2022
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Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

Int	ernat F	Revenue Service	. ► Go to ν	ww.irs.g	ov/Form990PFfor instr	uctio	ns and th	e latest info	rmati	on.// U U // Op	en_to Pu	blic Inspection
Fo	r cal	endar year 2019	or tax year begin		04,	01	, 2019	and endir	g		03	/31,20 20
Na	me of	foundation							Δ	Employer identifi	cation nu	mber
I	DORG	OTHY AND KE	NNETH HEISLE	R FOU	NDATION					36-	36772	75
			number if mail is not de					Room/suite	В	Telephone numbe		
									-			
	6321	S S RATNBOW	BLVD STE 30	0						85	5-739	-2921
			country, and ZIP or fore		l code			L	\dashv		<u> </u>	2,72,2
			•						0	If exemption applicat	ion is	
,	7.7\C	VEGAS, NV	20112							pending, check here		
$\overline{}$		ck all that apply	Initial return		Initial return	of a	former r	ublic chari	. .			
•	Cite	ck all that apply	Final return		Amended re		· ·	abile citari	., [Foreign organizati Foreign organizati 		
			X Address ch		Name chang					85% test, check he	ere and atta	ch
н	Che	ck type of organi			c)(3) exempt private f		dation	~ ~	\exists	computation		
ï			nonexempt charitable		Other taxable pr			,,,, (X	∖ ∣⁵	If private foundation		►
1		market value o			unting method. X C			rual	+	under section 507(b)		
•	_				ther (specify)	asıı	ACC	iluai	F	If the foundation is in under section 507(b)		
		of year (from Pa ▶ \$ 1.			column (d), must be on o	ach i	hacie)			under section 507(b)	(1)(a), cnec	k nere .
		<u> </u>	874,683. venue and Expense			1311	Jasis.j	· ·			(d) Di	sbursements
لله	art I		in columns (b), (c), an		(a) Revenue and expenses per	(b) Net inve		(c)	Adjusted net	for	charitable
			rily equal the amounts	sın	books		incon	ne		income		ourposes n basis only)
7	•	column (a) (see in		odul-1	193,750	\vdash						1
	1 2	Ohank 🛌 🗍 if th	nts, etc., received (attach sch ie foundation is not requ	ired to	1001100	-			•			15 6/ 11
		atta	ch Sch B			├						
	3	-	nd temporary cash inves crest from securities		55,544	 		5,544.				STMT 1
	4				33,311	-		,,,,,,,,				DIMI I
						-						
_			(loss)		-4.887	<u> </u>						
Revenue	bа	Gross sales price for	m sale of assets not on I 1 2 0	, 947 .	4,007	-	<u> </u>					<u>_</u>
Ver		assets on line 6a				 			-			
Re	7	. •	come (from Part IV, I		· · · · · · · · · · · · · · · · · · ·	+				 		
	8		ons			 						
	9 10a	Gross sales less retui	ns			+-						J
		and allowances				\vdash		, ,				(
		Less Cost of goods s	s) (attach schedule)			-				1 7 1 1 1 1	1711/1 (1.4	<u> </u>
	11		sh schedule)		- -	\vdash	·					<u> </u>
	12		through 11 · · · ·		244,407		E	5,544.				,
-	13		cers, directors, trustees,		211/10/	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				· · · · · · · · · · · · · · · · · · ·
es	14		alaries and wages			\vdash		NONE		NONE		
uš	15		ployee benefits			 	· · ·	NONE		NONE		
be	15 16a b c 17 18 19 20 21	Legal fees (attach				†	·					
Щ	Ь	-	attach schedule)STM	T 2	2,250	_		NONE	7)	O NONE		2,250
Ş	,	-	fees (attach schedu)		9,979			9,979.	*	<u> </u>		
ᇘ	17	•				Ť		-/	1	17.		
탏	18		dule) (see instruction	ıs)					1	1000		
٦	19		ch schedule) and dep					, N	ノヾ	•		1
듕	20	•				T						
4	21		s, and meetings					NONE		NONE		
ă	22		cations					NONE		NONE		
5	23	-	ttach schedule)			1						
Ē	23 24 25	·-	nd administrative ex									
era	-	•	ıgh 23		12,229			9,979.		NONE		2,250
ā	25		s, grants paid					- 1 - 1 - 1				=1-50
_	26	_	s, grants paid bursements Add lines 24		12,229			9,979.		NONE		2,250
_	27	Subtract line 26 ft		<u></u>		T				, ,		
	1		ver expenses and disbut	rsements	232,178				Ma 1 1	ng ,4m pl =	V	
	Ь		come (if negative, er			1	-	15,565.				<u>1</u>
	1		me (if negative ente			1		7-00.				· · · · · ·

JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 0000 ILQ977 5892 01/07/2022 10:28:51

Form **990-PF** (2019)

Pa	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
_		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,876,506.	388,903	388,903
	2	Savings and temporary cash investments			
		Accounts receivable	7,*		
			, to a common of the common of		
	4	Pledges receivable ▶			55 03 November 100 1 1 4 C
1		Less allowance for doubtful accounts	Commence of Historical Institution of Mindelline Commence of the Commence of t	S. David College of the state o	Serve per-representation of the server and the serv
-		Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	ı		
	7	Other notes and loans receivable (attach schedule) 🕨	The state of the s	Lange of the state	The second of the contract of the second
		Less. allowance for doubtful accounts ► NONE		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	TI ANTO PLANT OIL PROPERTY TO PERSON
2		Inventories for sale or use			-
Assets	-	Prepaid expenses and deferred charges			
۲		Investments - U S and state government obligations (attach schedule).			
		Investments - corporate stock (attach schedule)			
		Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis	g E provide a mar et l'est fabricament y partie a con a d'estimant a gallery est	(,	
		Less accumulated depreciation (attach schedule)			
		Investments - mortgage loans			
- 1	13	Investments - other (attach schedule) STMT .4.		1,703,916	1,485,780
		Land, buildings, and equipment basis			
		equipment basis Less' accumulated depreciation			
		Other assets (describe >			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	1,876,506.	2,092,819	1,874,683
		Accounts payable and accrued expenses	["		. 1
		Grants payable			1
es		Deferred revenue			1
Liabilities		Loans from officers, directors, trustees, and other disqualified persons.			1
٩		Mortgages and other notes payable (attach schedule)			1
ت	22	Other liabilities (describe			ì
-					Į
\bot	23	Total liabilities (add lines 17 through 22)		NONI	• [
တ္တ		Foundations that follow FASB ASC 958, check here			,
2		and complete lines 24, 25, 29, and 30.			ļ · !
Balances	24	Net assets without donor restrictions	·		
_ (25	Net assets with donor restrictions · · · · · · · · · · · · · · · · · · ·			
2		Foundations that do not follow FASB ASC 958, check here X			
리		and complete lines 26 through 30			·
6	26	Capital stock, trust principal, or current funds	. 1,876,506.	2,092,819	
Net Assets or Fund	27	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	28	Retained earnings, accumulated income, endowment, or other funds			
۲		Total net assets or fund balances (see instructions)	1,876,506.	2,092,819	
힐	30	Total liabilities and net assets/fund balances (see			-
		instructions)	1,876,506.	2,092,819.	
	art III				
1		I net assets or fund balances at beginning of year - Part			
		of-year figure reported on prior year's return)			1,876,506.
		r amount from Part I, line 27a			232,178.
		r increases not included in line 2 (itemize) ▶		3	
4		lines 1, 2, and 3		4	2,108,684.
5		eases not included in line 2 (itemize) ► COST BASIS ADJUST		5	15,865.
6	Tota	I net assets or fund balances at end of year (line 4 minus I	ine 5) - Part II, column (t	o), line 29 6	2,092,819.

