SCANNED FEB 1 5 2020

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the 20	018 calendar year, or tax year beginning	and	l ending		
	heck (f	C Name of organization			D Employer identifica	ition number
a	pplicable	G Trains or organization				
	Address change	GLOBAL HERITAGE FUND				
一	Name 4	Doing business as	· · · · ·		20-50	09512
늗	_change ∏Initial	Number and street (or P.O. box if mail is not del	wared to street address)	Room/suite		
<u> </u>	_lreturn ∏Fınal	220 MONTGOMERY STREET	ivered to street address;	1020	(415)	654-5572
_	Ireturn/ termin-	City or town, state or province, country, and	ZIP or foreign postal code	1020	G Gross receipts \$	1,565,066.
	ated ∏Amended	SAN FRANCISCO, CA 9410			H(a) Is this a group retu	
┝	_return ∏Applica-	F Name and address of principal officer NAD.			for subordinates?	Yes X No
_	⊥tiòn pending	SAME AS C ABOVE	ii iiobitiiio	$^{\sim}$	1) H(b) Are all subordinates incli	
	ax-exem		◀ (insert no.)	05 37	₹ ``	st (see instructions)
		➤ WWW.GLOBALHERITAGEFUND		UI _ \$301	H(c) Group exemption	,
			sociation Other	I Voor	of formation 2006 M	
		ummary	30ciation Circle	1 L Teal	or formation 2000 W	State of legal doffacile. C22
		efly describe the organization's mission or most	conficent activities CONS	<u>.</u> ድድህልጥፐ	ON OF AT-RIS	<u> </u>
ė	ן 1 Brı אנ	RCHEOLOGICAL SITES AND CF	FATION OF PETAT	PED CON	MINITTY DEVEL	ОРМЕМТ
ano	_		·			
ern			ntinued its operations or dispo	sea or more	1 1	14
àov		mber of voting members of the governing body			3	13
8 (mber of independent voting members of the gov			4	7
Activities & Governance	l .	tal number of individuals employed in calendar y	ear 2018 (Part V, line 2a)		5	16
ivit		tal number of volunteers (estimate if necessary)	(0) 1 40		6	0.
Act		tal unrelated business revenue from Part VIII, col	`		7a 7b	0.
	b Ne	t unrelated business taxable income from Form	990-1, line 38 RECET	VED-		
					Prior Year 22, 102, 222.	Current Year 1,478,622.
e		ntributions and grants (Part VIII, line 1h)	₩ NOV 1 9	-2040 H	()2,102,222. () 0.	0.
'en		ogram service revenue (Part VIII, line 2g)	NOV 19	2019	Ø 584.	101.
Revenue		restment income (Part VIII, column (A), lines 3, 4,			2,567.	872.
_	11 Otl	her revenue (Part VIII, column (A), lines 5, 6d, 8c,		1 117	2,105,373.	1,479,595.
		tal revenue - add lines 8 through 11 (must equal		•, • ।	1,009,080.	625,406.
		ants and similar amounts paid (Part IX, column (0.	023,400.
		nefits paid to or for members (Part IX, column (A	-	506,184.	560,872.	
es		laries, other compensation, employee benefits (F		-	0.	0.
penses		ofessional fundraising fees (Part IX, column (A), li	200			
Exp		tal fundraising expenses (Part IX, column (D), line		55. -	430 016	100 163
ш		her expenses (Part IX, column (A), lines 11a-11d,	•		430,016.	498,463.
		tal expenses Add lines 13-17 (must equal Part I)			1,945,280.	1,684,741.
		venue less expenses. Subtract line 18 from line	<u> </u>		160,093.	-205,146.
ets or				<u> Be</u>	ginning of Current Year	End of Year
sset	20 10	tal assets (Part X, line 16)		\vdash	1,283,366.	1,108,180.
at A	1	tal liabilities (Part X, line 26)		<u> </u>	117,815.	147,775.
لِيِّجُ		t assets or fund balances Subtract line 21 from	line 20		1,165,551.	960,405.
		Signature Block				
		s of perjury, I declare that I have examined this return,				nowleage and belief, it is
true,	correct, a	nd complete. Declaration of preparer (other than office	r) is based on all information of w	nich preparer	nas any knowledge.	<u> </u>
		Signature of officer	·		Date Date	
Sigr	۱ /	1	DIDECTOR I		Date. •	
Her	e	\	E DIRECTOR '			
		Type or print name and title		T i	Doto I a	T DTIM
		nnt/Type preparer's name	Preparer's argnature		Date Check	PTIN
Paid	_	AGA E. KISRIEV	mon		11/13/19 If self-employed	P01008919
Prep		rm's name NOOD & STRONG LLI			Firm's EIN ▶	94-1254756
Use	Only Fi	rm's address 275 BATTERY ST,				564 5 5 5
		SAN FRANCISCO, CA		_	Phone no. 41 5	.781.0793
May	the IRS	discuss this return with the preparer shown about	ve? (see instructions)			X Yes No
		LUA For Danaguerk Reduction Act Natio	a ana tha announts instructi			Form 990 (2018)

		-	
ld	Other program services (Describe in Schedule O)		
	(Expenses \$ 19,975. including grants of \$	19,975.) (Revenue \$	0.)
le	Total program service expenses ► 1,030,	201.	
			Form 990 (2018)

Form 990 (2018) GLOBAL HERITAGE FUND
Part IV Checklist of Required Schedules

20-5009512 Page 3

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	İ	. I	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	114		х
_	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا	х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>'</u>		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a_		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX, column (A), line 19 if "Yes." complete Schedule I. Parts I and II	21		X
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Form 990 (2018)

	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ļ		
	any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ĺ
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			İ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			İ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			İ
	instructions for applicable filing thresholds, conditions, and exceptions)			İ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			İ
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			İ
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			İ
	If "Yes," complete Schedule N, Part I	31	ļ	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			İ
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			İ
	sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			ľ
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 199	1		
	Note. All Form 990 filers are required to complete Schedule O	38	X	Ĺ
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		,	لسلم
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 19			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ļ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gambling) winnings to prize winners?	1c	X	1

If "Yes," complete Form 4720, Schedule O

Form 990 (2018) GLOBAL HERITAGE FUND 20-5009512 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 7b belo

