Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ΑI	For the	2021 calendar year, or tax year beginning	and	d ending			
В	Check if applicabl	C Name of organization			D Employer	identific	cation number
	Addre chang	FRENCH HERITAGE SOCIETY, INC.					
	Name chang	and a contract of the contract			13-31	00091	
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone		,
	Final	14 EAST 60TH STREET	involva to stroot addroos	605	(212)		
	return termin ated		7IP or foreign postal code	I	G Gross receipts		2,293,232.
	Amen		Zii or foreight postal code		H(a) Is this a		
	return Applic	·	D GRAY		for subor		
	tion pendir	SAME AS C ABOVE			H(b) Are all subo		
1	Ταν. Αν			or 527	1 ` ′		list. See instructions
		e: WWW.FRENCHHERITAGESOCIETY.ORG	(ποσιτιίοι) το π (α)(τ)	01 021	H(c) Group ex		
			ssociation Other	1 Year	of formation: 19		1 State of legal domicile: NY
	art I	Summary		L 10ai	or formation.	110	Otate of logal dofficite.
	_	Briefly describe the organization's mission or most	significant activities: ENSURE	THAT FRE	ENCH ARCHITE	CTURAI	
S	'	TREASURERS & CULTURAL HERITAGE SURVIV					
Governance	2		ntinued its operations or dispo		than 25% of its	net acc	eate
Veri	3	Number of voting members of the governing body	•		11011207001110	1 1	28
ģ	4	Number of independent voting members of the governing body	, , , , , , , , , , , , , , , , , , , ,				27
∞	5	Total number of individuals employed in calendar y					6
ţį	6	Total number of volunteers (estimate if necessary)					100
Activities &	72	Total unrelated business revenue from Part VIII, co					0.
Ą	/ a	Net unrelated business taxable income from Form					0.
	<u> </u>	Net differenced business taxable income from 1 offi	990-1,1 art 1, iii le 11		Prior Year	. 110	Current Year
	8	Contributions and grants (Part VIII, line 1h)			1,564	674.	2,011,328.
īue	9	. (5 1)(11)				,211.	6,350.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			,832.	3,638.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				,418.	41,359.
	1	Total revenue - add lines 8 through 11 (must equal			1,604		2,062,675.
		Grants and similar amounts paid (Part IX, column (,042.	599,295.
		Benefits paid to or for members (Part IX, column (A				0.	0.
	45	Salaries, other compensation, employee benefits (F			761	,286.	632,814.
ses	162	Professional fundraising fees (Part IX, column (A), li				0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line					
ă	17	Other expenses (Part IX, column (A), lines 11a-11d,			388	,791.	365,958.
	1	Total expenses. Add lines 13-17 (must equal Part I)			1,346		1,598,067.
	1	Revenue less expenses. Subtract line 18 from line				,016.	464,608.
		rievende less expenses. Subtract line 10 from line	12	Re	ginning of Currer		End of Year
Assets or	20	Total assets (Part X, line 16)			3,827		4,346,853.
Asse	21	Total liabilities (Part X, line 26)				,869.	275,151.
Net	7	Net assets or fund balances. Subtract line 21 from	line 20		3,593		4,071,702.
Pa	art II	Signature Block			•	<i>'</i>	· · · · ·
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and stateme	ents, and to the be	est of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than office				-	,
	,		,		ŢŢ,		
Sig	n	Signature of officer			Date		
Hei							
	_	Type or print name and title					
		Print/Type preparer's name	Preparer's signature	[Date	Check	PTIN
Paid	d	ALEXANDER LAZZARUOLO	Alexander Lassa	ruolo	11/13/2022	if self-employ	ed P01775353
	- parer	Firm's name CONDON O'MEARA MCGINTY &			Firm's		13-3628255
	Only	Firm's address ONE BATTERY PARK PLAZA,			1111173		
	,	NEW YORK, NY 10004			Phone	no.212	-661-7777
Ma	v the IF	RS discuss this return with the preparer shown abo	ve? See instructions		1		X Yes No

Form	1990 (2021) FRENCH HERITAGE SOCIETY, INC.	13-3100091	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO ENSURE THAT THE TREASURES OF OUR SHARED FRENCH ARCHITECTURAL AND		
	CULTURAL HERITAGE SURVIVE TO INSPIRE FUTURE GENERATIONS TO BUILD,		
	DREAM AND CREATE. SEE SCHEDULE O FOR COMPLETE MISSION.		
	EXAMINED COMMITTED BONDONE OF TOX CONTINUE MISSION.		
_	Did the experimetion undertake any cignificant program continued by vine the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the		es X No
	prior Form 990 or 990-EZ?	Ү	es 🚣 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	[<u>X</u>]Y	'es No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses	s, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	e\$	
	RESTORATION PROJECTS:		
	THE ORGANIZATION SEEKS TO PRESERVE AND RESTORE THE FRENCH		
	ARCHITECTURAL, CULTURAL, AND HISTORICAL HERITAGE AND ENVIRONMENT BY		
	ISSUING GRANTS AND AWARDS FOR THESE ENDEAVORS IN FRANCE AND THE UNITED		
	STATES.		
	THE ORGANIZATION'S PROGRAM SERVICE ACTIVITIES WERE AFFECTED BY THE		
	COVID-19 PANDEMIC AND THE VARIOUS GOVERNMENTAL LIMITATIONS IMPOSED ON		
	GATHERINGS. THE FOLLOWING LANGUAGE DESCRIBES THE ORGANIZATION'S		
	RESTORATION PROJECT ACTIVITIES IN A MORE TYPICAL YEAR: THE ORGANIZATION		
	SEEKS TO PRESERVE AND RESTORE THE FRENCH ARCHITECTURAL, CULTURAL, AND		
	HISTORICAL HERITAGE AND ENVIRONMENT BY ISSUING GRANTS AND AWARDS FOR		
	THESE ENDEAVORS. IN FRANCE AND THE UNITED STATES.		
			45,863.
4b	(Code:) (Expenses \$	e\$	43,003.
	THE ORGANIZATION PROMOTES AWARENESS OF ITS MISSION THROUGH MEMBERSHIP		
	SERVICES INCLUDING MEETINGS, PUBLICATIONS, AND PRESENTATIONS		
	THE ORGANIZATION'S PROGRAM SERVICE ACTIVITIES WERE SIGNIFICANTLY		
	AFFECTED BY THE COVID-19 PANDEMIC AND THE VARIOUS GOVERNMENTAL		
	LIMITATIONS IMPOSED ON GATHERINGS. THE FOLLOWING LANGUAGE DESCRIBES THE		
	ORGANIZATION'S MEMBERSHIP SERVICES ACTIVITIES IN A MORE TYPICAL YEAR:		
	THE ORGANIZATION PROMOTES AWARENESS OF ITS MISSION THROUGH MEMBERSHIP		
	SERVICES INCLUDING MEETINGS, PUBLICATIONS, AND PRESENTATIONS.		
4c	(Code:) (Expenses \$ 164,709. including grants of \$ 16,219.) (Revenue	e\$	
	CULTURAL EXCHANGE & EDUCATIONAL PROGRAMS:		
	THE ORGANIZATION IS DEDICATED TO PRESERVING THE FRENCH ARCHITECTURAL,		
	CULTURAL, AND HISTORICAL HERITAGE AND ENVIRONMENT. THE ORGANIZATION		
	DOES THIS BY FOSTERING CULTURAL EXCHANGE THROUGH TOURS AND TRIPS		
	SEMINARS, LECTURES, ETC. AND BY FOSTERING CULTURAL EDUCATIONAL EXCHANGE		
	THROUGH STUDENT AND INTERN EXCHANGE PROGRAMS TO ENABLE PARTICIPANTS TO		
	DEVELOP CULTURAL EXCHANGES AND TO HAVE VALUABLE PROFESSIONAL		
	EXPERIENCES IN THE FIELDS OF ARCHITECTURE, CULTURAL MANAGEMENT, ART		
	HISTORY, RESERVATION AND HORTICULTURE. THE ORGANIZATION PARTICIPATES IN		
	AWARDING THE RICHARD MORRIS HUNT PRIZE EACH YEAR, ALTERNATELY TO FRENCH		
	OR TO AN AMERICAN PRESERVATION ARCHITECT. THE PRIZES ENABLES THE		
	RECIPIENTS TO TRAVEL TO THE OTHER SIDE OF THE ATLANTIC FOR SIX MONTHS		
	Other program convices (Describe on Cabadula O.)		

