	anization described i	n section 170(b)(1)(A)(i	x) operate	đ in conju	nction with a land-grant	college			
		or university or a non-land-g	rant college of agricu	ılture (see instructions). I	nter the n	ame, city,	and state of the college	or			
		university:									
10		An organization that normal	ly receives (1) more t	han 33 1/3% of its suppe	ort from co	ntribution	s, membership fees, and	gross receipts from			
		activities related to its exem					•	•			
		income and unrelated busin	•					=			
		See section 509(a)(2). (Cor		,000 00011011 011 1011, 1101	240	ooo aaqa	ou by the organization a				
11		An organization organized a	· · ·	volv to tost for public eaf	aty See s	action 50	0(2)(4)				
	$\exists$	An organization organized a	•	-				nurnases of one or			
12											
		more publicly supported org	*					Meck the box in			
		lines 12a through 12d that o						_6.6			
а											
		the supported organization	• • • • •		majority o	the direc	tors or trustees of the su	ipporting			
		organization. You must o									
t	· L		· ·								
		control or management o	f the supporting orga	inization vested in the sa	ıme persor	ns that cor	ntrol or manage the supp	orted			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
C	;	Type III functionally inte	grated. A supporting	g organization operated i	in connect	ion with, a	ınd functionally integrate	d with,			
		its supported organization	n(s) (see instructions)	. You must complete F	art IV, Se	ctions A,	D, and E.				
(	ı 🗆	Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nection w	rith its supported organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distri	bution req	uirement and an attentiv	veness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	٧.				
•	, [_	Check this box if the orga	•	•							
		functionally integrated, or					21 7 21 7 21				
,	Ente	er the number of supported of									
		vide the following information	•	d organization(s)							
;		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
				above (see instructions))							
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Tot	al		1				1	1			

# Schedule A (Form 990 or 990-EZ) 2020 CULTURAL AND HERITAGE COMISSION Part II Support Schedule for Organizations Described in Sections 470/64444 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(-) 0000	(0.T.)
	Gifts, grants, contributions, and	(5)=5.0	(6) 2011	10/2010	(4) 2019	(e) 2020	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	382,624.	716,474.	1013671.	3009063.	722,419.	5844251.
2	Tax revenues levied for the organ-	-			30030031	744,415.	3044231.
	ization's benefit and either paid to						
	or expended on its behalf	3021380.	3083000.	3378940.	3549000.	3783000	16815320.
3	The value of services or facilities				3313333	3703000.	10013320.
	furnished by a governmental unit to						
	the organization without charge					i	
4	Total. Add lines 1 through 3	3404004.	3799474.	4392611.	6558063.	4505419.	22659571.
5	The portion of total contributions		4. 计数据图图图图	CONTRACTOR	POPERTY AND	\$\$45555146G	==00507±0
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				<b>国际基金企业</b>	Mar Printer West	
	amount shown on line 11,				同场,高端	ate and section	
	column (f)					P. Carallana	
6	Public support, Subtract line 5 from line 4.	<b>以下的特別的關係</b>	[[] [] [] [] [] [] [] [] [] [] [] [] []			<b>最早的</b> 。例如1	22659571.
	ction B. Total Support	<del>,</del>				<u>"</u>	· ·
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3404004.	3799474.	4392611.	<u>65</u> 58063.	4505419.	22659571.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources	67,495.	32,899.	16,266.	40,737.	<u>40,</u> 022.	197,419.
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			4-0			
4.4	assets (Explain in Part VI.)			150,767.	187,677.	178,222.	<u>516,666.</u>
	Total support. Add lines 7 through 10						23373656.
	Gross receipts from related activities,					12	
10	First 5 years. If the Form 990 is for thornganization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage		<u></u>		<u></u>
	Public support percentage for 2020 (li			alumn (A)			06.04
15	Public support percentage from 2019	Schedule A Part I	vided by line 11, c	olumn (1))	•••••	14	96.94 %
16a	33 1/3% support test - 2020. If the c	prognization did not	t check the box on	line 12 and line 1	4 io 00 1 (00/	15	88.92 <u>%</u>
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2019. If the c				lina 15 ia 22 1/20/	Or manya . oh a - l. the !-	<u> </u>
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion	iiile 13 is 33 1/3%	or more, check this	S DOX □
17a	10% -facts-and-circumstances test	- 2020. If the orga	anization did not cl	neck a hox on line	13 16a or 16b a	nd line 14 is 100/ s	
	and if the organization meets the facts	s-and-circumstance	s test, check this l	pox and ston her	Fynlain in Part \	/I have the argenize	or more,
	meets the facts-and-circumstances te	st. The organization	n qualifies as a nut	olicly supported or	annineti		
b	10% -facts-and-circumstances test	- 2019. If the oras	anization did not d	neck a box on line	13 16a 16h or 1	7a and line 15 is 1	
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	on here. Explain in	ru, and mie 13 is i Part VI bourtho	070 Of
	organization meets the facts-and-circu	ımstances test. The	e organization qua	lifies as a publicly	Supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a. or 17h.	check this hox an	d see instructions	······ 【片
				,,,,,		dule A /Form 990	or 000 E7) 0000

