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# Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning	January 1st	, 2011, and ending	December 31st	, 20			
B Check if applicable	C Name of organization Title Heritage Foundation						
<input type="checkbox"/> Address change	D Employer identification number 68-0135531						
<input type="checkbox"/> Name change	E Telephone number 707-431-8453						
<input type="checkbox"/> Initial return	F Group Exemption Number ►						
<input type="checkbox"/> Terminated							
<input type="checkbox"/> Amended return							
<input type="checkbox"/> Application pending							
G Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►							
I Website: ►	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).						
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.							
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$							
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I.)							
Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>							
Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 146,359					
	2 Program service revenue including government fees and contracts . . . . .	2 5,318					
	3 Membership dues and assessments . . . . .	3 0					
	4 Investment income . . . . .	4 8					
	5a Gross amount from sale of assets other than inventory . . . . .	5a 0					
	b Less: cost or other basis and sales expenses . . . . .	5b 0					
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c 0					
	6 Gaming and fundraising events						
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a 0					
	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b 0					
c Less: direct expenses from gaming and fundraising events . . . . .	6c 0						
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 0						
7a Gross sales of inventory, less returns and allowances . . . . .	7a 1,793						
b Less: cost of goods sold . . . . .	7b 0						
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 1,793						
8 Other revenue (describe in Schedule O) . . . . .	8 0						
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9 153,478						
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 1,000					
	11 Benefits paid to or for members . . . . .	11 0					
	12 Salaries, other compensation, and employee benefits . . . . .	12 80,500					
	13 Professional fees and other payments to independent contractors . . . . .	13 0					
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 9,533					
	15 Printing, publications, postage, and shipping . . . . .	15 7,411					
	16 Other expenses (describe in Schedule O) . . . . .	16 41,611					
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17 140,055					
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 13,423					
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 83,546					
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 0						
21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21 97,093						

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	29,661	22 41,810
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	53,885	24 55,283
25	<b>Total assets</b>	83,546	25 97,093
26	<b>Total liabilities</b> (describe in Schedule O)	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	83,546	27 97,093

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	PUBLISHING - SEE ATTACHMENT 5 PART III LINE 28 SCHEDULE O			
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	34,123	
29	LIBRARY, ARCHIVES AND COLLECTIONS - SEE ATTACHMENT 5 PART III LINE 29 SCHEDULE O			
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	41,498	
30	EDUCATION, EXHIBITIONS AND EVENTS - SEE ATTACHMENT 5 PART III LINE 30 SCHEDULE O			
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	16,749	
31	Other program services (describe in Schedule O)			
	(Grants \$ 1000.00 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	1000.00	
32	<b>Total program service expenses</b> (add lines 28a through 31a)			32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOSEPH A TAYLOR 2341 N FITCH MTN RD HEALDSBURG CA 95448	PRESIDENT 50+ HOURS	\$29,974	0	0
SHEILA A MENZIES 2341 N FITCH MTN RD HEALDSBURG CA 95448	TREASURER 50+ HOURS	\$29,974	0	0
RILEY DOTY 2179 E 27TH STREET OAKLAND CA 94606	SECRETARY 1-2 HOURS	0	0	0
IRENE DE WATTEVILLE 749 N GRANADOS AVE SOLANA BEACH CA 92075	BOARD MEMBER 1-2 HOURS	0	0	0
KATIA MCGUIRK 448 OLD DUBLIN PIKE DOYLESTOWN PA 18901	BOARD MEMBER 1-2 HOURS	0	0	0

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39 Section 501(c)(7) organizations. Enter:	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0	40a	0
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	0
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	0
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed. ► CALIFORNIA		
42a The organization's books are in care of ► SHEILA MENZIES, TREASURER Telephone no. ► 707-431-8453 Located at ► 2341 N FITCH MTN RD HEALDSBURG CA ZIP + 4 ► 95448	42a	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► N/A	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	0
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

46	✓	

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

<p>47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .</p> <p>48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .</p> <p>49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .</p> <p>b If "Yes," was the related organization a section 527 organization? . . . . .</p> <p>50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."</p>	<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>			Yes	No
Yes	No				

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				
NONE	N/A			N/A
N/A				
N/A				

f Total number of other employees paid over \$100,000 . . . . . 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
NONE	N/A	
NONE		
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . . . 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ►  Yes  No

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

<b>Sign Here</b>	<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input style="width: 100%; border: none; border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;" type="text"/> <input style="width: 100%; border: none; border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;" type="text"/> </div> <div style="flex: 1; text-align: right;"> <small>Date</small> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input style="width: 100%; border: none; border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;" type="text"/> </div> <div style="flex: 1; text-align: right;"> <small>July 25th 2012</small> </div> </div>
	<input style="width: 100%; border: none; border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;" type="text"/> <small>Type or print name and title</small>

<b>Paid Preparer Use Only</b>	<input style="width: 100%; border: none; border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;" type="text"/> <small>Pmt/Type preparer's name</small>	<input style="width: 100%; border: none; border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;" type="text"/> <small>Preparer's signature</small>	<input style="width: 100%; border: none; border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;" type="text"/> <small>Date</small>	<input type="checkbox"/> if self-employed	<small>PTIN</small>
	<input style="width: 100%; border: none; border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;" type="text"/> <small>Firm's name ►</small>	<input style="width: 100%; border: none; border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;" type="text"/> <small>Firm's EIN ►</small>			
	<input style="width: 100%; border: none; border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;" type="text"/> <small>Firm's address ►</small>				<small>Phone no</small>

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

**Public Charity Status and Public Support**

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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. ► See separate instructions.