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions										
	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 14	ľ									
	If there are material differences in voting rights among members of the governing body, or if the governing	1									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ĺ									
h	Enter the number of voting members included in line 1a, above, who are independent 15										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	:	`							
-	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
·	of officers, directors, or trustees, or key employees to a management company or other person?	3		х							
4	5.000										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	Did the organization have members or stockholders?	6		Х							
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
, .	more members of the governing body?	7a		Х							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>									
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1									
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-									
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	This Section B requests information about policies for required by the internal florence source.		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	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?										
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a											
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	ın Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>									
а	The organization's CEO, Executive Director, or top management official	15a	X								
ь	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	٠ ٤		,							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	l									
	taxable entity during the year?	16a		X							
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	l									
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶CA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avaılat	ole							
	for public inspection. Indicate how you made these available. Check all that apply										
	X Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal								
	statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	JI HYUN YOON - (415) 654-5572										
	220 MONTGOMERY STREET, NO. 1020, SAN FRANCISCO, CA 94104		•								

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization ne	or any related of	I organization compensate				npen	sate	ed any current officer, director, or trustee				
(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	(do		Pos		l than c	nne.	Reportable	- Reportable	Estimated		
	hours per	Бох.	unle	ss per	rson ı	s both	an	compensation	compensation	amount of		
	week	-	cer an	and a director/trustee)			100)	from	from related	other		
	(list any	rector		,				the	organizations	compensation		
	hours for	or d	93			ated		organization	(W-2/1099-MISC)	from the		
	related	ustee	trust		8) pen		(W-2/1099-MISC)		organization and related		
	organizations below	ual tr	tonal		lg e	e co	_			organizations		
	tine)	Individual trustee or director	Institutional trustee	Officer	Key en	Highest compensated employee	Former			o. g.		
(1) DANIEL K. THORNE	0.50											
CHAIRMAN	0.01	Х		X				0.	0.	0.		
(2) PAUL SLAWSON	0.50											
VICE CHAIRMAN	0.01	X		X	<u> </u>	L		0.	0.	0.		
(3) ROSEMARY KING	0.50											
SECRETARY	0.00	X		X	L			0.	0.	0.		
(4) JAMES P. BOND	0.50				1					_		
TREASURER	0.00	X		X	<u> </u>		_	0.	0.	0.		
(5) MARINA DJABBARZADE	0.50											
BOARD MEMBER (THRU 11/1/18)	0.00	Х						0.	0.	0.		
(6) JENNIFER EMERSON	0.50						l			•		
BOARD MEMBER (THRU 11/1/18)	0.00	X	_		<u> </u>		<u> </u>	0.	0.	0.		
(7) PATRICK FRANCO	0.50	, ,				l			0.	•		
BOARD MEMBER	0.00	X	_		├-	\vdash	_	0.		0.		
(8) THOMAS R. JOYCE BOARD MEMBER	0.50	x			l			0.	0.	· 0.		
	0.50	^			┝	-	\vdash		0.			
(9) JOY OU BOARD MEMBER	0.00	x						0.	0.	0.		
(10) LISA SARDEGNA	0.50	^	_		┢	-	\vdash		- 0.			
BOARD MEMBER (THRU 12/1/18)	0.00	х			ŀ			٥.	0.	0.		
(11) GEORGE SYCIP	0.50	<u> </u>			\vdash	\vdash	\vdash					
BOARD MEMBER	0.00	$ \mathbf{x} $						٥.	0.	0.		
(12) TONY WHEELER	0.50	-										
BOARD MEMBER	0.00	x						0.	0.	0		
(13) BONNIE COHEN	0.50											
BOARD MEMBER	0.00	X						0.	0.	0.		
(14) ROBERT HARPER	0.50							!				
BOARD MEMBER	0.00	X			<u> </u>			0.	0.	0.		
(15) RUSSELL PLATT	0.50							_	_			
BOARD MEMBER	0.00	Х			ļ			0.	0.	0.		
(16) ADI SHAMIR-BARON	0.50	_			1					_		
BOARD MEMBER	0.00	X	<u> </u>		┞		ļ	0.	0.	0.		
(17) STEFAAN POORTMAN	40.00	, ,			1		l	100 075		^		
CEO	0.01	Х	L	X	<u> </u>	Щ		180,075.	0.	0 • Form 990 (2018)		

Part VII Section A. Officers, Directors, Trus	tees, Key Emr	loy	ees,	and	l Hig	ghes	t C	compensated Employee	s (continued)			
· (A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable		Estimate	b
	hours per	box	, unles	ss pei	rson i	s both	an	compensation	compensatio		amount o	of
	week	_	Ceran		T T	//uus		from	from related		other	
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MIS		compensat from the	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(44-2/1099-14113	٦	organizati	
	organizations	ruste	l trus		8	mpen		(***271033*****100)			and relate	
	below	qual (Institutional trustee	_	Key employee	sst co oyee	-a			- 1	organizatio	
•	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) NADA HOSKING	40.00											
DIRECTOR OF PROJECTS AND PROGRAMS	0.00					X		105,000.		0.		0.
	T											
								·				
				L								
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			L									
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						oxdot				\longrightarrow		
,		Ì										
						ļ_				\longrightarrow		
	<u> </u>						L	005 055		$\stackrel{\sim}{\rightarrow}$		_
1b Sub-total								285,075.		0.		0.
c Total from continuation sheets to Part VI	I, Section A							0.	· · ·	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	285,075.		0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			_
compensation from the organization								<u></u>			IvI	2
										r	Yes	No
3 Did the organization list any former officer,	director, or tru	ste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on	ŀ		
line 1a ⁹ if "Yes," complete Schedule J for s										-	3	X
4 For any individual listed on line 1a, is the su	•								ne organization	ı.		
and related organizations greater than \$150	•									 	4 X	_
5 Did any person listed on line 1a receive or a	•				_		elate	ed organization or individ	lual for services	- -		X
rendered to the organization? // "Yes." com	plete Schedule	J f	or su	ıch ı	oers	on					5	
Section B. Independent Contractors						4	41		100 000 of comm		on from	
1 Complete this table for your five highest co										ensau	On Ironi	
the organization Report compensation for	the calendar ye	ear e	nair	ig w	ith c	or wi	(NIN		ear		(C)	
(A) Name and business	address							(B) Description of s	ervices	Cc	(C) empensation	
ANDRES RODRIGO ACOSTA DBA		υт	D				\dashv					_
2001 BROADWAY #306, SAN F				Δ	94	11	5	SOFTWARE DEVI	ELOPER		131,33	13.
2001 BROADWAT #300, BAN I	KMICIBC	<u>, </u>	<u> </u>	-			_	DOI IMPARE DELV	BEOT BIC			
							\dashv		†		- ,-	
							\dashv		<u> </u>			
	-						\neg					
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	to '	thos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organic	zation >				1	<u> </u>					990 /	