Form **990** (2021)

1,102,943.

Form 990 (2021) FRENCH HERITAGE SOCIETY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8_		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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		х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
.5		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		\vdash
13	,	19		x
20-	complete Schedule G, Part III	20a		X
20a	• • •	20a 20b		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	

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Form 990 (2021) FRENCH HERITAGE SOCIETY, IN Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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			v
0.4	contributions? If "Yes," complete Schedule M	30		<u>х</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	- 21	
34		34		Х
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	(2021)

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Part V	St	tatements Regarding Other IRS Filings and Tax Compliance 🦽	continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country ► FRANCE			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Cross respirate included on Form 200 Part VIII, line 12 for public use of club facilities			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	I I			
a b	Gross income from members or shareholders			
b				
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	ر		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
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 28			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	, , , , , , , , , , , , , , , , , , , ,	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY			
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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			
	DAVID GRAY, TREASURER - (212) 759-6846			
	14 EAST 60TH STREET, NEW YORK, NY 10022			

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any	to					Ĺ	from the	from related organizations	other compensation
	hours for	ndividual trustee or director				, ,		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	` 1099-NEC)	organization
	organizations	ll trus	nal trı		loyee	om pe		1099-NEC)		and related
	below	ividua	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
11)	line)	Pul	lus	90	Ke	e Hig	For			
(1) JENNIFER HERLEIN	50.00	١		l				010 000		
EXECUTIVE DIRECTOR	0.00	Х		Х				210,000.	0.	0.
(2) ELIZABETH F. STRIBLING	2.00	١		l						
CHAIRMAN (2) PRIVIO DE MERGORIAM	0.00	Х		Х				0.	0.	0.
(3) DENIS DE KERGORLAY	2.00	١		l						
PRESIDENT	0.00	Х	_	Х		_		0.	0.	0.
(4) DAVID GRAY	2.00	١		l						
TREASURER	1 00	Х	_	Х				0.	0.	0.
(5) CECE BLACK	1.00	١,,								
DIRECTOR	1 00	Х						0.	0.	0.
(6) YANN COATANLEM	1.00	١,,								
DIRECTOR CORP. COR	1 00	Х	_					0.	0.	0.
(7) TIMOTHY CORRIGAN DIRECTOR	1.00	١,,								
	1 00	Х						0.	0.	0.
(8) CHRISTIAN DRAZ	1.00	٠,,							_	
DIRECTOR	1 00	Х						0.	0.	0.
(9) RONALD LEE FLEMING	1.00	x						0.	0.	0
(10) ELISA FREDRICKSON	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	_
(11) RICHARD GUTMAN	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	_
(12) GURNEE F. HART	1.00	^	\vdash					0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(13) KAZIE METZGER HARVEY	1.00	^						0.	0.	· ·
DIRECTOR	1.00	x						0.	0.	0.
(14) DENA KAYE	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(15) ISABELLE DE LAROULLIERE	1.00		\vdash					· · · · · · · · · · · · · · · · · · ·	· ·	••
DIRECTOR	1.00	x						0.	0.	0.
(16) SARAH DE LENCQUESAING	1.00							· · ·	<u> </u>	•
DIRECTOR	1.00	x						0.	0.	0.
(17) SILVINA LEONE	1.00		\vdash					· ·	<u> </u>	
DIRECTOR	1.30	x						0.	0.	0.
	1		Ь					٠.	· · ·	Form 990 (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	st C	compensated Employee	s (continued)				.90
(A)	(B)				C)	_		(D)	(E)			(F)	
Name and title	Average	(-1-		Pos				Reportable	Reportable		Es	timate	d
	hours per		not c , unle					compensation	compensation		an	nount o	of
	week		cer ar	nd a d	lirecto	or/trus	stee)	from	from related			other	
	(list any	director						the	organizations			pensa	
	hours for related	or dir	e e			ated		organization	(W-2/1099-MISC	/		om the	
	organizations	ustee	trust		e e	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizati d relate	
	below	dual tr	tional	١.	yoldr	st con		1				anizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o, gc	ii ii Latii	,,,,
(18) JUDY MCLAREN	1.00												
DIRECTOR		Х						0.		٥.			0 .
(19) MICHELE LE MENESTREL ULLRICH	1.00	_											
DIRECTOR		Х				_		0.		0.			0.
(20) JUAN PABLO MOLYNEUX	1.00	4											_
DIRECTOR	1 00	Х				├		0.		0.			0.
(21) JEAN DOYEN DE MONTAILLOU	1.00	١								ا ر			•
DIRECTOR	1 00	Х				├		0.		0.			0.
(22) MICHAEL MOSCOVICI DIRECTOR	1.00	x						0.		٥.			0.
(23) MAUREEN M. NASH	1.00	Λ				<u> </u>		0.		•			
DIRECTOR	1.00	x						0.		٥.			0.
(24) GEORGE P. SAPE	1.00	 -											
DIRECTOR		х						0.		٥.			0.
(25) JEAN SHAFIROFF	1.00												
DIRECTOR		х						0.		٥.			0.
(26) CASSANDRA SURER	1.00												
DIRECTOR		Х						0.		٥.			0.
1b Subtotal							ightharpoons	210,000.		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>	210,000.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	no re	eceived more than \$100,	000 of reportable				1
compensation from the organization												Yes	No
3 Did the organization list any former officer	director trust	ا مم	(A)/ 6	mnl	love	<u> </u>	r hio	sheet compensated emp	lovee on	ſ		100	110
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su										•			
and related organizations greater than \$150	-		•					•	•	[4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch ı	pers	on					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										nsat	ion fro	m	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	ithin T		ear.				
(A) Name and business	address	NO:	NF					(B) Description of s	ervices	C	(C ompe	;) nsatior	1
Traine and pasiness	- addi 000	NO.	ИП				\dashv	Bosomption or c	ioi vioco				_