Par	IV Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and des	scribe the kind(s) of property sold (for exrick warehouse; or common stock, 200	kample, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED	SECURITIES		D - Donalion		, , ,
b						
С						
d		·				
<u>e</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
а	129,947.		134,834.			-4,887.
<u> b</u>						
<u> </u>	·					<u> </u>
<u>d</u>						
е						
	Complete only for assets sh	lowing gain in column (h) and owned b			Gains (Col (h) ga	
((i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (ı), ıf any	COI	(k), but not less t Losses (from co	
		as 01 12/31/03	Over col. (j), if any			
_ <u>a</u>						-4,887.
<u>b</u>						
<u>c</u>					 	
e				-	· 	
3	If gain, also enter in F	or (net capital loss) If (loain or (loss) as defined in sections for the section for the sections for the section for the s	tructions. If (loss), enter -0- in $\}$	2		-4,887.
_		Under Section 4940(e) for Red		3		
Was		the section 4942 tax on the distrib		ase perio	d?	Yes X No
1		't qualify under section 4940(e). Do nount in each column for each yea		201.00	trioc	
' -	(a)			ig any en	(d)	
Cale	Base period years inder year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	col (c))
	2018	47,500.	1,793,314.	ļ		0.026487
	2017	71,875.	1,150,019.	ļ		0.062499
	2016	42,372.	515,166.	<u> </u>		0.082249
	2015	51,897.	495,376.			0.104763
	2014	66,094.	555,471.			0.118987
2		(d)		2		0.394985
3	•	io for the 5-year base period - divide foundation has been in existence	• • • • • • • • • • • • • • • • • • • •	3		0.078997
4	Enter the net value of n	oncharitable-use assets for 2019 fr	om Part X, line 5	4	2,	007,248.
5	Multiply line 4 by line 3			5	 	158,567.
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		456.
7	Add lines 5 and 6			7		159,023.
8		tions from Part XII, line 4 greater than line 7, check the box			using a 1% tax	2,250.

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Enter the states to which the foundation reports or with which it is registered. See instructions.

Form **990-PF** (2019)

X

X

X

X

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m IL}$

Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ WELLS FARGO BANK NA Telephone no. ▶ (800) 352	<u>-370</u>	5	
	Located at ► 100 N MAIN ST D4001-065, WINSTON-SALEM, NC ZIP+4 ► 27101-	<u> 3818</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		🕨	$\cdot \bigsqcup$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country >	<u> </u>		i
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		•	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No	.		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	"		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
			•	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)		,	
h	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
J	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	_ 		1
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		1	
	were not corrected before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		,	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	,		
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			.
	If "Yes," list the years			`
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	' '		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			لببا
	all years listed, answer "No" and attach statement - see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	•		•	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			.
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	, .		
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	[
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			•
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			لــــا
	foundation had excess business holdings in 2019.)	3b		<u> </u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			اجب
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	<u> </u>	X