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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 furnished 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			]			
t	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						
	Add lines 7a and 7b			<u> </u>			
	Public support. (Subtract line 7c from ling 6.)					1967/2611	
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						·
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						·
(	unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	-		<del> </del>	<u> </u>		
	c Add lines 10a and 10b  Net income from unrelated business activities not included in 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.)		<u> </u>			1	<u></u>
14	· · · · · · •						
_				<u></u>	<u></u>		<b>P</b>
_	ction C. Computation of Publ					T I	
15	Public support percentage for 2020						<u>%</u>
16	Public support percentage from 201section D. Computation of Inve					16	%
_				line 40 maluman (A)		17	
	Investment income percentage for 2					17	<u>%</u> %
18							
19	a 33 1/3% support tests - 2020. If th						<b>.</b> .
	more than 33 1/3%, check this box a						
	b 33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, ch						
00	Private foundation. If the organization						
	<u> </u>	ion did not check a	A DOX OF HER 14, 1	Gu, OI TOD, CHECK			0 or 990-EZ) 2020
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# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (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.
- 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 Part VI when and how the organization made the determination.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
- **b** 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.)

	Yes	No
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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.

b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,
one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in
Part VI the reasons for the organization's position that its supported organization(s) would have engaged in
these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or
trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	$\top_1$		,
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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	4.14		194 to 178 sept.
	instructions for short tax year or assets held for part of year):	16.00		
a	Average monthly value of securities	1a		10 mg, 10 graph way, 11 220 c
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c	<del></del>	
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	<u> </u>	armin and a second of the second of the second
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	<del>                                     </del>		
	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	<del></del>	
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	T 1		
2	Enter 0.85 of line 1.	2	WAR AND SALES	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	Carlor on Assault o	
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5	<b>《西京》</b> ,元代《李石》。	<del></del>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>		
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 3 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount

10 Line 8 amount divided by line 9 amount		10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020	
1 Distributable amount for 2020 from Section C, line 6		Mark Strategic Stra		
2 Underdistributions, if any, for years prior to 2020 (reason-				
able cause required · explain in Part VI). See instructions.	A Maria Registration of the Leader		เล่น/เราะเมียนได้เพื่อเลือกระกา	
3 Excess distributions carryover, if any, to 2020	36年7月4日 (15的) (15年)	以,仍如今, 6, 7 次的基础	and barrancing all of a	
a From 2015		The Court of the C	AND STREET	
<b>b</b> From 2016		Section 1985	See Landers Albert	
c From 2017	Sometice was a wife	in the property to the line by much to	AT THE PROPERTY OF THE PARTY OF THE	
d From 2018	ACCEPTANT OF THE		THE DAY OF STATES	
e From 2019		THE STATE OF STATE OF	SURVEY	
f Total of lines 3a through 3e			a Court Lagrady Lagrange	
g Applied to underdistributions of prior years	Constitution of the contract o		CE EL EXAMENS NO	
h Applied to 2020 distributable amount				
i Carryover from 2015 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		<b>以</b>	ATECIANISM TAKES	
4 Distributions for 2020 from Section D,		778 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6	· 1985年的特別的新疆	
line 7:				
a Applied to underdistributions of prior years				
b Applied to 2020 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.		<b>超级基础的</b>	<b>发展的人类的基础的</b> 。	
5 Remaining underdistributions for years prior to 2020, if				
any. Subtract lines 3g and 4a from line 2. For result greater	The state of the s			
than zero, explain in Part VI. See instructions.				
6 Remaining underdistributions for 2020. Subtract lines 3h	THE STATE OF THE STATE OF			
and 4b from line 1. For result greater than zero, explain in				
Part VI. See instructions.		Late to enterior relections and		
7 Excess distributions carryover to 2021. Add lines 3j		Property of the second	Associative (Co.	
and 4c.				
8 Breakdown of line 7:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020				
•				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 CULTURAL AND HERITAGE COMISSION	23-7257020	Page 8
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Section	
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PUBLIC DISCLOSURE COPY

## Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

Name of the organization 23-7257020 CULTURAL AND HERITAGE COMISSION Organization type (check one): Section: Filers of: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1, Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(d)

Type of contribution

Person Payroll Noncash (Complete Part II for

(c)

Total contributions

(b)

Name, address, and ZIP + 4

No.

023452 11-25-20

Employer identification number

# CULTURAL AND HERITAGE COMISSION

23-7257020

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)  (d) Date receive	
		  \$	
		Ψ	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>-</u>			
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noneast property given	(See instructions.)	
<u>.</u>			
_			
023453 11-2	15.20		990, 990-EZ, or 990-PF)

Employer identification number CULTURAL AND HERITAGE COMISSION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info, once.) Use duplicate copies of Part III if additional space is needed. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee 023454 11-25-20