Name of the organization

TILE HERITAGE FOUNDATION

Employer identification number

68-0135531

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

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 

a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of support
(A)						
(B)		N/A				
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	N/A					
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10						N/A
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	155,139	151,728	137,007	122,083	146,359	712,316
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 . . .	17,287	10,444	14,019	14,504	7,111	63,365
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
<b>6 Total. Add lines 1 through 5 . . .</b>	<b>172,426</b>	<b>162,172</b>	<b>151,026</b>	<b>136,587</b>	<b>153,470</b>	<b>775,681</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	00	0	0	0	0
<b>c</b> Add lines 7a and 7b . . .	<b>172,426</b>	<b>162,172</b>	<b>151,026</b>	<b>136,587</b>	<b>153,470</b>	<b>775,681</b>
<b>8 Public support</b> (Subtract line 7c from line 6.) . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 . . .	172,426	162,172	151,026	136,587	153,470	775,681
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	213	50	15	9	8	295
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . .	<b>213</b>	<b>50</b>	<b>15</b>	<b>9</b>	<b>8</b>	<b>295</b>
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . .	<b>172,639</b>	<b>162,222</b>	<b>151,041</b>	<b>136,596</b>	<b>153,478</b>	<b>775,976</b>
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . .	<b>15</b>	99 %
16 Public support percentage from 2010 Schedule A, Part III, line 15 . . .	<b>16</b>	99 %

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . .	<b>17</b>	000380 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . .	<b>18</b>	000679 %
19a <b>33 1/3% support tests—2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support tests—2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

N/A

N/A

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

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization  
**TILE HERITAGE FOUNDATION**

Employer identification number  
**68-0135531**

Attachment #1 990EZ 2011 Return Part I Line 10 Grants disbursed \$1,000 Doty Grant Fund monies were disbursed in 2011

Attachment #2 990EZ 2011 Return Part I Line 16 Other Expenses INCLUDE Worker's comp, payroll taxes, office supplies, telephone,

internet & web expenses, travel expenses, accounting expenses and bank fees and filing fees

Attachment #3 990EZ 2011 Return Part II Line 24 Other assets \$51,473 Library and archival collections \$3,810 Fixed assets

Attachment #4 990EZ 2011 Return Part III Line 28, 29, 30

Line 28 PUBLISHING Tile Heritage, A Review of American Tile History – a now online educational journal published to enhance the awareness of the general public and THF members of the need to preserve and protect the ceramic heritage of the United States E-NEWS is a bulletin for Tile Heritage members and the public serving as an informational resource and exchange of information regarding the past and present history of ceramic surfaces in the US In addition we republish historic tile documents and catalogs as well as a national resource directory Distribution is to over 1500 people in hard copy form and to an untold number of others through web access Website [www.tileheritage.org](http://www.tileheritage.org)

Line 29 ARCHIVING AND COLLECTIONS DEVELOPMENT For the past 25 years THF has developed and maintained a public archival and research library as documented image and tile collections for the purpose of encouraging access to materials and information about ceramic surfaces in the US THF also sells books and reproductions of historic resources as well as provides other educational materials for the enhancement of the aforementioned purpose

Line 30 EDUCATION, EXHIBITIONS & EVENTS Tile Heritage sponsors and participates in public symposiums, conferences, hands-on workshops, tours, exhibitions, festivals, public art and published resources about ceramic tiles, historic and contemporary, to enhance the understanding of the general public about the rich and varied history of tile making in the United States to educate the public about the need to preserve and protect these durable but vulnerable works which are part of our artistic, industrial and social heritage

Name of the organization

## TILE HERITAGE FOUNDATION

**Employer identification number**

68-0135531

Attachment #4 CONTINUES 990EZ 2011 Return Part III Line 31

Line 31 GRANT DISBURSEMENT FROM THE DOTY GRANT \$1000 in grants were disbursed from the Doty Grant Fund for 2011

**GRANTS and SCHOLARSHIPS** Tile Heritage also disburses grants from an encumbered fund to qualified individuals involved in primary research into

the history of ceramic surfaces in the US for the purpose of its preservation (See attached criteria.)