During the year, did the foundation pay or incur any and(1) Carry on propaganda, or otherwise attempt to influ		720 May Be Req	100				
· · · · · · · · · · · · · · · · · · ·	ount to					Yes	No
	ence legislation (sectio	n 4945(e))?	. Yes	X No	,	7 .	,]
(2) Influence the outcome of any specific public e	lection (see section	1955), or to carry or	n,			'-	
directly or indirectly, any voter registration drive?							٠, [
(3) Provide a grant to an individual for travel, study, or				X No			
(4) Provide a grant to an organization other than	• •					. ,	
section 4945(d)(4)(A)? See instructions				X No		<u> </u>	
(5) Provide for any purpose other than religious,					f %	L.	,
purposes, or for the prevention of cruelty to childre		• •		X No	1.7	100	
b If any answer is "Yes" to 5a(1)-(5), did any of the					9.9	1	1
Regulations section 53.4945 or in a current notice reg.					5b		
Organizations relying on a current notice regarding dis-				` · · · · · [ć.	
c If the answer is "Yes" to question 5a(4), does the				[—J ,		
because it maintained expenditure responsibility for the				No		*,	_
•	-	• • • • • • • • • • • •	163		'		
If "Yes," attach the statement required by Regulations s 6a Did the foundation, during the year, receive any fi					. ,	•	. */
The second secon	-			X No	,		
on a personal benefit contract? b Did the foundation, during the year, pay premiums, dire							$\frac{1}{X}$
If "Yes" to 6b, file Form 8870.	ctly of munectly, on a	personal benefit contra	actr		6b		
7a At any time during the tax year, was the foundation a p	arty to a prohibited tax	shaltar transaction?	Yes	X No			· .
b If "Yes," did the foundation receive any proceeds or have	•	•			7b		
8 Is the foundation subject to the section 4960 tax on pa					76	 ;	. 1
remuneration or excess parachute payment(s) during the		•	. Yes	X No		1 .	
Part VIII Information About Officers, Direct					lovees.	L	
and Contractors		•		•			
1 List all officers, directors, trustees, and foundati	on managers and to	(c) Compensation (If not paid,	See Instruct				
(a) Name and address	hours per week	(If not paid.	employee beni		(e) Expen		
	i devoted to position i	enter -0-)			other al	lowance	;5
ELIZABETH W ALLISON	devoted to position TRUST ADVISOR	enter -0-)	and deferred cor			lowance	
	TRUST ADVISOR	enter -0-) -0-				lowance	-0-
	TRUST ADVISOR	enter -0-}		npensation		lowance	
	TRUST ADVISOR	enter -0-}		npensation		lowance	
	TRUST ADVISOR	enter -0-}		npensation		lowance	
	TRUST ADVISOR	enter -0-}		npensation		lowance	
	TRUST ADVISOR	enter -0-}		npensation		lowance	
	TRUST ADVISOR	enter -0-}		npensation		owance	
2 Compensation of five highest-paid employees	TRUST ADVISOR 0	enter -0-} -0-	and deferred con	- 0 -	other al		-0-
100 N MAIN ST D4001-065, WINSTON-SALEM, NC 27101	TRUST ADVISOR 0	enter -0-} -0-	e 1 - see	-0-	other al		-0-
2 Compensation of five highest-paid employees	TRUST ADVISOR 0 (other than those (b) Title, and average	enter -0-} -0- e included on lin-	e 1 - see	nstruction	ns). If n	one,	-0- enter
2 Compensation of five highest-paid employees	TRUST ADVISOR 0 - (other than those	enter -0-} -0-	e 1 - see	nstruction	other al	one,	-0- enter
2 Compensation of five highest-paid employees	TRUST ADVISOR 0 (other than those hours per week	enter -0-} -0- e included on lin-	e 1 - see (d) Contribu employee t plans and d	nstruction	ns). If n	one,	-0- enter
2 Compensation of five highest-paid employees	TRUST ADVISOR 0 (other than those hours per week	e included on lin-	e 1 - see (d) Contribu employee t plans and d compens	nstruction tionsto benefit	ns). If n (e) Expen	one,	-0- enter
2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	TRUST ADVISOR 0 (other than those hours per week	enter -0-} -0- e included on lin-	e 1 - see (d) Contribu employee t plans and d	nstruction tionsto benefit	ns). If n (e) Expen	one,	-0- enter
2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	TRUST ADVISOR 0 (other than those hours per week	e included on lin-	e 1 - see (d) Contribu employee t plans and d compens	nstruction tionsto benefit	ns). If n (e) Expen	one,	-0- enter
2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	TRUST ADVISOR 0 (other than those hours per week	e included on lin-	e 1 - see (d) Contribu employee t plans and d compens	nstruction tionsto benefit	ns). If n (e) Expen	one,	-0- enter
2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	TRUST ADVISOR 0 (other than those hours per week	e included on lin-	e 1 - see (d) Contribu employee t plans and d compens	nstruction tionsto benefit	ns). If n (e) Expen	one,	-0- enter
2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	TRUST ADVISOR 0 (other than those hours per week	e included on lin-	e 1 - see (d) Contribu employee t plans and d compens	nstruction tionsto benefit	ns). If n (e) Expen	one,	-0- enter
2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	TRUST ADVISOR 0 (other than those hours per week	e included on lin-	e 1 - see (d) Contribu employee t plans and d compens	nstruction tionsto benefit	ns). If n (e) Expen	one,	-0- enter
2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	TRUST ADVISOR 0 (other than those hours per week	e included on lin-	e 1 - see (d) Contribu employee t plans and d compens	nstruction tionsto benefit	ns). If n (e) Expen	one,	-0- enter
2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000	TRUST ADVISOR 0 (other than those hours per week	e included on lin-	e 1 - see (d) Contribu employee t plans and d compens	nstruction tionsto benefit	ns). If n (e) Expen	one,	-0- enter