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

Total number of independent contractors (including but not limited to those listed above) who received more than

Part VII Section A. Officers, Directors, Tr (A) Name and title	ustees, Key Er (B)	nplo	yee			lighe	est (Compensated Employe	es (continued)	
	(B)									
Name and title	· · · ·				C)			(D)	(E)	(F)
	Average				ition			Reportable	Reportable	Estimated
	hours per	(cl	(check all that			app	ly)	compensation from	compensation from related	amount of other
	week					yee		the	organizations	compensation
	(list any	Individual trustee or director				Highest compensated employee		organization	(W-2/1099-MISC)	from the
	hours for related	ordi	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	trustee	Institutional trustee		yee	m pen				organizations
	below	iduali	tution	er	Key employee	est co	ıer			0.ga <u>=</u> a
	line)	Indiv	Insti	Officer	Key	High	Former			
27) ANN VAN NESS	1.00									
IRECTOR		Х						0.	0.	0
28) BARBARA WOLF	1.00									
IRECTOR	10.00	Х						0.	0.	0
29) GEORGE J. MARTIN, JR.	10.00								•	
EN. COUNSEL, ASST. SECRET	+			Х				0.	0.	0
		ł								
		-								
	+									
	1									
	+									
	+									
		•								
		L								
otal to Part VII, Section A, line 1c										

13-3100091

Form 990 (2021) FRENCH HER.

Part VIII Statement of Revenue

			Check if Schedule O contains a	resnonse (or note to any lin	a in this Part VIII			
			Officer if Schedule O contains a	response (or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns	1a					
ir a			Membership dues	1b	31,336.				
s, C		С	Fundraising events	1c	434,351.				
ar ar		d	Related organizations	1d					
s, C		е	Government grants (contributions)	1e	79,847.				
Sign		f	All other contributions, gifts, grants, and						
bel			similar amounts not included above	1f	1,465,794.				
ള		а	Noncash contributions included in lines 1a-1f	1g \$	57,313.				
Sor		-	Total. Add lines 1a-1f			2,011,328.			
<u> </u>		<u></u>	Total / Idd iii ico Ta Ti		Business Code	, , ,			
_	_	а	PROGRAM REV-MEMBERSHIP		900099	6,350.	6,350.		
ice	2	_	-		300033	0,330.	0,330.		
er ue		b							
n S		С							
Jrar Se		d							
Program Service Revenue		е							
Δ.			All other program service revenue						
		g	Total. Add lines 2a-2f			6,350.			
	3		Investment income (including divide						
			other similar amounts)			3,638.			3,638.
	4		Income from investment of tax-exen	npt bond pi	roceeds				
	5	,		>					
				i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` '	Securities	(ii) Other				
	•	u	assets other than inventory 7a		()				
		h	Less: cost or other basis						
ø		D							
Revenue			and sales expenses 7b Gain or (loss) 7c						
eve			· /						
Ä			Net gain or (loss)						
ther	8	а	Gross income from fundraising events (i						
ŏ			including \$ 434,351.	-					
			contributions reported on line 1c). S	I .					
			Part IV, line 18		147,325.				
			Less: direct expenses		230,557.				
		С	Net income or (loss) from fundraising	g events	<u></u>	-83,232.			-83,232.
	9	а	Gross income from gaming activities						
			Part IV, line 19	9a					
		b	Less: direct expenses						
		С	Net income or (loss) from gaming ac	tivities					
	10	а	Gross sales of inventory, less return	s					
			and allowances	I .					
		b	Less: cost of goods sold	1					
			Net income or (loss) from sales of in						
			,		Business Code				
sno	11	а	CARES ACT - ERTC		900099	85,078.			85,078.
Miscellaneous Revenue	•		GRANT ADMIN. FEES	_	900099	39,513.	39,513.		, ,
∋lla Ver		C				, , , , , ,	,		
Sce			All other revenue						
Ξ					<u> </u>	124,591.			
	12	-	Total Add lines 11a-11d			2,062,675.	45,863.	0.	5,484.
	14		Total revenue. See instructions		<u></u>	_,,.,	15,555.	<u>. </u>	5,101.

132009 12-09-21

Part IX Statement of Functional Expenses

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

<u></u>	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
7b, 8k	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	93,802.	93,802.		
	Grants and other assistance to domestic ndividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16	505,493.	505,493.		
	Benefits paid to or for members				
	Compensation of current officers, directors,				
t	rustees, and key employees	210,000.	115,501.	35,700.	58,799
6 (Compensation not included above to disqualified				
þ	persons (as defined under section 4958(f)(1)) and				
þ	persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	275,103.	151,307.	46,768.	77,028
8 F	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,878.	2,133.	659.	1,086
9 (Other employee benefits	37,453.	20,599.	6,367.	10,487
	Payroll taxes	106,380.	58,508.	18,085.	29,787
	Fees for services (nonemployees):				
	Management				
	_egal	2,394.		2,394.	
	Accounting	68,272.		68,272.	
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	1 016		1 016	
	column (A), amount, list line 11g expenses on Sch O.)	1,916. 19,273.	7,709.	1,916.	11 56/
	Advertising and promotion	21,888.	16,044.	1,753.	11,564 4,091
	Office expenses	46,798.	16,518.	6,171.	24,109
	nformation technology	40,750.	10,510.	0,1/1.	24,102
	Royalties	88,355.	53,013.	10,603.	24,739
	Occupancy	10,068.	2,319.	6,667.	1,082
	Payments of travel or entertainment expenses	20,000.	2,023.	,,,,,,	_,
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	17,565.	11,071.	2,214.	4,280
	nsurance	•	,	,	•
	Other expenses. Itemize expenses not covered				
a I	above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)	82,429.	48,926.	9,785.	23,718
	CATERING, FACILITY & OT	7,000.	40,520.	7,000.	25,710
-		7,000.		,,,,,,,	
c _ d					
-	All other expenses				
	Fotal functional expenses. Add lines 1 through 24e	1,598,067.	1,102,943.	224,354.	270,770
	Joint costs. Complete this line only if the organization	-,000,007.	-,2-2,2-3-		2.5,776
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
-	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