Form 990 (2018) GLOBAL HERITAGE FUND
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a resnonse	or note to any lir	e in this Part VIII			
	•	Oneck if Schedule 3 com	anis a response	or note to any in	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
<u></u>						revenue	revenue	sections 512 - 514
t t	1	a Federated campaigns	1a					
튭		b Membership dues	1b					
G E		c Fundraising events	1c					
ifts		d Related organizations	1d					ļ
ά, E		e Government grants (contribut	ions) 1e	18,505.]			;
ë S	•	f All other contributions, gifts, gran						
E E		similar amounts not included abo		460,117.				
풀		Noncash contributions included in lines		5,117.				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f			1,478,622.			
				Business Code				
ا به	2	a			J			
Š	-						,	
Ser	١.,							
ΕŞ	١,	d						
Program Service Revenue		2						
P.		f All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including	dıvıdends, ıntere	st, and				
		other similar amounts)		•	101.			101.
	4	Income from investment of ta	x-exempt bond p	roceeds >				
	5	Royalties						
		·	(i) Real	(ii) Personal			•	!
	6 :	a Cross rents						
	ı	Less rental expenses						
		Rental income or (loss)						
		d Net rental income or (loss)		>				,
	7 :	a Gross amount from sales of	(i) Securities	(ii) Other			-	
		assets other than inventory	85,471.					
	1	Less cost or other basis						
		and sales expenses	85,471.					
		Gain or (loss)	0.					
		Net gain or (loss)			0.			
4.	8 8	Gross income from fundraising	g events (not					
ž		including \$						
Revenue		contributions reported on line	1c) See					}
		Part IV, line 18	а					}
Other	i	Less direct expenses	b					
ျ	•	Net income or (loss) from fund	fraising events					
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а	•				
	t	Less direct expenses	b					
		Net income or (loss) from gam	ing activities		-			
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	t	Less cost of goods sold	b					
		Net income or (loss) from sale	s of inventory					
ļ		Miscellaneous Revenu		Business Code				
	11 a	DEPOSIT REFUND,	MISCEL	900099	872.	872.		
	t)					
Ì	•							
	(All other revenue		<u> </u>				
	•	Total. Add lines 11a-11d		•	872.			
	12	Total revenue. See instructions			1,479,595.	872.	0.	101.

Form 990 (2018) GLOBAL HERITAGE FUND
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nolete column (A)								
	Check if Schedule O contains a response 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											
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic				1							
	individuals See Part IV, line 22	195,282.	195,282.									
3	Grants and other assistance to foreign			•	•							
	organizations, foreign governments, and foreign		400 404									
	individuals See Part IV, lines 15 and 16	430,124.	430,124.									
4	Benefits paid to or for members											
5	Compensation of current officers, directors,	100 075	107 (40	14 010	EO 414							
_	trustees, and key employees	180,075.	107,642.	14,019.	58,414.							
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
_	persons described in section 4958(c)(3)(B)	298,667.	91,580.	68,220.	138,867.							
7	Other salaries and wages Pension plan accruals and contributions (include	230,007.	91,300.	00,220.	130,007.							
8												
9	section 401(k) and 403(b) employer contributions) Other employee benefits	46,192.	17,104.	10,881.	18,207							
10	Payroll taxes	35,938.	17,736.	4,665.	13,537.							
11	Fees for services (non-employees)	23,223,										
	Management											
b	Legal	3,116.	625.	2,476.	15.							
	Accounting	60,050.		60,050.								
	Lobbying	_										
е	Professional fundraising services See Part IV, line 17				-							
f	Investment management fees											
g	Other (If line 11g amount exceeds 10% of line 25,											
	column (A) amount, list line 11g expenses on Sch O.)	175,934.	50,705.	63,487.	61,742.							
12	Advertising and promotion	2,849.		1,325.	1,524.							
13	Office expenses	39,919.	11,162.	20,219.	8,538.							
14	Information technology	6,628.	99.	211.	6,318.							
15	Royalties	60 100	24 511	0 600	02 001							
16	Occupancy	68,132.	34,711.	9,620.	23,801.							
17	Travel	84,855.	63,782.	6,108.	14,965.							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	16,912.		16,912.	•							
19	Conferences, conventions, and meetings	10,912.		10,314.								
20	Interest Revenues to officiates											
21 22	Payments to affiliates Depreciation, depletion, and amortization	2,749.	1,099.	825.	825.							
23	Insurance	8,290.	2,252.	4,473.	1,565.							
23 24	Other expenses. Itemize expenses not covered	3,233.										
24	above. (I ist miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	,			_							
а	PRINTING & PUBLICATIONS	13,869.	1,798.	1,215.	10,856.							
_ b	DUES & SUBSCRIPTIONS	3,488.		689.	2,799.							
c	RECRUITING & TRAINING	3,089.		3,007.	82.							
d	TAXES & LICENSE	483.		483.								
e	All other expenses	8,100.	4,500.		3,600.							
25	Total functional expenses. Add lines 1 through 24e	1,684,741.	1,030,201.	288,885.	365,655.							
26	Joint costs. Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											
	13-21-18				Form 990 (2018)							

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		74,902.	1	322,606.
	2	Savings and temporary cash investments		400,228.	2	109,992.
	3	Pledges and grants receivable, net	•	754,564.	3	622,428.
	4	Accounts receivable, net		301.	4	2,621.
	5	Loans and other receivables from current and fo	rmer officers, directors.			
		trustees, key employees, and highest compensa				
		Part II of Schedule L	on project of the pro		5	
	6	Loans and other receivables from other disqualit	-			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
S		employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		31,095.	9	31,005.
	10a	Land, buildings, and equipment cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a 34,301.		ŀ	16. 40. 40. 40. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1
	ь	Less accumulated depreciation	10b 24,891.	12,158.	10c	9,410.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line 1		13		
	14	Intangible assets		14	-	
	15	Other assets See Part IV, line 11		10,118.	15	10,118.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	1,283,366.	16	1,108,180.
	17	Accounts payable and accrued expenses		117,815.	17	147,775.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Š	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and disqualified persons			
abi		Complete Part II of Schedule L			22	
j ,	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D		115 015	25	145 555
	26	Total liabilities. Add lines 17 through 25		117,815.	26	147,775.
1		Organizations that follow SFAS 117 (ASC 958)				
es		complete lines 27 through 29, and lines 33 and	1 34.	264 512		422 746
auc	27	Unrestricted net assets		364,513.	27	423,746.
3ak	28	Temporarily restricted net assets		801,038.	28	536,659.
<u> </u>	29	Permanently restricted net assets		 -	29	
Ē		Organizations that do not follow SFAS 117 (AS	6C 958), check here ▶			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	· · · · · · · · · · · · · · · · · · ·
Ass	31	Paid-in or capital surplus, or land, building, or eq	•		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	ome, or other funds	1 165 551	32	060 ADE
-	33	Total net assets or fund balances		1,165,551. 1,283,366.	33	960,405. 1,108,180.
	34	Total liabilities and net assets/fund balances		1,203,300.	34	1,100,100.