3 Fiv	e highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE		NONE
otal au	nber of others receiving over \$50,000 for professional services	NONE
Part IX-		NOINE
List the	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of tions and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NONE		
1.02.12		
2		
₃ —		
-		
4		
Part IX-	Summary of Program-Related Investments (see instructions)	
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
	•	
2		
All othe	program-related investments. See instructions	
3 NONE	` `	

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foun	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а	Average monthly fair market value of securities	1a	1,699,645.
	Average of monthly cash balances	1b	338,170.
	Fair market value of all other assets (see instructions)		NONE
d		1d	2,037,815.
е	Reduction claimed for blockage or other factors reported on lines 1a and	- ,	
	1c (attach detailed explanation)	'	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	2,037,815.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions),	4	30,567.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,007,248.
6	Minimum investment return. Enter 5% of line 5	6	100,362.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	100,362.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 911.		
ь	Income tax for 2019. (This does not include the tax from Part VI.) 2b	1	
c	Add lines 2a and 2b	2c	911.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	99,451.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	99,451.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	99,451.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,250.
þ	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,250.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		· · · · -
	Enter 1% of Part I, line 27b. See instructions	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,250.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	lculating	whether the foundation

Par	t XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018 -	(d) 2019
-	line 7	Charagray	PARTE PARTE	·我們在學問所以中報	99,451.
	Undistributed income, if any, as of the end of 20,19 Enter amount for 2018 only			NONE	
	Total for prior years 20,20,20	LOGERAL CONTROL	NONE		ar dealth and and
	Excess distributions carryover, if any, to 2019				A PROGRAMME AND A STREET OF THE STREET
-	From 2014 NONE		P. Norther Parket in hills, Jones Commercial and the contract of the contract		The state of the s
· · ·	From 2015				
	From 2016				
	From 2017				augesteingliche eitentimetablichen erstützt der der
-					
	Total of lines 3a through e		The second secon	The state of the s	mind and Late Charles de la Col
	Qualifying distributions for 2019 from Part XII,			- NANGARAN MARINES NAMED CONT. BOT HAS	
	line 4 ▶ \$ 2,250.			NONE	
	Applied to 2018, but not more than line 2a		- 新日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日	NOME	
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
č	Treated as distributions out of corpus (Election required - see instructions)	NONE	locker from the color of the co	\$25.40 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	for this place recommendation in the control of the
d	Applied to 2019 distributable amount	的原理人是特别的政策	Makana ar da ar ke	MARKET SOUTH	2,250.
	Remaining amount distributed out of corpus	NONE	realist the second and a second realist the second	A CALLES AND THE PARTY OF THE P	
2.	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	54,545.			54,545.
6	Enter the net total of each column as indicated below:				
, a	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	NONE	a di		LOWER MANER OF THE PARTY OF THE
b	Prior years' undistributed income. Subtract line 4b from line 2b		NONE		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a)		NONE		
d	tax has been previously assessed				
	amount - see instructions	** ** ** ** ** ** ** ** ** ** ** ** **	NONE		SANTONIA NO DE LA CONTRACTOR DE LA CONTR
	Undistributed income for 2018. Subtract line 4a from line 2a Taxable amount - see instructions			NONE	
f	Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				42,656.
7	Amounts treated as distributions out of corpus		pomorodni vodi presista del Sentido. Presista di Sentido del Sen		
	to satisfy requirements imposed by section $170(b)(1)(F)$ or $4942(g)(3)$ (Election may be				
	required - see instructions)	NONE	CONTROL WAR	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	THOSE RESIDENCE AND BURNESS
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9				THE PROPERTY OF THE PARTY OF TH
	Excess from 2015 NONE				
b	Excess from 2016 NONE				
С	Excess from 2017 NONE				
d	Excess from 2018 NONE				
е	Excess from 2019 NONE				