Par	tΧ	Balance Sneet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			(D)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			325,432.	1	910,800
	2	Savings and temporary cash investments			2,497,247.	2	2,854,05
	3	Pledges and grants receivable, net			727,454.	3	420,57
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	ction 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges		·····	63,782.	9	48,11
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation			25,894.	10c	9,35
	11	Investments - publicly traded securities			187,215.	11	103,95
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			3,827,024.	16	4,346,85
	17	Accounts payable and accrued expenses			96,773.	17	112,01
	18	Grants payable				18	
	19	Deferred revenue			17,536.	19	102,02
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Ě		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
-	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Complete Part X	110 560		C1 111
		of Schedule D		·····	119,560.	25	61,11
	26				233,869.	26	275,15
ر پ		Organizations that follow FASB ASC 958, o	check her	e 🕨 🔼			
၁၁		and complete lines 27, 28, 32, and 33.			106 200	0=	61 15:
<u>a</u>	27				106,209.	27	-61,15
	28	Net assets with donor restrictions			3,486,946.	28	4,132,85
<u> </u>		Organizations that do not follow FASB ASC	C 958, cn	eck nere			
<u>-</u>	00	and complete lines 29 through 33.				00	
şts	29	Capital stock or trust principal, or current fun				29	
1886	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			3,593,155.	31	/ 071 70
ž	32	Total liebilities and not assets (fund balances			3,827,024.	32	4,071,702 4,346,853
	33	Total liabilities and net assets/fund balances			5,021,024.	33	Eorm 990 (202

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,	062,	675.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	598,	067.
3	Revenue less expenses. Subtract line 2 from line 1	3			464,	608.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,	593,	155.
5	Net unrealized gains (losses) on investments	5			12,	971.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				968.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		4,	071,	702.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	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,				1
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
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 Auc	tit			
	Act and OMB Circular A-133?		L	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization **Employer identification number** FRENCH HERITAGE SOCIETY INC. 13-3100091 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 10 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). 11 12 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 on 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			` ,	,		.,
	membership fees received. (Do not						
	include any "unusual grants.")	1,976,219.	1,895,721.	4,003,248.	1,564,674.	2,011,328.	11,451,190.
2	Tax revenues levied for the organ-						
	ization'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	1,976,219.	1,895,721.	4,003,248.	1,564,674.	2,011,328.	11,451,190.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,744,993.
	Public support. Subtract line 5 from line 4.						9,706,197.
Sec	ction B. Total Support		_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,976,219.	1,895,721.	4,003,248.	1,564,674.	2,011,328.	11,451,190.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	578.	950.	16,445.	6,832.	3,638.	28,443.
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.)	107,436.	136,987.	17,662.	12,418.	39,513.	314,016.
11	Total support. Add lines 7 through 10						11,793,649.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	953,372.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li					14	82.30 %
15						15	81.97 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this l	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pub	olicly supported or	ganization		▶∟
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and sto	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box ar	nd see instructions	

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

FRENCH HERITAGE SOCIETY, INC.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 За 3b Зс 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9с 10a 10b

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Par	t IV Supporting Organizations (continued)			
	· · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see
	instructions).			,

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
_6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
<u>e</u>	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
<u>i</u>	Carryover from 2016 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2021 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
<u>a</u>	Excess from 2020 Excess from 2021			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
2017 AMOUNT: \$ 107,436.
2018 AMOUNT: \$ 136,987.
2019 AMOUNT: \$ 17,662.
2020 AMOUNT: \$ 11,978.
2021 AMOUNT: \$ 0.
GRANT ADMIN. FEES
2020 AMOUNT: \$ 440.
2021 AMOUNT: \$ 39,513.

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

Inspection

Nam	e of the organization FRENCH HERITAGE SOCIETY, INC.	Employer identification number
Pa	· · · · · · · · · · · · · · · · · · ·	
	organization answered "Yes" on Form 990, Part IV, line 6.	Complete ii tiio
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	, ,
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	impermissible private benefit?	Yes No
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	f a historically important land area
	Protection of natural habitat Preservation o	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b		
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure.	
	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	e organization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations.	
0	Stant and volunteer flours devoted to mornitoring, inspecting, flanding of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserva	tion easements during the year
•	\$	tion easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170	(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statem	
	organization's accounting for conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in further	nerance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	L A
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	ll gain, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	\$