The Tile Heritage Foundation also makes educational program SCHOLARSHIPS available for individuals in the curatorship and educational aspects

of tiles and tile making in the US so that they may attend these programs. Limited scholarships are also made available to qualified, registered college

students who volunteer to assist in the development of the Foundations' archives, library and educational programs

# **THE TILE HERITAGE FOUNDATION DOTY RESEARCH GRANT APPLICATION**

## **THE MISSION AND PURPOSE OF THE TILE HERITAGE FOUNDATION**

The Tile Heritage Foundation (THF), a charitable nonprofit organization founded in 1987, is dedicated to promoting an awareness and appreciation of ceramic surfaces in the United States. The Foundation serves the growing need for a historical perspective regarding all ceramic tiles, both past and present. In addition to aiding in the education of the public about the rich and varied history of tile, the organization has become a major voice in the preservation of existing installations of rare and unusual ceramic surfaces.

Tile Heritage involves more than the preservation of tiles, murals and mosaics, the Foundation represents the need to preserve a perception of ourselves. From the time of the earliest cave paintings and molded clay forms, people have always sought to conceptualize themselves and inspire others through artistic endeavors. Safeguarding ceramic surfaces today is an integral part of preserving ourselves, a means of being remembered and understood by future generations.

## **THE DOTY RESEARCH GRANT**

The Doty Research Grant was established in 1992 to stimulate research in the field of ceramic tile history and conservation. The Grant has been named in honor of Riley Doty, a tile setter, collector and historian, who has dedicated much of his life in recent years to primary research. His willingness to share his knowledge and information with others, freely and openly, has been a continuing source of inspiration.

## **OBJECTIVES**

Grant assistance is offered to qualified individuals who, in the spirit of sharing, wish to engage in primary research for the enhancement and protection of ceramic surfaces in the United States.

- To research and document ceramic surfaces, both historic and contemporary, as an integral part of this country's cultural heritage.
- To encourage the growth of organized information regarding the history and preservation of ceramic surfaces in the United States.
- To demonstrate that through continued research, the information gathered can be effectively added to the growing store of knowledge in the Tile Heritage library, archives and elsewhere, providing the public with a workable resource to enhance tile-related education throughout the nation.
- To strengthen the network of people willing to share information with the common goal of promoting and preserving ceramic surfaces in the United States.
- To enhance the visibility of the Tile Heritage Foundation as an organization dedicated to the research and preservation of this important artistic medium.

## Depreciation Worksheet

Description of Property	Date Placed in Service	Cost or Other Basis	Business/ Investment Use %	Section 179 Deduction	Depreciation Years	Basis for Depreciation	Method/ Convention	Recovery Period	Rate or Table %	Depreciation Deduction
*PHOTO EQUIPMENT	07/15/1998	318 00			318 00	318 00	200DB HY	7		0 00
PORTABLE EXHIBIT	07/15/1998	3300 00			3300 00	3300 00	200DB HY	7		0 00
STORAGE SHELVING	01/17/1995	171 00			171 00	171 00	200DB MQ	7		0 00
OFFICE FURNITURE	07/19/1996	237 00			237 00	237 00	200DB HY	7		0 00
STORAGE SHELVING	05/17/1998	420 00			420 00	420 00	200DB HY	7		0 00
SHELVING	01/31/1999	327 00			327 00	327 00	200DB HY	7		0 00
LATERAL & VERTICAL FILES	01/01/1999	673 00			673 00	673 00	200DB HY	7		0 00
TWO DRAWER FILE	02/08/1999	64 00			64 00	64 00	200DB HY	7		0 00
SHELVING	03/21/1999	129 00			129 00	129 00	200DB HY	7		0 00
RICOH COPIER	04/19/2001	3769 00			3769 00	3769 00	200DB HY	7		0 00
COMPUTER	04/15/2001	1954 00			1954 00	1954 00	200DB HY	5		0 00
COMPUTER	03/14/2003	1775 00			1775 00	1775 00	200DB HY	5		0 00
COMPUTER	02/15/2004	5910 00			5910 00	5910 00	200DB HY	5		0 00
EQUIPMENT	07/14/2005	452 00			452 00	452 00	200DB HY	7		0 00
SOFTWARE	01/16/2006	830 00			830 00	830 00	200DB HY	5		0 00
FILE CABINET	04/26/2006	312 00			312 00	312 00	200 DB MQ	7		0 00
SHELVING	10/01/2006	1013 00			1013 00	1013 00	200DBMQ	7		0 00
ADOBE SOFTWARE	01/16/2007	458 00			368 00	458 00	200DB HY	5		92 00
DIGITAL CAMERA	05/11/2007	585 00			336 00	585 00	200DB HY	7		84 00
COMPUTER	07/11/2007	726 00			580 00	726 00	200DB HY	5		145 00
COMPUTER	04/30/2009	501 00			198 00	501 00	200DB HY	5		99 00
EQUIPMENT	04/29/2010	1495 00			214 00	1495 00	200DBHY	7		214 00
EQUIPMENT	05/03/2011	652 00			0 00	652 00	200DBHY	7		93 00
<b>TOTAL</b>						<b>26071</b>				<b>727 00</b>