Form	1990 (2018) GLOBAL HERITAGE FUND		- <u>20032T</u>	<u>. </u>	Pag	<u>e 12</u>	
	rt XI Reconciliation of Net Assets		_				
	Check if Schedule O contains a response or note to any line in this Part XI						
						_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,4				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6				
3	Revenue less expenses Subtract line 2 from line 1	3		05			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,1	<u>.65</u>	<u>, 55</u>	<u> 1. </u>		
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 in Schedule O)	9				0.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	9	60	<u>, 40</u>	<u> 5.</u>	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш	
			_	Y	es	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				ľ	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2	a	_	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a]	
	separate basis, consolidated basis, or both					i	
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		_2	b 2	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		ı		1	
	consolidated basis, or both			1.		ì	
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		Ι.			
	review, or compilation of its financial statements and selection of an independent accountant?		<u> _2</u>	c 2	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit				
	Act and OMB Circular A-133?			a	\dashv	<u>X</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			b			
			Fo	rm 9	9U (2	2018)	

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

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

2018

Open to Public Inspection

Employer identification number

20-5009512 GLOBAL HERITAGE FUND Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (vi) Amount of other (i) Name of supported (III) Type of organization (v) Amount of monetary n your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 GLOBAL HERITAGE FUND 20-5009

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)

Sec	ction A. Public Support	_	<u> </u>			_						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
	Gifts, grants, contributions, and											
	membership fees received (Do not											
	include any "unusual grants ")	3131377.	1224579.	1399207.	2102222.	1478622.	9336007.					
2	Tax revenues levied for the organ-											
	ızatıon's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	3131377.	1224579.	1399207.	2102222.	1478622.	9336007.					
	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)						3412250.					
	Public support. Subtract line 5 from line 4						5923757.					
Sec	Section B. Total Support											
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
7	Amounts from line 4	3131377.	1224579.	1399207.	2102222.	1478622.	9336007.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	8.	13,120.	80,730.	584.	101.	94,543.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain			•								
	or loss from the sale of capital											
	assets (Explain in Part VI)						0430550					
	Total support. Add lines 7 through 10						9430550.					
	Gross receipts from related activities,	•	•			12	22,425.					
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)						
20/	organization, check this box and stop ction C. Computation of Public	here C Support Per	centage									
				olumn (fl)	-	14	62.81 %					
	Public support percentage for 2018 (li Public support percentage from 2017			olullii (i))		15	65.49 %					
	33 1/3% support test - 2018. If the c			n line 13 and line 1	,							
IDA	stop here. The organization qualifies	-			14 13 33 17370 01 111	ore, cricek and box	►X					
	33 1/3% support test - 2017. If the o		•		line 15 is 33 1/3%	or more, check thi						
U	and stop here. The organization quali				III.C 10 10 00 17070	or more, erroen an	▶□					
170	10% -facts-and-circumstances test				13, 16a, or 16b, a	nd line 14 is 10% o	or more.					
ı, a	and if the organization meets the "fact											
	meets the "facts-and-circumstances"						▶□					
h	10% -facts-and-circumstances test					7a, and line 15 is	10% or					
	more, and if the organization meets th											
	organization meets the "facts-and-circ											
18	Private foundation. If the organization											
			, ,									

Schedule A (Form 990 or 990-EZ) 2018 GLOBAL HERITAGE FUND [Part III] Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below please complete Part II.)

Se	quality under the tests listed be ction A. Public Support	low, please comp	piete Part II)			_	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(u) LOTA	(5)20.0	(0) 20.0	(4) 23	(0) = 0	/
•	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						/
3	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		j ,			/	
	the organization without charge					/	
6	Total. Add lines 1 through 5					/	<u> </u>
7	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						
	Public support. (Subtract line 7c from line 6)	7-2			E. Carrier	- 7-2	
	ction B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in) ▶ 📗	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			./			
t	Unrelated business taxable income					1.	
	(less section 511 taxes) from businesses acquired after June 30, 1975	<u> </u>					
•	Add lines 10a and 10b						
11	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)						
	Total support. (Add lines 9, 10c, 11, and 12)				L	. 504/-\/0\	
14	First five years. If the Form 990 is for	the organization's	s first, second, thire	d, tourth, or fifth ta	ix year as a section	n 501(c)(3) organiz	ation,
<u> </u>	check this box and stop here	- Cummant Day					
	ction C. Computation of Public					11	
	Public support percentage for 2018 (lir		,	column (f))		15	<u>%</u>
	Public support percentage from 2017		7			16	%
	ction D. Computation of Invest			10 1 (0)		Last	
	Investment income percentage for 20	,		ne 13, column (f))		17	
	Investment income percentage from 2				45	18	<u>%</u>
19a	33 1/3% support tests - 2018. If the	,					/ IS NOT
	more than 33 1/3%, check this box and	. ,	_				▶∟_
Ł	33 1/3% support tests - 2017. If the						ana 🛌
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	and not check a	nox on line 14 19:	a or 190 check th	us pox and see ins	TRUCTIONS	▶

Part IV | Supporting Organizations

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

Section A.	ΑII	Supporting	Organizations
------------	-----	------------	----------------------

Sec	tion A. All Supporting Organizations			
			Yes	No
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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	L	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	l		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	ļ		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	\sqcup	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign]	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	•		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	<u> </u>		
	purposes	4c_		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
_	was accomplished (such as by amendment to the organizing document)	<u>5a</u>	\vdash	
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
_	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	\vdash	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	- SC -		
٠	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a_		
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.	9b _		
С	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.	9c		- 1
0a	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	46		نــــــن
	supporting organizations)? If "Yes," answer 10b below	10a		

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

Part	tule A (Form 990 or 990 EZ) 2018 GLOBAL HERITAGE FUND 20-50	0321	Z Pa	age 5
rait	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	-,,,
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	,	-	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		<u> </u>	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		_
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		ļ	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	}	
sect	ion C. Type II Supporting Organizations		Yes	l Na
	Marie a manager of the appropriate and adventure or trusteen during the toy year also a majority of the directors		res	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
	'		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		i	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
2001	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		L
-				
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test Complete line 2 below	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see insti	ructions).	
	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
1	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			
1	that these activities constituted substantially all of its activities	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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	<u>2b</u>	 	<u> </u>
	Parent of Supported Organizations Answer (a) and (b) below.			1
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
1	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>

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.