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

3 bigs the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public exhibition d	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other S	imilar As	sets (conti	nued)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make sign	ificant use of	its		
b Scholarly research e Other Preservation for future generations Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Description of the organization and explain how they further the organization's exempt purpose in Part XIII. Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on form 980, Part X, line 21. 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1b in the organization and agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1c Beginning balance 1c Beginning balance 1d Beginning balance 1d Beginning of part and part and part and complete the following table: 1e Distributions during the year 1e Contributions of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1e Distributions during the year 1e Contributions 1e Distributions during the year 1f Edworment Funds. Complete if the explanation has been provided on Part XIII Part V Edworment Funds. Complete if the explanation has been provided on Part XIII be 10. 1e Beginning of year balance 2 Portion of the organization in the possession of the organization for the organiz		collection items (check all that apply):								
c	а	Public exhibition	d	Loan or ex	change program	m				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 1 bright the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts 1 to be sold to raise funds at after than to be maintained as part of the organization answered "Yes" on Form 990, Part XI, line 9, or 1 st five organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI, line 10. 2 Beginning balance 2 Beginning balance 3 Beginning balance 4 Additions during the year 5 Bridging balance 4 Distributions during the year 5 Bridging balance 5 Distributions during the year 6 Bridging balance 9 Distributions during the year 1 Bridging balance 9 Distributions during the year 1 Bridging balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5 Did the organization include an amount on Form 990, Part X, line 10. 6 Did the organization include an amount on Form 990, Part X, line 10. 7 Did the organization and the arrangement in Part XIII. In the true organization answered "Yes" on Form 990, Part X, line 10. 8 Did the responditures for facilities 9 Did the responditures for facilities 1 Administrative expenses 9 End of year balance 1 Drive are the facilities 1 Administrative expenses 1 Drive are the facilities 1 Drive are the facilities 1 Drive are the fa	b	Scholarly research	е	Other						
to be sold for pale year, did the organization solicit or receive denations of art, historical treasures, or other similar assess to be seed for pale funder standarded as part of the organizations collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XI, line 21.	С	Preservation for future generations								
To be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	4	Provide a description of the organization's co	ollections and explain	how they further	the organizatior	n's exempt	t purpose in l	Part XIII.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part Xy. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Seginning balance	5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	asures, or other	similar as	sets			_
Teported an amount on Form 990, Part X, line 21. Teves	_									_ No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Perm 990, Part X?	Par			ete if the organizati	on answered "	res" on Fo	orm 990, Parl	IV, line 9, or		
on Form 990, Part X? of If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Id □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		· · · · · · · · · · · · · · · · · · ·								
B F Yes, *explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a			•						٦
c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Contributions								Yes		_ No
c Beginning balance 1c	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				A		
d Additions during the year f Ending balance 2a Did the organization include an amount on Form \$90, Part X, line 21, for escrow or custodial account liability? Ves No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form \$90, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Contributions c Net investment earnings, gains, and losses (d) Grants or scholarships d Grants or scholarships d Grants or scholarships and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ y6 b Permanent endowment ▶ y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations Sa(iii), are the related organization ilsted as required on Schedule R? Describe in Part XIII the intended uses of the organization rendowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings c Leasehold improvements 66,572, 66,572, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,								Amour	IT	
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f Ending balance										
ab Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_									
b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Contributions (b) Contributions (d) Grants or scholarships (e) Cher expenditures for facilities and programs (f) Administrative expenses (g) End of year balance (g) End of y								Vaa		¬
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete Co		_				-		. —	H	_ NO
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years years (d) Three years back (d) Three years years (d)										
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	12	Reginning of year halance	(a) carrette year	(b) Her year	(5)	, such (C)	, oo	(0) (0)	. , , , , ,	
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶										
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and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \$\sqrt{\text{9}}\$ _ \text{9}\$ b Permanent endowment \$\sqrt{\text{9}}\$ _ \text{9}\$ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 66,572, 66,572, 0, described in provements 68,530, 59,177, 9,353, described in the 10 the 1	e									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Ū									
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶	f									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment										
a Board designated or quasi-endowment ▶	_		ent year end balance	e (line 1g, column (a)) held as:	•		•		
b Permanent endowment ▶	а				"					
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by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 66,572. 66,572. 0. d Equipment 68,530. 59,177. 9,353. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B) line 10c.) Part VI Leasehold improvements 99,353.		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 66,572. 66,572. 0. d Equipment 68,530. 59,177. 9,353. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	and administere	d for the c	organization			
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Buildings c Leasehold improvements 66,572. 66,572. 0. d Equipment 68,530. 59,177. 9,353. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		by:							Yes	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Buildings c Leasehold improvements 66,572. 66,572. 0. d Equipment 68,530. 59,177. 9,353. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		(i) Unrelated organizations						3a(i)		
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings C Leasehold improvements 66,572. 66,572. 0. d Equipment 68,530. 59,177. 9,353. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 9,353.	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?	?			3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment Other Other Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) (c) Accumulated depreciation (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (d) Book value				wment funds.						
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) (c) Accumulated depreciation (d) Book value (d) Book value 66, 572. 66, 572. 0. 9, 353.	Par			-						
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1a Land b Buildings c Leasehold improvements 66,572. 66,572. 0. d Equipment 68,530. 59,177. 9,353. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 9,353.		Description of property	1 ' '	. ,		` '		(d) Boo	k valu	ie
b Buildings c Leasehold improvements 66,572. 66,572. 0. d Equipment 68,530. 59,177. 9,353. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 9,353.			,	nent) basis	s (otner)	depre	eciation			
c Leasehold improvements 66,572. 66,572. 0. d Equipment 68,530. 59,177. 9,353. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 9,353.	_							-		
d Equipment 68,530. 59,177. 9,353. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 9,353.					66 572		66 570			
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Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					00,530.		23,1//.		۶,	, , , , ,
J. Colamina, macroscal rom toos, rait A. Colamin (D), mile roo.					10.)				Q	353
	rotal	. Add lilles Ta trifough Te. (Column (d) must e	quai Form 990, Part .	x, column (B), line	IUC.)			dule D (Eor		

Schedule D (Form 990) 2021 FRENCH HERITAGE	SOCIETY, INC.		13-3100091	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	•			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	<u> </u>			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.		
	Description	, ,	(b) Book	value
(1)			(3,	
(1)				
(3)				
			+	
			+	
(8)				
(9)	. 45)		+	
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		<u> </u>	
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	25	
(a) Description of liability	OTT OTTI 550, T art IV, IIIIC	The of Thi. Gee Form 300, Fait X, line 2	(b) Book	value
.,			(B) Book	value
(1) Federal income taxes (2) RESTORATION PROJECT GRANTS AND AWARDS	י איז איז די			61,110.
<u> </u>	PAIADLE		+	01,110.
(3)				
(4)			-	
(5)			-	
(6)			-	
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	,		▶	61,110.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements	s that reports the	

Schedule D (Form 990) 2021

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	e 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	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
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		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lines VIII Proposed in the Proposed Part Audited Financia	e 12.)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financia	-	es per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part		Т.Т	
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		
а	Donated services and use of facilities			
b	Prior year adjustments			
С.	Other losses	l l		
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	45		
_	investment expenses not included on Form 990. Part VIII. line 76	4a		
a				
b	Other (Describe in Part XIII.)	4b	40	
b c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. I	4b		
b c 5 Pa ı	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.	4b ine 18.)	5	rt XI
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information.	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; Pa	5	rt XI,

SCHEDULE F (Form 990)

Department of the Treasury

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.

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

Open to Public

OMB No. 1545-0047

Internal Revenue Service Name of the organization Inspection

Employer identification number

FRENCH HERITAGE SOCIETY, INC. 13-3100091 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, RESTORATION & AUSTRIA, BELGIUM GRANTMAKING EDUCATIONAL PROGRAMS 505,493. EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, PROGRAM SERVICES AUSTRIA, BELGIUM PROGRAM SERVICES EXPENSES EXPENSES 1 117,307. 1 0 622,800. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a 622,800. and 3b)

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

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	7,500.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	20,000.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	20,000.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	7,500.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	53,633.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	30,000.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	6,250.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	75,000.	WIRE	0.		FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a	tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or entities .

... • 16

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	35,000.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	32,500.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	23,750.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		 	RESTORATION	5,800.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	10,000.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	171,500.	WIRE	0.		FMV
								+
		l .	I	l .		l .		

Part III	Grants and Other Assistant Part III can be duplicated if a			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a)	Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV	Foreign	Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	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)	Yes	X No
5	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
6	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

Part V | 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:

Schedule F (Form 990) 2021

THE ORGANIZATION AWARDS GRANTS FOR RESTORATION PROJECTS ONLY WHEN CERTAIN

CRITERIA ARE MET. UPON SATISFACTION OF THESE CRITERIA, THE ORGANIZATION

FUNDS 50% OF THE GRANT AWARDED TO THE GRANTEE. ONCE THE PROJECT IS

COMPLETED, THE ORGANIZATION REQUESTS PROOF OF THE WORK COMPLETED

ARCHITECT CERTIFICATIONS. AND ELECTRONIC IMAGES OF THE COMPLETED PROJECT.

UPON SATISFACTORY REVIEW OF ALL SUPPORTING DOCUMENTS, THE REMAINING GRANT

IS PAID TO THE GRANTEE. FOLLOWING COMPLETION OF THE PROJECT. THE

ORGANIZATION PROVIDES A PLAQUE TO THE GRANT RECIPIENT ACKNOWLEDGING

FUNDING FROM THE FRENCH HERITAGE SOCIETY, TO BE INSTALLED ON THE PROJECT

SITE. THE ORGANIZATION ENCOURAGES A DEDICATION CEREMONY WHEREBY THE

PLAQUE IS PRESENTED BY THE ORGANIZATION TO SIGNIFY NOTICE OF COMPLETION

OF THE RESTORATION PROJECT TO THE LOCAL AND REGIONAL COMMUNITY AND THE

MEDIA.