	990-PF (2019) L XIV Private Opera	iting Foundations (s	see instructions a	nd Part VII-A, questio	577275 n 9)	Page 10 NOT APPLICABL
	If the foundation has rec	_			- I	
	foundation, and the ruling is		"			
	Check box to indicate whe	ether the foundation is	a private operating		section 4942(j)	(3) of 4942(j)(5)
	Enter the lesser of the ad-	Tax year	- -	Prior 3 years		(e) Total
	Justed net income from Part I or the minimum investment return from Part X for each	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	year listed					
b	85% of line 2a		·	-		
	Qualifying distributions from Part XII, line 4, for each year listed					
	Amounts included in line 2c not used directly for active conduct of exempt activities					
	Qualifying distributions made directly for active conduct of exempt activities. Subtract line					
3	2d from line 2c		/			
a	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section 4942(i)(3)(B)(i)					
	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942					
	(j)(3)(B)(jii)		<u> </u>			
	organization					
	(4) Gross investment income	une Information /Oc	malata this mand	amba if the formula	io- had 65 000 -	l
'ar		ing the year - see in		only if the foundat	ion nad \$5,000 o	r more in assets a
1	Information Regarding F		30000013.7			
	List any managers of the before the close of any ta	e foundation who hav				ed by the foundation
	N/A					
b	List any managers of th ownership of a partnersh					/ large portion of the
	N/A					

complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

	990-PF (2019)				Page 11
	XV Supplementary Information (co	ontinued)			
3	Grants and Contributions Paid During Recipient Name and address (home or business)	g the Year or Appi	oved for	Future Payment	
	Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	CONTIDUTION	
а	Paid during the year				
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	Total	<u></u>	<u> </u>	3a	
Ь	Approved for future payment			•	
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Part XVI-A Analysis of Income-Produ	ucing Acti	vities			· · · · · · · · · · · · · · · · · · ·
Enter gross amounts unless otherwise indicated	Unrela (a) Business code	ted business income (b) Amount	(c)	(d) Amount	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
8	ļ				
b	<u> </u>		- 		
c	ļ		+		
d					
e	<u> </u>				
g Fees and contracts from government agencies			+		
			1		
2 Membership dues and assessments	<u> </u>				
3 Interest on savings and temporary cash investments.4 Dividends and interest from securities			14	55,544.	· · · · · · · · · · · · · · · · · · ·
5 Net rental income or (loss) from real estate					
a Debt-financed property					-
b Not debt-financed property	1				
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-4,887.	
9 Net income or (loss) from special events · · ·					
10 Gross profit or (loss) from sales of inventory	1				
11 Other revenue a					
ь					
c					
d	<u></u>				
e					
12 Subtotal Add columns (b), (d), and (e)		<u> </u>			
13 Total. Add line 12, columns (b), (d), and (e)		• • • • • • • • • • • • • • • • • • • •	• • • • • • •	13	50,65 <u>7</u> .
Part XVI-B Relationship of Activities			- A D		
Line No. Explain below how each activit	ty for whic	h income is reported	in column (e	e) of Part XVI-A contrib	
▼ accomplishment of the foundation	on's exemp	t purposes (other than	by providing	g funds for such purpose	s). (See instructions.)
					