6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ated Type III supporting o	rganization (see
	instructions)			

Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter greater of line 2 or line 3

Income tax imposed in prior year

3

4

5

Schedule A (Form 990 or 990-EZ) 2018

L	i ype ii Non-runctionally integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	<u> </u>		
7	Total annual distributions. Add lines 1 through 6	-		
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI) See instructions	-		1
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(in)
Sect	ion E - Distribution Allocations (see instructions)	Éxcess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-	1		
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018	1 1 15 1	1.1	
a_	From 2013	-		
<u> </u>	From 2014			
C	From 2015			
d	From 2016	ρ		
<u>е</u>	From 2017		· ' -	
f_	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder_Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,	4 11 1		
	tine 7 \$			
<u>a</u>	Applied to underdistributions of prior years	·-···		
b	Applied to 2018 distributable amount		· · · · · · · · · · · · · · · · · · ·	
<u> </u>	Remainder Subtract lines 4a and 4b from 4		<u> </u>	
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in]
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c		<u> </u>	
	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			<u> </u>
	Excess from 2016		•	•
	Excess from 2017		·	'
е	Excess from 2018	`	· ·	, , ,

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization GLOBAL HERITAGE FUND

Employer identification number 20-5009512

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the									
	organization answered "Yes" on Form 990, Part IV, Iin	e 6								
		(a) Donor advised funds	(Ł) Funds and other accounts						
1	Total number at end of year									
2	Aggregate value of contributions to (during year)			<u></u>						
3	Aggregate value of grants from (during year)			<u> </u>						
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds									
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No						
6	Did the organization inform all grantees, donors, and donor a		used or	nty						
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferrir	ng						
	impermissible private benefit?			Yes No						
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, I	Part IV,	line 7						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)								
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	torically	important land area						
	Protection of natural habitat	Preservation of a cert	tified his	storic structure						
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a con	servation easement on the last						
	day of the tax year			Held at the End of the Tax Year						
а	Total number of conservation easements			2a						
b	Total acreage restricted by conservation easements			2b						
С	Number of conservation easements on a certified historic stri	ucture included in (a)		2c						
	Number of conservation easements included in (c) acquired a		ıre							
	listed in the National Register		Į	2d						
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiz	ation during the tax						
	year ▶			,						
4	Number of states where property subject to conservation eas	sement is located >								
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements it			Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation	n easements during the year						
										
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion eas	ements during the year						
	▶ \$									
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1700	h)(4)(B)(i							
	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No						
9	In Part XIII, describe how the organization reports conservation									
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the orga	inization's accounting for						
_	conservation easements		O:							
Pai			ner Si	milar Assets.						
	Complete if the organization answered "Yes" on Form		_							
1a	If the organization elected, as permitted under SFAS 116 (AS	The state of the s								
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheral	nce of p	ublic service, provide, in Part XIII,						
	the text of the footnote to its financial statements that descri									
b	If the organization elected, as permitted under SFAS 116 (AS									
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	blic serv	ice, 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			> \$						
2	If the organization received or held works of art, historical tre		l gaın, p	rovide						
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items								
а	Revenue included on Form 990, Part VIII, line 1			> \$						
b	Assets included in Form 990, Part X			<u> </u>						

Sche	chedule D (Form 990) 2018 GLOBAL HERITAGE FUND 20-5009512 Page 2									
	t III Organizations Maintaining Co	llections of Art	, Histo	orical Tre	asures, o	r Other	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accession	, and other records	, check	any of the f	ollowing that	t are a sigr	nficant u	ise of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how th	ey further th	e organizatio	on's exemp	ot purpo	se in Part	XIII	
5	During the year, did the organization solicit or i	eceive donations of	f art, his	storical treas	sures, or othe	er sımılar a	ssets		_	
	to be sold to raise funds rather than to be main	tained as part of th	e organ	nization's col	lection?				Yes	No
Par	t IV Escrow and Custodial Arrange		te if the	organizatio	n answered	"Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Part		· · · · · ·							
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ary for o	contributions	or other as	sets not in	cluded	_	_	
	on Form 990, Part X?								_ Yes	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing t	able				_		
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on For						יי	<u> </u>	」Yes	∐ No
	If "Yes," explain the arrangement in Part XIII C									Ш_
Par	TV Endowment Funds. Complete if t								1	
	<u></u>	(a) Current year	(b) P	rior year	(c) Two yea	irs back () Inree	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs								I	
f	Administrative expenses									
g	End of year balance		n + -	/->	\ L _ _					
2	Provide the estimated percentage of the currer			j, column (a)) neid as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
٥-	The percentages on lines 2a, 2b, and 2c should	•	on that	t are hold on	d administa	rad for the	organiza	ation		
за	Are there endowment funds not in the possess	ion of the organizat	ion ma	t are rielu ari	u aummiste	rea loi lile	organiza	ation	[v	es No
	by								3a(i)	23 110
	(i) unrelated organizations								3a(ii)	
L	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	one lietad se raquira	d on S	chedule R2					3b	\dashv
4	Describe in Part XIII the intended uses of the o								[02]	
	t VI Land, Buildings, and Equipme		,,,,o,,,c,,	41144			-			
	Complete if the organization answered		Part IV	, line 11a S	ee Form 990), Part X, III	ne 10			
	Description of property	(a) Cost or ot		(b) Cost			cumulate	ed	(d) Book	value
	boompaint of property	basis (investm			(other)		eciation			
- <u>—</u>	Land	<u> </u>								
	Buildings				•					
	Leasehold improvements									
	Equipment			3	2,314.		24,0	87.	8	,227.
	Other				1,987.			04.		,183.