THE ORGANIZATION'S STUDENT EXCHANGE PROGRAM IS DESIGNED TO PROVIDE

UNIVERSITY STUDENTS AN OPPORTUNITY TO EXPERIENCE HANDS-ON INTERNSHIPS IN

THE FIELD OF PRESERVATION OF FRENCH CULTURALLY, ARCHITECTURALLY AND

HISTORICALLY SIGNIFICANT HERITAGE IN BOTH THE UNITED STATES AND FRANCE.

THE ORGANIZATION. TOGETHER WITH ITS SCHOOL AND UNIVERSITY PARTNERS IN

FRANCE AND THE UNITED STATES WHO ADMINISTER THE INTERNSHIP PROGRAMS

CLOSELY MONITOR THE ACTIVITIES OF THE INTERN RECIPIENTS OF THE

ORGANIZATION'S CULTURAL GRANTS. FOLLOWING COMPLETION OF THE INTERNSHIP

EACH GRANT RECIPIENT IS REQUIRED TO SUBMIT A REPORT DESCRIBING THE

INTERNSHIP EXPERIENCE AND ACTIVITIES.

PART I, LINE 3:

132075 12-20-21 Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization FRENCH HERITAGE SOCIETY, INC. 13-3100091 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and great states and great states are states as the contribution of the c				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			NY GALA	CHAPTER PROGRAM	3	col. (c))
a)			(event type)	(event type)	(total number)	Coi. (C)
Revenue	1	Gross receipts	184,278.	331,398.	66,000.	581,676.
ш	2	Less: Contributions	101,325.	284,474.	48,552.	434,351.
	3	Gross income (line 1 minus line 2)	82,953.	46,924.	17,448.	147,325.
	4	Cash prizes				
ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		130,156.	17,448.	230,557.
	10	Direct expense summary. Add lines 4 through			>	230,557.
	11					-83,232.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	T	_	T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ď	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
a	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming action," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
1320	32 10	D-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021 FRENCH HERITAGE SOCIETY, INC.	3-31000	91	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	\square	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	138	а	%
b	An outside facility	. 13k	<u> </u>	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
			_	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		٦.,	
	retain the state gaming license?	L	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	D4-111-1	· 0	0- 10-
ıa		Part III, I	ines 9,	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
				-

Schedule 6	(Form 990) FRENCI	HERITAGE SOCIETY,	INC.	13-3100091	Page 4
Part IV	(Form 990) FRENCE Supplemental Information	(continued)			
	•••	(continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

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

2021
Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization FRENCH HERITA	GE SOCIETY, II	VC.					Employer identification number 13-3100091
Part I General Information on Grants		•					
Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's present II Grants and Other Assistance to recipient that received more than	stance? ocedures for monit Domestic Organi	oring the use of grant	funds in the United	States.			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
METROPOLITIAN MUSEUM OF ART 1000 FIFTH AVE NEW YORK, NY 10028	13-1624086	501(C)(3)	50,000.	0.	FMV		CULTURAL GRANT
MOUNT VERNON LADIES' ASSOCIATION OF THE UNION - PO BOX 110 - MOUNT VERNON, VA 22121	54-0564701	501(C)(3)	7,110.	0.	FMV		RESTORATION GRANT
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-				<u> </u>	1	

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

Schedule I (Form 990) 2021 FRENCH HERITAGE SOCIETY	, INC.				13-3100091	Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
Part IV Supplemental Information. Provide the information requi	ired in Part I. line	e 2: Part III. column	(b): and any other ac	dditional information.		
	······································		(-),,			
PART I, LINE 2:						
THE ORGANIZATION AWARDS GRANTS FOR RESTORATION PROJE	ECTS ONLY WHI	EN CERTAIN				
CRITERIA ARE MET. UPON SATISFACTION OF THESE CRITER	IA, THE ORGA	NIZATION				
FUNDS 50% OF THE GRANT AWARDED TO THE GRANTEE. ONCE	THE PROJECT	IS				
COMPLETED, THE ORGANIZATION REQUESTS PROOF OF THE WO	ORK COMPLETE	D, ARCHITECT				
CERTIFICATIONS, AND ELECTRONIC IMAGES OF THE COMPLET	TED PROJECT.	UPON				
SATISFACTORY REVIEW OF ALL SUPPORTING DOCUMENTS, THE	E REMAINING (GRANT IS				
·						
PAID TO THE GRANTEE. FOLLOWING COMPLETION OF THE PRO	OJECT, THE O	RGANIZATION				
PROVIDES A PLAQUE TO THE GRANT RECIPIENT ACKNOWLEDGE	ING FUNDING	FROM THE				

Schedule I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number FRENCH HERITAGE SOCIETY, INC. 13-3100091 Part I Questions Regarding Compensation

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant 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			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	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 explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section 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
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	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 the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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 the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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 W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JENNIFER HERLEIN	(i)	210,000.	0.	0.	0.	0.	210,000.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						I .	

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization								Em	ployer	identi	fication	on nu	mber
FRENCH HE	RITAG	SE SOCIETY,	INC.					1	3-310	0091			
Part I Excess Benefit Trans	sactio	ons (section 50)1(c)(3), secti	on 501(c)(4), and	sect	tion 501(c)(29) orgar	nizatio	ns on	ly).			
Complete if the organization	n answ	vered "Yes" on F	orm 9	90, Pa	ırt IV, line 25a or 2	25b,	or Form 990-EZ, Pa	ırt V, I	ine 40	b.			
1 (a) Name of disqualified person	(b) R	Relationship betv			ified	(c)	Description of trans	sactio	ın		(d)	Corre	cted?
		person and or		ation			•		'11 		Y		No
ALAN PILET	OFFIC	ER, FORMER	CFO		DURING 2	021	, ALAIN PILET,	Т			-		Х
											+	_	
											+-		
											+	_	
											+	-+	
O Enter the amount of tay incurred by	, +ba ar	ranization man	2000	ar diaa	u solified persons	مارين	a the year under						
2 Enter the amount of tax incurred by section 4958		•	•		•		,		•			6	450.
3 Enter the amount of tax, if any, on I									S				
Enter the amount of tax, if any, on	IIIC 2, E	above, reimbars	cu by	uic oi	jai 112ation				Ψ				
Part II Loans to and/or From	n Inte	erested Pers	ons.										
Complete if the organizatio	n answ	vered "Yes" on F	orm 9	90-EZ	Part V. line 38a	or Fo	orm 990. Part IV. line	e 26: d	or if th	e orgai	nizatio	n	
reported an amount on For					,		,	,		3			
(a) Name of (b) Relation		(c) Purpose	(d) Lo	an to or	(e) Original		(f) Balance due	(g)) In	(h) App	oroved	(i) W	ritten
interested person with organ	ization			n the zation?	principal amour	nt	.,			by boo		agree	ment?
			То	From				Yes	No	Yes	No	Yes	No
						_							
						\dashv							
						\dashv							
						+							
						\dashv							
Total			<u> </u>	<u> </u>		\$							
Part III Grants or Assistance	Ben	efiting Inter	estec	l Per		Φ							
Complete if the organization		_											
(a) Name of interested person		b) Relationship			(c) Amount	of	(d) Type	of		(e	Purp	ose of	 F
(a) rame of microscol person	'	interested pers			assistance		assistan				assista		
		the organiza	tion										
	\perp												