## **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.

➤ 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

CHILTHRAL AND HERTTAGE COMISSION

**Employer identification number** 23-7257020

Part	I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6	
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	iting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Par	Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreation		historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru-	cture included in (a)	
d	Number of conservation easements included in (c) acquired at		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, nandling of	Yes No
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and emorcing conse	TValidit easements doining the year
	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
7		ing of violations, and emoleting conscitution	on casements daring and year
_	Does each conservation easement reported on line 2(d) above	a catisfy the requirements of section 170(b)	1(4)(B)(i)
8	and section 170(h)(4)(B)(ii)?		
_	and section ۱/و(ارازام) المراقعة and section 1/و(ارازام) المراقعة	on easements in its revenue and expense s	tatement and
9	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemen	nts that describes the
	executation's accounting for concentation easements		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
12	If the organization elected, as permitted under FASB ASC 95		nd balance sheet works
10	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	3.
ŀ	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
_	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	,	• \$
	(ii) Assets included in Form 990, Part X	***************************************	<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
_	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<u> </u>
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Pa	ort III Organizations Maintaining C	L AND HERI	TAGE COM	SSION			23-72	25702	0	Page <b>2</b>
		collections of A	rt, Historical	Treasures,	or Othe	er Simila	ır Asset	e	inued	)
3	coming the organization's acquisition, access	ion, and other record	ds, check any of t	he following th	at make s	significant	use of its			
	collection items (check all that apply):									
a			d X Loan or	exchange prog	jram .					
b			e 🔲 Other_							
C	Great and the factor of									
4	Provide a description of the organization's c	ollections and explai	in how they furthe	r the organizat	tion's exe	mpt purpo	se in Parl	XIII		
5	builting the year, and the organization solicit of	or receive donations	of art, historical to	reasures or oth	her cimila	r accete		,		
Γná	to be sold to raise funds rather than to be m	aintained as part of t	the organization's	collection?				Yes	ГУ	Nο
	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	gements, Comp	lete if the organiza	ation answered	l "Yes" or	7 Form 990	), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod		diary for contribut	ions or other a	seate nat	included				
	on Form 990, Part X?			ond of other a	sacta not	iriciudeo	[	٦,,,	_	٦
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table		• • • • • • • • • • • • • • • • • • • •			_ Yes	L_	_ No
	-		morning table.							
C	Beginning balance					1		_Amoun	<u>t</u>	
d	Additions during the year		*************************			. <u>1c</u>				
е	Distributions during the year	***************************************				<u>1d</u>				
f	Ending balance				••••••	1e				
<b>2</b> a	Did the organization include an amount on Fo	orm 990. Part X. line	21, for escrow or	custodial acc	ount liabil	. <u>[ 1f ]</u>		7.,		<del></del>
<u>, b</u>	<u>If "Yes," explain the arrangement in Part XIII.</u>	Check here if the ex-	nlanation has be	بيد الدخامة بمستعدم	D 2 2011			_ Yes	늗	_ No
Pa	rt V Endowment Funds. Complete	f the organization ar	swered "Yes" on	Form 990 Par	t IV line	10	,			┵
		(a) Current year	(b) Prior year	(c) Two ye			anna baala			<del></del>
1a	Beginning of year balance	, , , , , , , , , , , , , , , , , , ,	12/11/01/10/	(C) TWO yes	ais back	(d) Three y	rears back	(e) Four	years	back
b	Contributions			<del>-</del>				<del></del> -		
c	Net investment earnings, gains, and losses			<del>-</del>						
d	Grants or scholarships			<del>-</del>				· <del></del>		
e	Other expenditures for facilities			_						
	and programs									
f	Administrative expenses			<del></del>						
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance	line ia column	(a)) hold on:						
а	Board designated or quasi-endowment	y - an zanario	%	(a)) Held as.						
b	Permanent endowment	%								
¢	Term endowment	<u></u>								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held	and administs	rad fau ble					
	by:		and that are nerg	and administe	rea for (f)	e organiza	tion	Г		
	(i) Unrelated organizations								Yes	No
	(") There of garnizations							3a(i)	<del> </del>	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule P	?		• • • • • • • • • • • • • • • • • • • •	•••••	3a(ii)		
	Describe in Fait Ail the intended uses of the	organization's endou	vment funds	*				[_3b		
Par	t VI Land, Buildings, and Equipme	ent.	Miliche Idrida.	<del></del>						
	Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11a	See Form 990	Part Y	lino 10				
	Description of property	(a) Cost or of		st or other		ccumulate	. T	(0.0. )	<del>-</del> .	
		basis (investm		s (other)		oreciation	"	(d) Book	. value	3
1a	Land			,/		DIECIALION	2431	<del></del>		
þ	Buildings		1.4	26,323.		70,08		156		7
c	Leasehold improvements		<del></del>	1 - 2 - 2 - 1		, , , , , , ,	<del></del>	456	, 4	) / •
d	Equipment		8	89,155.	7	59,06	<u>_</u>	120		<del>10</del>
<u>e</u>	Other	.				37,00	<del></del>	130	, 05	,0.
Total.	Add lines 1a through 1e. (Column (d) must eq	ual Form 990 Part X	Column (R) line	1001		<del></del>	<del>-   -</del>	506	2.	77
		VVV. I GIL /	v zadran (Di' III)6	100,1				<u>5</u> 86	, 52	4 / •