9,410. Schedule D (Form 990) 2018

Total. Add lines 1a through 1e (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part IX, line 12 [9] Description of valuation Cost or end-dryear market value (1) Francial derivatives (2) Closely-held equity interests (3) Other (2) Closely-held equity interests (3) Other (2) Closely-held equity interests (3) Other (2) (3) Closely-held equity interests (3) Other (2) (4) (5) Closely-held equity interests (4) (5) Closely-held equity interests (4) (5) Closely-held equity interests (4) (6) Closely Closely-held equity interests (4) (6) Closely Closely-held equity interests (4) (6) Closely Closely-held equity interests (4) (6) Closely Closely-held equity interests (4) (6) Closely-held equity interests (4) Clos	Part VII	Investments - Other Securities.	5 000 D . W	1141 0 5 000	B . W I 40	
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(a) Decerio					l-of-year market value
(2) Closely-held equity interests			(b) Book value	(c) Method of	valuation Cost or end	roryear market value
(3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	• •	l l				
(a) (b) (c) (c) (d)		neid equity interests	 			
(B) (C) (C) (D) (C) (D) (C) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D						
CD CD CD CD CD CD CD CD					_	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 Complete if the organization of investment Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 Complete if the organization of liability Complete if the			***	 -		
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2018 GLOBAL HERITAGE FUND		20-5009512 Page 4
Part XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.
Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a	
1 Total revenue, gains, and other support per audited financial statements	5	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	<u>2b</u>	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 12.)	. 5
Part XII Reconciliation of Expenses per Audited Financia		es per Return.
Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
a Donated services and use of facilities		
b Prior year adjustments	<u>2b</u>	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	, ,	
a Investment expenses not included on Form 990, Part VIII, line 7b	_4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. I.	ine 18.)	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a		rt V, line 4, Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information	
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PART X, LINE 2:		
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THE ORGANIZATION IS EXEMPT FROM INCOME	TAXES UNDER SECTI	ON 301(C)(3) OF
THE INTERNAL REVENUE CODE AND SECTION 2	3701D OF THE CALT	FORNTA REVENUE AND
THE INTERNAL REVENUE CODE AND SECTION 2	3701D OF THE CABI	POMITA REVENUE AND
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TAXATION CODE: IN ADDITION, THE ORGANIZA	TITION INID BEEN BE	
INTERNAL REVENUE SERVICE NOT TO BE A PR	IVATE FOUNDATION	WITHIN THE MEANING
Intiliana Albanda Belivede Hotelson Bernelling		
OF SECTION 509(A) OF THE INTERNAL REVEN	UE CODE.	
01 02012011 0007(11) 01 1111 1111 11111 11111		
MANAGEMENT HAS CONCLUDED THAT THE ORGAN	IZATION HAS TAKEN	NO UNCERTAIN TAX
POSITIONS THAT WOULD REQUIRE ADJUSTMENT	S TO THE FINANCIA	L STATEMENTS.
		,

832054 10-29-18

Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** 20-5009512 GLOBAL HERITAGE FUND Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and describe specific type gram services, investments, grants to in the region independent contractors investments recipients located in the region) of service(s) in the region in the region in the region ARCHAEOLOGICAL EAST ASIA AND THE PROGRAM SERVICES IN THE CONSERVATION 179,374. REGION PACIFIC PROGRAM SERVICES IN THE RCHAEOLOGICAL EUROPE (INCLUDING CONSERVATION 162,596. ICELAND & GREENLAND) 2 REGION MIDDLE EAST AND PROGRAM SERVICES IN THE ARCHAEOLOGICAL CONSERVATION 65,529. NORTH AFRICA 1 REGION PROGRAM SERVICES IN THE ARCHAEOLOGICAL CENTRAL AMERICA AND 22,625. CONSERVATION THE CARIBBEAN REGION 0 5 430,124. 3 a Subtotal b Total from continuation 0. 0 sheets to Part I c Totals (add lines 3a

430,124.

and 3b)

Page 2

GLOBAL HERITAGE FUND Schedule F (Form 990) 2018 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

(h) Description (i) Method of of noncash valuation (book, FMV assistance appraisal, other)					
(g) Amount of noncash assistance					empt
(f) Manner of cash disbursement					recognized as tax-ex
(e) Amount of cash grant					foreign country,
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
(c) Region			t		ns listed above that are r
(b) IRS code section and EIN (if applicable)					recipient organization
1 (a) Name of organization					2 Enter total number of

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

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Schedule F (Form 990) 2018

20-5009512

Page 3

GLOBAL HERITAGE FUND

Schedule F (Form 990) 2018 GLOBAL HE)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant (b) Region (a) Type of grant or assistance

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Schedule F (Form 990) 2018

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)

Certain Foreign Corporations (see Instructions for Form 5471)

the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To

Yes X No

X Yes No

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes X No

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)

Yes X No

Schedule F (Form 990) 2018

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions

PART I, LINE 2:

ALL PROJECTS HAVE A PROJECT DIRECTOR WHO WORKS AT THE CONSERVATION SITE.

PROJECT DIRECTORS ARE REQUIRED TO PRESENT A PROJECT BUDGET AT THE

BEGINNING OF EACH FISCAL YEAR, AND ARE THEN ASKED TO PROVIDE ACTUAL

SPENDING AT THE END OF THE YEAR AS COMPARED TO THE BUDGET. PROJECT

DIRECTORS ARE ALSO REQUIRED TO PROVIDE AN ANNUAL PROGRESS REPORT ON THE

PROJECT BEFORE THEY CAN RECEIVE FURTHER FUNDING FOR THE FOLLOWING YEAR.

PROJECT DIRECTORS ARE REQUIRED TO MAINTAIN RECEIPTS FOR ALL SPENDING, AND

THE ORGANIZATION HAS THE RIGHT TO REVIEW THE SPENDING AND RECEIPTS. THE

ORGANIZATION ALSO HAS A DIRECTOR OF INTERNATIONAL CONSERVATION WHO VISITS

MOST SITES EACH YEAR TO ASSESS THE EFFICACY OF THE CONSERVATION WORK. THE

EXECUTIVE DIRECTOR OF THE ORGANIZATION, AND ON OCCASION MEMBERS OF THE

BOARD OF TRUSTEES, ALSO VISIT SITES ON A REGULAR BASIS.