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

Schedule L (Form 990) 2021

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
	porcon and the organization			Yes	No
Part V Supplemental Information.	sponses to questions on Schedule L (see ir	ootructions)			
Provide additional information for re	sponses to questions on Schedule E (see in	istructions).			
SCHEDULE L, PART I, EXCESS BENEFIT T	RANSACTIONS:				
(1) WW OF PERGON 111 PT F					
(A) NAME OF PERSON: ALAN PILET					
(B) RELATIONSHIP WITH DISQUALIFIED P	ERSON: OFFICER, FORMER CFO				
(C) DESCRIPTION OF TRANSACTION: DURI	NG 2021, ALAIN PILET, THE THEN C	HIEF			
FINANCIAL OFFICER OF THE ORGANIZATIO	N. CAUSED THE OGANIZATION TO TRA	NSFER			
	,				
BY BANK WIRE TRANSFERS \$6,450 IN UNA	UTHORIZED TRANSACTIONS TO AN ENT	YTI			
WHOSE ADDRESS WAS MR. PILET'S HOME A	DDRESS AND WHICH ENTITY WAS OTHE	ERWISE			
	NOT DECUTE IN GOODS OF SERVICE	10. 50			
UNKNOWN TO THE ORGANIZATION AND DID	NOT PROVIDE ANY GOODS OR SERVICE	is to			
THE ORGANIZATION. THE ORGANIZATION H	AS NOT BEEN REIMBURSED FOR ANY C	F THE			
AC 450					
\$6,450.					
(D) CORRECTED? = NO					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Employer identification number FRENCH HERITAGE SOCIETY, INC. 13-3100091

Fai	LI	Types	of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	noncash contribu	etermin		3
1	Art -	Works of a	art							
2			treasures							
			interests							
4			olications							
5			ousehold goods							
6			vehicles							
7			nes							
8			perty							
9			olicly traded	Х	4	41,97	1.FMV			
10			sely held stock			,				
11			tnership, LLC, or							
12			scellaneous							
13			ervation contribution -							
	Histo	oric structu	ıres							
14	Qual	ified conse	ervation contribution - Other							
15	Real	estate - R	esidential							
16	Real	estate - C	ommercial							
17			ther							
18										
19										
20			dical supplies							
21	Taxio	dermy								
22	Histo	orical artifa	cts							
23	Scien	ntific spec	imens							
24	Arch	eological a	artifacts							
25	Othe	er 🕨 (EVENT GOODS)	Х	2	15,34	2.FMV			
26	Othe	er 🕨 ()							
27	Othe	er 🕨 ()							
28	Othe	er 🕨 ()							
29			ms 8283 received by the organiz							
	for w	hich the c	rganization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
									Yes	No
30a		,	r, did the organization receive by		,, , , ,	*	o ,			
			it least three years from the date		I contribution, and	which isn't required to b	e used for			
			ses for the entire holding period?)				30a		Х
			be the arrangement in Part II.		and the state of		h. diama			
31		-	nization have a gift acceptance p	•	•	•	***************************************	31	Х	
32a		•	nization hire or use third parties of						Ţ	ı
		ributions?						32a	Х	
			be in Part II.	alia. (-)		. fanlaiala activisco (-) '	الممادمط			
33		-	ion didn't report an amount in co	oiumn (c) foi	a type of property	for which column (a) is o	пескеа,			
	uesc	ribe in Par	L II.							

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

Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRENCH HERITAGE SOCIETY, INC.

Employer identification number 13-3100091

FORM 990, HEADING, ITEM C, DOING BUSINESS AS:
THE FOLLOWING ARE THE ALTERNATE NAMES UNDER WHICH THE ORGANIZATION DOES
BUSINESS:
- AMERICAN FRIENDS OF L'ABBAYE DE LAGRASSE, LLC (FORMED OCTOBER 2018)
- AMERICAN FRIENDS OF THE SAINT OMER FOUNDATION, LLC (FORMED APRIL
2018)
EACH OF THE NAMES IS THE NAME OF A SINGLE-MEMBER, MEMBER-MANAGED,
LIMITED LIABILITY COMPANY IN WHICH THE ORGANIZATION IS THE SINGLE
MEMBER AND MANAGER AND WHICH COMPANY IS A "DISREGARDED ENTITY" UNDER 26
CFR 301.7701-3 (B)(1). SEE SCHEDULE R.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO ENSURE THAT THE TREASURES OF OUR SHARED FRENCH ARCHITECTURAL AND
CULTURAL HERITAGE SURVIVE TO INSPIRE FUTURE GENERATIONS TO BUILD, DREAM
AND CREATE BY:
- PRESERVING THE RICH FRENCH ARCHITECTURAL AND CULTURAL HERITAGE
THROUGHOUT FRANCE AND IN THE U.S. BY RAISING FUNDS FOR RESTORATION,
PRESERVATION ADN CULTURAL GRANTS.
- TRANSMITTING AND SAFEGUARDING THE SKILLS, KNOWLEDGE AND LOVE OF THE
HERITAGE THROUGH TRANSATLANTIC EDUCATIONAL PROGRAMS FOR STUDENTS,
ARCHITECTS, ARTISANS, ART CONNOISSEURS AND COLLECTORS.
- FOSTERING FRANCO-AMERICAN FRIENDSHIP AND CROSS-CULTURAL EXCHANGE
THROUGH SELECT TOURS IN FRANCE AND THE U.S., LECTURES, CONFERENCES,
GALAS AND OTHER EVENTS ON BOTH SIDES OF THE ATLANTIC.