					·
		NOT APPLICAB	LE		
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Part	XVII	Information Re Organizations	egarding	Transfer	s to a	and	Transactio	ns ar	nd	Relations	hips	With	Nonch	aritable	Exc	empt
	ın sec	e organization direct tion 501(c) (other cations?						_			-				Yes	No
а	-	ers from the reporting	g foundati	on to a nor	ncharita	ble i	exempt orga	nizatio	n of	f.				-		1
		sh													_	X
ь		er assets						• • •		• • • • • •			• • • • •	· 1a(2)		X
		es of assets to a non	charitable	exempt or	ganızat	ion .								15(1)	·	X
		chases of assets from														X
(3) Rental of facilities, equipment, or			other asset	s									. 1b(3)		X	
			• • • • • • • • • • • • • • • • • • • •									<u>X</u>				
		ins or loan guarantee formance of services														$\frac{X}{X}$
		g of facilities, equipm				_										_ <u>^</u>
d	If the	answer to any of th	ie above i	is "Yes," co	omplete	the	following s	chedu	ıle.	Column (b) sho	uld al	ways sho	w the f	air m	arket
	value o	of the goods, other	assets, or	services g	liven by	y the	reporting for	oundat	tion.	. If the fou	ındati	on red	eived les	s than f	air m	arket
		n any transaction of	7					$\overline{}$								
(a) Li	ne no	(b) Amount involved	(c) Na	me of noncha	ritable exe	empt	organization	(d	i) Des	scription of tra	ansfers,	transac	tions, and sl	naring arrai	ngeme	nts
								1-								
								-		· · · · · · · · · · · · · · · · · · ·			-			
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20	la tha	foundation dispatily		the officer				<u></u>								
2.0		foundation directly ed in section 501(c)												. Ye	e 🗆	No
<u>b</u>		" complete the follow				-,, -									J	5
		(a) Name of organizatio	n		(b)	Туре	of organization		\Box		(c) i	Descript	on of relation	onship		
	.								4							
									$\dashv \cdot$		•••					
			· · · · · ·					_	十							
Sigr	Under	penalties of perjury, declar t and complete bacters	pepagr (9)	e examined this than taxpayer) is based o	on all ir	ng accompanying information of which	schedule: prepare	s and er has	i statements, a any knowledge	nd to ti	he best (edge and be		
Here	\mathbf{V}	Vells Fargo Ban	k, N.A.			07/	/2022		rus	tee			with the	preparer sh	own L	return pelow?
	Sign	nature of officer or trustee			Date			Title					See instruct	ions	Yes	No
	I	Print/Type preparer's na	me	P	reparer's	signa	ture			Date		Chi	eck if	PTIN		
Paid												- 1	f-employed			
-	arer	Firm's name									Fi	rm's EIN	>			
Use	Only	Firm's address														_
		<u> </u>									Ph	one no		orm 990	.DE	2010

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990for the latest information. OMB No. 1545-0047

2019

Employer identification number

DOROTHY AND KENNETH HEISLER FOUNDATION 36-3677275 Organization type (check one): Filers of: Section: Form 990 or 990-FZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

9E1251 1 000

Name of organization
DOROTHY AND KENNETH HEISLER FOUNDATION

Employer identification number 36-3677275

Part I	Contributors (see instruct	tions). Use duplicate co	pies of Part I if additional	space is needed.
--------	----------------------------	--------------------------	------------------------------	------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	KENNETH M HEISLER CHARITABLE LEAD 2950 LEGENDS DR SOUTHPORT, NC 28461	\$ 193,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

STATEMENT

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	54,342. 1,202. 55,544.
REVENUE AND EXPENSES PER BOOKS	54,342. 1,202. 55,544. ===================================
	TOTAL
DESCRIPTION	DOMESTIC DIVIDENDS OTHER INTEREST

7

STATEMENT

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	2 250	2,250.
ADJUSTED NET INCOME		NONE
NET INVESTMENT INCOME		NONE
REVENUE AND EXPENSES ' PER BOOKS	056 6	2,250.
DESCRIPTION		TOTALS

STATEMENT

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	9,979.
REVENUE AND EXPENSES PER BOOKS	9,979.
DESCRIPTION	CUSTODIAN & MANAGEMENT FEES (A TOTALS

STATEMENT

36-3677275,

FORM 990PF, PART II - OTHER INVESTMENTS

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	DESCRIPT	1	

COST/ FMV C OR F TOTALS

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SCHEDULE ATTACHED

ENDING BOOK VALUE

ENDING FMV 1

1,485,780. 1,703,916.

1,703,916.

1,485,780.

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