PART I, LINE 3:

THE ORGANIZATION CONTRACTS WITH FOREIGN NON-GOVERNMENTAL ORGANIZATIONS

AND UNIVERSITIES, US-BASED NON-GOVERNMENTAL ORGANIZATIONS AND

UNIVERSITIES, AND FOREIGN-BASED INDIVIDUALS TO DO ARCHEOLOGICAL

CONSERVATION IN AT-RISK SITES IN DEVELOPING COUNTRIES. THE ORGANIZATION

SIGNS MEMORANDUM OF UNDERSTANDING (MOU) WITH EACH ORGANIZATION OR

INDIVIDUAL, WHICH STIPULATES HOW FUNDS ARE TO BE USED. THE ORGANIZATION

CHECKS THE OFFICE OF FOREIGN ASSET CONTROL (OFAC) AND OTHER TERRORIST

LISTS BEFORE FUNDING, AND MAINTAINS FILES OF ALL DISBURSEMENTS.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

2018 2018

Open to Public Inspection

Employer identification number 20-5009512 GLOBAL HERITAGE FUND

		V, line 21, for any	(h) Purpose of grant or assistance								Schedule I (Form 990) (2018)
tance, and the selection		es" on Form 990, Part l'	(g) Description of noncash assistance				,		,		
for the grants or assis-		anization answered "Yo	(f) Method of valuation (book, FMV, appraisal, other)								
grantees' eligibility	l States	Somplete if the org ed	(e) Amount of non-cash assistance								
or assistance, the	unds in the United	Governments. Conal space is need	(d) Amount of cash grant							line 1 table	
amount of the grants	oring the use of grant f	ations and Domestic	(c) IRC section (if applicable)							janizations listed in the	ons for Form 990.
substantiate the	rance?	Omestic Organiz 5,000 Part II can	(b) EIN				,			nd government org	see the Instructi
Does the organization maintain records to	criteria used to award the grants or assis: Describe in Part IV the organization's pro-	rt II. Grants and Other Assistance to C	1 (a) Name and address of organization or government								۱,
	cantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Content used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	X Yes	s the organization maintain records to substantiate the amount of the grants or assistance? Armount of the grants or assistance or award the grants or assistance to award the grants or assistance to award the grants or assistance to award the grants or assistance to award the grants or assistance to award the grants or assistance to a sasistance to a sasistance to a sasistance to a sasistance to a sasistance to a sasistance to a sasistance or assistance or	sthe organization maintain records to substantiate the amount of the grants or assistance, and the selection are used to award the grants or assistance? Cribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Cribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Cribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Cribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Cribe in Part IV the organization and Order Assistance organization and Order II can be duplicated if additional space is needed organization (b) EIN (c) IRC section organization (c) IRC section organization (d) Amount of organization (f) Method of organization (f) Method of organization (d) Amount of organization (d) Amount of organization (d) Method of organization (d) Description of organization organization (d) Period Organization (d) Period	s the organization maintain records to substantiate the amount of the grants or assistance, and the selection X Yes	s the organization maintain records to substantate the amount of the grants or assistance, and the selection In a used to award the grants or assistance? In a used to award the grants or assistance? In a used to award the grants or assistance? In a used to award the grants or assistance? In a used to award the grants or assistance? In a policated of grant funds in the United States In a policated of additional space is needed	s the organization mainfain records to substantiate the amount of the grants or assistance. In used to award the grants or assistance? Carba and With control organizations and Domestic Grant and Domestic Grants and Domestic Grant and address of organizations and Domestic Grant and address of organization and policiable) Can and address of organization (a) FIN (c) FIN Section ** (d) Amount of assistance or government assistance or government (if applicable) (a) FIN (c) FIN Section ** (d) Amount of assistance or government (if applicable)	s the organization maintain records to substantiate the amount of the grants or assistance, and the selection risk used to ward the grants or assistance? Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization and States or government that received more than \$5,000 Part II can be deficiated additional store and address of organization (b) EIN (c) EX section (d) Amount of non-cash received more than \$5,000 Part II can be deficiated addressed or government (d) applicable) Cash grant Cash	s the organization maintain records to substandate the amount of the grants or assistance, the grants or assistance, and the selection Target of a ward the grants or assistance in controlling the use of grant funds in the United States Grants and Other Assistance to Domestic Operational Space as needed Grant and Other Assistance of Operation and Domestic Operational Space is needed Grants and Other Assistance of Domestic Operational Space is needed Grants and Other Assistance of Domestic Operational Space is needed Grants and Other Assistance of Domestic Operation of Information and Other Space of Grants of Information Space of Grant Space is needed Grants and Other Assistance of Operation of Information Space of Grants of Information Space of Grants of Information Space of Grant Operation of Information Space of Grants of Information Space of Grant Operation of Information Space of Grants of Information Space of Grant Operation Space of Grants of Information Space of Grant Operation Space of Grants of Grants Operation Space of Grant Operation Space of Grant Operation Space of Grants Operation Space of Grant Operation Space of Grant Operation Space of Grants Oper	s the organization maintain records to substantiate the amount of the gants or assistance, the grantes or assistance, the grantes or assistance, the grantes or assistance and between the common organization and other parts or assistance for monitoring the use of grant funds in the United States or the organization and other social grantes and other social grantes of porneits or grantes and other social grantes of porneits or grantes and other social grantes of grantes and other social grantes of grantes or social grantes and other social grantes of grantes and other social grantes of grantes and other social grantes or the social grantes of grantes or grantes and other social grantes or grantes and other social grantes or grant

Page 2

GLOBAL HERITAGE FUND Schedule 1 (Form 990) (2018)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed ΡĦ (d) Amount of non-cash assistance ö 195,282. (c) Amount of cash grant (b) Number of recipients MOBIL APP DEVELOPER FOR AMAL IN HERITAGE (a) Type of grant or assistance (Part III)

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Part IV

~ PART I, LINE

POLICIES, AND PROCEDURES IN PLACE RECIPIENTS ARE EXPECTED TO HAVE SYSTEMS,

BY WHICH THEY MANAGE FUNDS AND ACTIVITIES. GHF WILL REGULARY MONITOR THE

PROGRESS OF DELIVERABLES AND EXPENSES THROUGH REGULAR MEETINGS AND

THE MOU COVERS THE FULL TERMS AND CONDITIONS OF THE AGREEMENT, REPORTS. TIMELINES, PROJECT MILESTONES, FINANCIAL INCLUDING (BUT NOT LIMITED TO),