132211 11-11-21

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** FRENCH HERITAGE SOCIETY, INC. 13-3100091 FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: ALL OF THE ORGANIZATION'S PROGRAM SERVICE ACTIVITIES AND THE MANNER IN WHICH THE ORGANIZATION CONDUCTS ITS PROGRAM SERVICE ACTIVITIES WERE SIGNIFICANTLY AFFECTED BY THE COVID-19 PANDEMIC AND THE VARIOUS GOVERNMENTAL LIMITATIONS IMPOSED ON GATHERINGS. ALTHOUGH THE ORGANIZATION ATTEMPTED TO CONTINUE SOME OF ITS PROGRAM ACTIVITIES ON A "VIRTUAL" BASIS, THE IMPACT OF THE LIMITATIONS IMPOSED ON THE ORGANIZATION IS ILLUSTRATED BY THE EXPENSE, GRANT AND REVENUE INFORMATION SUPPLIED IN RESPONSE TO ITEMS PART III, LINES 4A, 4B, AND 4C, WHICH INFORMATION SHOWS SIGNIFICANT DECREASES FROM OTHER MORE TYPICAL YEARS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: WHERE THEY EXPERIENCE THEIR COUNTERPARTS' THEORIES, METHODOLOGIES, RULES, AND PRACTICES. THE ORGANIZATION'S PROGRAM SERVICE ACTIVITIES WERE SIGNIFICANTLY AFFECTED BY THE COVID-19 PANDEMIC AND THE VARIOUS GOVERNMENTAL LIMITATIONS IMPOSED ON GATHERINGS. THE FOLLOWING LANGUAGE DESCRIBES THE ORGANIZATION'S MEMBERSHIP SERVICES ACTIVITIES IN A MORE TYPICAL YEAR. FORM 990, PART VI, SECTION A, LINE 1A: IN ACCORDANCE WITH NEW YORK LAW AND THE ORGANIZATION'S CERTIFICATE OF INCORPORATION AND BY-LAWS, THE BOARD OF DIRECTORS OF THE ORGANIZATION IS EMPOWERED TO DESIGNATE AN EXECUTIVE COMMITTEE OF THE BOARD (ALL MEMBERS OF WHICH MUST BE DIRECTORS) THAT HAS ALL THE POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ORGANIZATION (OTHER THAN AMENDING THE CERTIFICATE OF INCORPORATION AND

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** FRENCH HERITAGE SOCIETY, INC. 13-3100091 BY-LAWS OF THE ORGANIZATION.) AT EACH OF ITS ANNUAL MEETINGS OF THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS HAS DESIGNATED SUCH AN EXECUTIVE COMMITTEE AND ELECTED ITS MEMBERSHIP. DURING 2020, THE EXECUTIVE COMMITTEE WAS COMPRISED OF: ELIZABETH F. STRIBLING, CHAIRMAN OF THE BOARD; DENIS DE KERGORLAY, PRESIDENT AND DIRECTOR; DAVID M. GRAY, TREASURER AND DIRECTOR; ISABELLE DE LAROULLIERE, DIRECTOR; GEORGE P. SAPE, DIRECTOR, TIM CORRIGAN, DIRECTOR; AND JENNIFER HERLEIN, EXECUTIVE DIRECTOR AND DIRECTOR. FORM 990, PART VI, SECTION B, LINE 11B: THE 2020 FORM 990 WAS REVIEWED BY THE CHAIR OF THE AUDIT COMMITTEE, THE TREASURER AND THE EXECUTIVE DIRECTOR. SUBSEQUENTLY, COPIES OF THE 2021, 990 WERE DISTRIBUTED TO ALL OF THE BOARD MEMBERS. PART V - LINE 1C PLEASE REFER TO SCHEDULE O RESPONSE FOR PART VI, QUESTION 5. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY AND REQUESTS THAT ALL DIRECTORS, OFFICERS AND EMPLOYEES SIGN A QUESTIONNAIRE ANNUALLY, ALL DIRECTORS, OFFICERS, AND EMPLOYEES HAVE BEEN INFORMED ABOUT THE CONFLICT OF INTEREST POLICY AND, IN THE EVENT OF A POTENTIAL TRANSACTION THAT COULD RAISE ISSUES UNDER THE POLICY, THEY HAVE BEEN ASKED TO BRING SUCH A TRANSACTION TO THE ATTENTION OF THE GENERAL COUNSEL. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION HAS A POLICY ON THE PROCESS FOR DETERMINING EXECUTIVE COMPENSATION AND IT APPLIES TO THE EXECUTIVE DIRECTOR, OFFICERS AND KEY

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 13-3100091 FRENCH HERITAGE SOCIETY, INC. EMPLOYEES. THE COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THE REVIEW OR APPROVAL. THE COMPENSATION OF THE EMPLOYEE IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES COPIES OF THE FOLLOWING DOCUMENTS AVAILABLE ON REQUEST AND ON ITS WEBSITE: -CERTIFICATE OF INCORPORATION, AS AMENDED (TOGETHER WITH A FRENCH TRANSLATION THEREOF); -BY-LAWS, AS AMENDED (TOGETHER WITH A FRENCH TRANSLATION THEREOF); -INFORMATION REGARDING THE ORGANIZATION'S TAX STATUS INCLUDING A COPY OF ITS DETERMINATION LETTER BY THE U.S. DEPARTMENT OF TREASURY, INTERNAL REVENUE SERVICE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: FOREIGN CURRENCY TRANSALATION GAIN 968.

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-3100091

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)		d) ncome	(e) End-of-year		Direct c	(f) ontrolling ntity)
AMERICAN FRIENDS OF L'ABBAYE DE LAGRASSE, LLC - 83-2261692, 14 EAST 60TH STREET, SUITE 605, NEW YORK, NY 10022	- FUNDRAISING	DELAWARE		0.		0.	THE ORGANIZA	ATION	
AMERICAN FRIENDS OF THE SAINT OMER FOUNDATION, LLC - 83-1060059, 14 EAST 60TH									
STREET, SUITE 605, NEW YORK, NY 10022	FUNDRAISING	DELAWARE		2,100. 27,000. THE OF		THE ORGANIZATION			
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line	34, becaus	se it had one	or more	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Co section		(e) blic charity Dir us (if section		(f) ct controlling entity	(g) Section 512(b)(13) controlled entity?	
		,,		5	601(c)(3))			Yes	No

FRENCH HERITAGE SOCIETY, INC.

		0 11 1611 1 1 1	"' " " " " " " " " " " " " " " " " " "	D . D . C . C		
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 34, l	because it had one or	more related
Part III	organizations treated as a partnership during the tax year.			, ,		

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec (i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		country)						Yes	No
	1								
]								
	1								
	1								
		•	•				•	•	

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 34, 35b, or 36.
--------	--	---------------------------------------	------------------	----------------------------------

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				. 1a				
	Gift, grant, or capital contribution to related organization(s)								
	Gift, grant, or capital contribution from related organization(s)								
	Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)				1f				
g	g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)				1h				
i	Exchange of assets with related organization(s)				. 1i				
j	Lease of facilities, equipment, or other assets to related organization(s)				. 1j				
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k				
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11				
m	Performance of services or membership or fundraising solicitations by related organ								
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization								
					l _				
р	Reimbursement paid to related organization(s) for expenses				. 1p				
	Reimbursement paid by related organization(s) for expenses								
r	Other transfer of cash or property to related organization(s)				1r				
	Other transfer of cash or property from related organization(s)								
	If the answer to any of the above is "Yes," see the instructions for information on wh								
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved				
(1)									
(2)									
(3)									
(4)									
(5)									

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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Genera manag partn	(k) Percen ging owners) ntage rship
								Ochodolo			