Part VII				
	Complete if the organization answered "Yes" or		11b. See Form 990, Part X, line 12.	fun ar market value
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	r-year market value
	al derivatives			· <u></u>
(2) Closely	held equity interests			<u> </u>
(3) Other				
(A)			<u> </u>	
(B)			<del> </del>	·
(C)			<del></del>	<del></del>
(D)		<u></u>		
(E)			<u> </u>	
(F)		<u> </u>		
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	<u></u>		AMAGE CONTRACTOR OF THE
Part VIII	I Investments - Program Related.			
	Complete if the organization answered "Yes" or		e 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-c	fyear market value
	(a) Description of investment	(b) Book value	(c) Method of Valuation: Cost of end-c	or-year market value
(1)			<u> </u>	
(2)				<u> </u>
(3)	<u></u>			
(4)		<u> </u>	<u> </u>	
(5)				
(6)		· <del></del>		
(7)				
(8)				<u> </u>
<u>(9)</u>			<u> </u>	to the state of the state of
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.) ▶ ▮			a new transplacement of the
Part IX	I .			
	Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
		Description		
	EFERRED PENSION CHANGES			751,494. 115,474.
(2) D	EFERRED OPEB CHARGES			113,4/4.
(3)				
(4)				
<u>(5)</u>				
(6)		<u>.                                    </u>		
<u>{7}</u>				<u> </u>
(8)				<del></del>
(9)		<u></u>		066 060
Total. (Co	lumn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.			866,968.
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
1.	(a) Description of liability			(b) Book value
	ederal income taxes			A ECO 264
	ET PENSION LIABILITY	<u> </u>		4,568,264. 2,190,014.
	ET OPEB OBLIGATION			
	OMP ABSENSE			210,479.
	OUE TO YORK COUNTY			33,256. 85,731.
	EFERRED PENSION CREDITS	· · · · · · · · · · · · · · · · · · ·		·
(7) E	DEFERRED OPEB CREDITS			24,648.
(8)				<u> </u>
(9)				E 110 200
Total. (Co	olumn (b) must equal Form 990. Part X. col. (B) line	25.}	<b>&gt;</b>	7,112,392.
2. Liabil	ity for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements the	nat reports the
orgar	nization's liability for uncertain tax positions under	FASB ASC 740, Check	there if the text of the footnote has been pro	ovided in Part XIII L

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Schedule D (Form 990) 2020

CULTURAL AND HERITAGE COMISSION

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Schedule D (Form 990) 2020

- 1) ANTHROPOLOGY CONSISTS OF AFRICAN AND NATIVE AMERICAN CERAMICS, TEXTILES, WOOD CARVINGS, MASKS, MUSICAL INSTRUMENTS, AND WEAPONS AND ILLUSTRATES MANY ASPECTS OF MATERIAL CULTURE IN NATIVE AMERICAN AND WEST AFRICAN CULTURES.
- 2) ARCHAEOLOGY DEVELOPED FROM BOTH FORMAL EXCAVATIONS ON CHC PROPERTY AND "SURFACE FINDS" BY STAFF AND VISITORS (INCLUDES BOTTLES, NAILS, TEXTILE FRAGMENTS, BUTTONS AND CERAMIC MARBLES). ARCHAEOLOGICAL COLLECTIONS ALSO INCLUDE MATERIALS FROM SITES RELATED TO THE REVOLUTIONARY WAR THAT WERE TRANSFERRED TO CHC FROM THE NATIONAL PARK SERVICE.
- 3) REGIONAL ART FOCUSES ON THE WORK OF CONTEMPORARY AND "OUTSIDER" ARTISTS WORKING IN THE CAROLINAS IN OIL AND WATERCOLOR PAINTINGS, DRAWINGS, PHOTOGRAPHS, AND SCULPTURE. THE VERNON GRANT COLLECTION IS THE MOST COMPREHENSIVE COLLECTION OF VERNON GRANT, A MID-TWENTIETH CENTURY ILLUSTRATOR WHO LIVED IN ROCK HILL, SC.
- 4) THE HISTORY COLLECTION IS ESPECIALLY BROAD, ENCOMPASSING 38 HISTORIC STRUCTURES AT HISTORIC BRATTONSVILLE, DECORATIVE ARTS, TEXTILES, AND AGRICULTURAL AND INDUSTRIAL EQUIPMENT FROM THE CAROLINA PIEDMONT FROM SETTLEMENT THROUGH THE MID-TWENTIETH CENTURY.
- THE LIBRARY COLLECTION OF REFERENCE MATERIALS INCLUDE BOOKS, MICROFILM, EDUCATION AND SURNAME FIELDS FOR SCHOLARLY AND GENEOLOGICAL RESEARCH. THE ARCHIVAL COLLECTION OF HISTORICAL DOCUMENTS INCLUDE COURT RECORDS, BUSINESS LEDGERS, PHOTOS, MAPS, RARE BOOKS, PERSONAL PAPERS, ORGANIZATIONAL PAPERS, CHURCH RECORDS, AND NEWSPAPERS RELATED TO THE