EXPENDITURES AND REPORTING REQUIREMENTS.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

GLOBAL HERITAGE FUND

Inspection Employer identification number

20-5009512

1 2	art I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any o	of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relev	ant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	İ	i I	
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)	Ι.		
					ı
b	If any of the boxes on line 1a are checked, did the organization for	follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described abo	ve? If "No," complete Part III to explain	1b		L
2	Did the organization require substantiation prior to reimbursing of	or allowing expenses incurred by all directors,			Ì
	trustees, and officers, including the CEO/Executive Director, rega	arding the items checked on line 1a?	2		
			1		ļ
3	Indicate which, if any, of the following the filing organization used	d to establish the compensation of the organization's	1.		
	CEO/Executive Director Check all that apply Do not check any	boxes for methods used by a related organization to]
	establish compensation of the CEO/Executive Director, but expla	ain in Part III			
	X Compensation committee	Written employment contract	İ		
	Independent compensation consultant	Compensation survey or study	1		ĺ
	X Form 990 of other organizations	X Approval by the board or compensation committee		1	
4	During the year, did any person listed on Form 990, Part VII, Sec	ction A. line 1a, with respect to the filing			
	organization or a related organization	,,			
а	Receive a severance payment or change-of-control payment?		4a		X
	Participate in, or receive payment from, a supplemental nonquali	ified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compen	nsation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the app				
	Only control E04(a)(2) E04(a)(4) and E04(a)(20) agreementing	must somplete lines E O			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations For persons listed on Form 990, Part VII, Section A, line 1a, did to				
5	contingent on the revenues of	the organization pay of accide any compensation			
•	The organization?		5a		X
	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did to	the organization pay or accrue any compensation			
•	contingent on the net earnings of	The organization pay or accord any compensation			
а	The organization?		6a		X
	Any related organization?		6b		X
-	If "Yes" on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did ti	he organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrue	ed pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 49		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable				
	Regulations section 53 4958-6(n)?	•	9		

Schedule J (Form 990) 2018

Part II ' Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

						•		
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(b)(a)	ın columı (B) reported as deferred on prior Form 990
(1) STEFAAN POORTMAN	≘	180,07	0.	0.	0	0	180,075.	0.
CEO	▣	0	0.	0	0	0	0	0
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

GLOBAL HERITAGE FUND

Employer identification number 20-5009512

Employer identification number Name of the organization GLOBAL HERITAGE FUND 20-5009512 TO READ AND SIGN THE CONFLICT OF INTEREST POLICY WHICH AFFIRMS THEIR ONGOING COMPLIANCE. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S AUDIT COMMITTEE PERFORMS THE ROLE OF EVALUATING COMPENSATION STUDIES AND APPROVING ANNUAL COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR, TOP MANAGEMENT, KEY EMPLOYEES, AND OFFICERS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D). THE ORGANIZATION PRODUCES A BIENNIAL REPORT WHICH ALSO INCLUDES FINANCIAL STATEMENTS. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER: 50,705. PROGRAM SERVICE EXPENSES 63,487. MANAGEMENT AND GENERAL EXPENSES 61,742. FUNDRAISING EXPENSES 175,934. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 175,934.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2018

OMB No 1545-0047

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

Open to Public Inspection

Schedule R (Form 990) 2018 (g) Section 512(b)(13) controlled ٩ Employer identification number 20-5009512 entity? 24, 322. GLOBAL HERITAGE FUND Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets Public charity status (if section 501(c)(3)) <u>e</u> 94,836 Total income Exempt Code € section € Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) UNITED KINGDOM Primary activity Primary activity PUBLIC CHARITY For Paperwork Reduction Act Notice, see the Instructions for Form 990. GLOBAL HERITAGE FUND 98-1151094, 143 HAMMERSMITH GROVE, LONDON, Name, address, and EIN (if applicable) GLOBAL HERITAGE FUND UNITED KINGDOM Name, address, and EIN of related organization ENGLAND, UNITED KINGDOM W6 0NJ of disregarded entity Name of the organization Part II Part

Page 2

20-5009512

Schedule R (Form 990) 2018 GLOBAL HERITAGE FUND

[Part III] Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(h) (c) (c) (x)	year allocations? One V-UBI Generat or Percentage year allocations? One Schedule partner?	Yes No										
(6)	otal Share of end-of-year	7		_			•			•		
€	Share of total income											
(e)	Predominant income (related, unrelated, excluded from tax inder	sections 512-514)										
9	Direct controlling entity							·				
<u></u>	Legal domicile (state or	country)										
<u>Q</u>	Primary activity				· •		 -	1	1		 	
(a)	Name, address, and EIN of related organization											

Part IV organizations treated as a corporation or trust during the tax year

משמיויבמיוסווט יוכשיכם עט ע כסיףסיומיוסון טו יועטי עמווויוץ עוכי יעה ז	ווופן מוכ נמע לכמו								
	(q)	9	9	(e)	ε	(6)	£	9	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Shar	of ear	Percentage ownership	Section 512(b)(13) controlled entity?	00 (13) (18ed
		country)		henn io		433613		Yes No	٩ ٧
GLOBAL HERITAGE FUND ASIA LTD									
4/F & 5/F, CENTRAL TOWER, 28 QUEEN'S ROAD C,	ARCHEOLOGICAL	HONG	GLOBAL						
	CONSERVATION	KONG	HERITAGE FUND	c corp	75,637.	72,338.	1008	×	
					-				

Schedule R (Form 990) 2018

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1. Dirring the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II.IV.2	with one or more rela	et organizations listed in	Parts II:1V2		Yes	2
a Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity				1a		×
b Giff, grant, or capital contribution to related organization(s)				1		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				7		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
					1	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	\dashv	×
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	1	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ıızatıon(s)			Ŧ	\dashv	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uc			1r	_	×
 Sharing of paid employees with related organization(s) 				9	1	×
					-	٦
p Reimbursement paid to related organization(s) for expenses				1p		×
 Reimbursement paid by related organization(s) for expenses 				10	1	×
			`	Ì	-	٦
r Other transfer of cash or property to related organization(s)				-		×
s Other transfer of cash or property from related organization(s)				1s	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete this	line, including covered rel	ationships and transaction thresholds			-
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)				·		
(2)						ı
(3)						
(4)	r					
(5)						
(6)						
			Schedule	Schedule R (Form 990) 2018	990) 2	2018

[Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

Country Coun	(a) (b) (c) (d) (d)	(b)	(c)	(p)	(e) He all	(j)	(6)	ε	(9)	(S)	
	name, address, and Ein of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income parin (related, unrelated, 501 excluded from fax under 01 sections 512-514) Yes	(c)(3) (s) (3) (s) No	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	owr own
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