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### **SCHEDULE 0**

(Form 990 or 990-EZ)

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

➤ Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CULTURAL AND HERITAGE COMISSION

Employer identification number 23-7257020

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LIFETIME OF LEARNING.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
INDIVIDUAL EPISODES WERE PRODUCED AND BROADCAST, RESULTING IN 118,000
LIVE VIEWS, A REACH OF 316,666 AND ENGAGEMENT OF 37,97.
FORM 990, PART VI, SECTION A, LINE 6:
THE MUSEUM HAS MEMBERS, HOWEVER THEY DO NOT VOTE TO ELECT THE GOVERNING
BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 QUESTIONAIRE AND FORM 990 ARE REVIEWED BY THE MANAGEMENT TEAM. THE
FORM 990 IS THEN SUMBITTED TO THE BOARD FOR REVIEW. THE BOARD FORMALLY
APPROVES THE FORM 990 BASED ON THE FINANCE COMMITTEE'S RECOMMENDATION OF
APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST
TO THE BOARD AS A WHOLE. IF THE BOARD DETERMINES A CONFLICT EXISTS, THAT
BOARD MEMBER MAY NOT PARTICIPATE IN ACTION OR DISCUSSION OF MATTERS
DIRECTLY RELATED TO THE CONFLICT. THE CONFLICT OF INTEREST STATEMENT IS
INCLUDED IN THE CODE OF ETHICS WHICH IS POSTED ON THE BOARD'S WEBSITE.
THOUGHD IN THE COME OF DIFFER WHITE IN LONDING ON THE POPULAR P. HANDELEY
BODY 000 DADE UT CECETON D. LINE 15.
FORM 990, PART VI, SECTION B, LINE 15:
LEVEL OF COMPENSATION AND JOB GRADES, PER POSITION, ARE REVIEWED BY THE  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

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Name of the organization	Page 2
CULTURAL AND HERITAGE COMISSION	Employer identification number 23-7257020
ORGANIZATION'S HUMAN RESOURCES DEPT USING THIRD-PARTY INFO	RMATION TARGETED
FOR SOUTH CAROLINA OFFICERS AND KEY EMPLOYEES. IN ADDITION	, COMPENSATION
AND JOB DESCRIPTIONS FOR ALL STAFF ARE REVIEWED PERIODICAL	LY BY AN
INDEPENDENT THIRD PARTY. IN ADDITION, THE EXECUTIVE DIRECT	OR'S PERFORMANCE
IS REVIEWED BY THE COMMISSION ANNUALLY. THE COMMISSION WOR	KS WITHIN COUNTY
PROCESS TO DETERMINE ANY SALARY INCREASES SUBJECT TO LIMIT	ATIONS OF THE
BUDGET AND APPLICABLE COUNTY POLICY.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, COUNTY ORDINANCE GOVERNING THE CHC, A	ND THE CODE OF
ETHICS (CONTAINING THE CONFLICT OF INTEREST STATEMENT) ARE	ALL POSTED ON
THE GOVERNANCE PAGE OF THE WEBSITE: WWW.CHMUSEUMS.ORG.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGES IN THE OPEB LIABILITY	-60,998.
CHANGES IN THE COMPENSATED ABSENCES LIABILITY	-10,008.
CHANGES IN PENSION LIABILITY	-256,166.
TOTAL TO FORM 990, PART XI, LINE 9	-327,172.