Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the	2022 calendar year, or tax year beginning and endit	ng				
	Check if applicable	C Name of organization		D Employer id	dentific	cation number	
	Addres change	FRENCH HERITAGE SOCIETY, INC.					
	Name change	GDD GGVIDDVI D O		13-310	0091		
	Initial return		n/suite	E Telephone r		·	
	Final	14 EAST 60TH STREET 605	II/ Suite	(212) 7			
	return/ termin- ated			G Gross receipts S		2,477,590.	
	Amend			H(a) Is this a g			
	return Applica	,		for subord	-		
	tion pendin	SAME AS C ABOVE		H(b) Are all subord		·····	
$\overline{}$	Ταν.ρνο	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	1 ` ′		list. See instructions	
	Websit		ULI	H(c) Group exe			
			l Vear			1 State of legal domicile: NY	
	art I	Summary	L Toar (or formation, ====		or otate of logal dofficite.	
_	_	Briefly describe the organization's mission or most significant activities: ENSURE FRE	NCH A	RCHITECTURAI			
ė	'	TREASURERS & CULTURAL HERITAGE SURVIVE TO INSPIRE FUTURE GENERAT					
Jan	2	Check this box if the organization discontinued its operations or disposed or		than 25% of its	not acc	eate	
Governance	3	Number of voting members of the governing body (Part VI, line 1a)		1 1	28		
Ó	4	Number of independent voting members of the governing body (Part VI, line 1b)				27	
∞	5 5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)				6	
<u>=</u>	6	Total number of volunteers (estimate if necessary)			100		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.	
Ă	h	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.	
_		Net allibrated basiness taxable mosme norm of the observation, me tri		Prior Year		Current Year	
	8	Contributions and grants (Part VIII, line 1h)		2,011,	328.	934,259.	
Jue	9	Program service revenue (Part VIII, line 2g)			350.	6,650.	
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)			638.	6,140.	
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			359.	573,143.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,062		1,520,192.	
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			295.	2,835,914.	
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		632	814.	762,344.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		•	0.	0.	
pen	b	Total fundraising expenses (Part IX, column (D), line 25) 289,591.					
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		365	958.	411,265.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,598	067.	4,009,523.	
		Revenue less expenses. Subtract line 18 from line 12			608.		
or J	í		Beg	ginning of Current		End of Year	
Net Assets or	20	Total assets (Part X, line 16)		4,346,	853.	1,780,567.	
Ass	21	Total liabilities (Part X, line 26)		275	151.	217,365.	
Net	22	Net assets or fund balances. Subtract line 21 from line 20		4,071,	702.	1,563,202.	
P	art II	Signature Block					
Und	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the bes	st of my	knowledge and belief, it is	
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pi	reparer	has any knowledg	e.		
Sig	ın 📗	Signature of officer		Date			
Не	re						
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	. 1		Check	PTIN	
Pai	d	ALEXANDER LAZZARUOLO Alexander Lazzaruolo	9 1	1/14/2023	elf-employ	ed P01775353	
Pre	parer	Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP		Firm's E	EIN	13-3628255	
Use	Only	Firm's address ONE BATTERY PARK PLAZA, 7TH FL.					
		NEW YORK, NY 10004		Phone i	10.212	-661-7777	
Ма	y the IF	S discuss this return with the preparer shown above? See instructions				X Yes No	

Form	990 (2022) FRENCH HERITAGE SOCIETY, INC.	13-3100091	Page 2
	t III Statement of Program Service Accomplishments		g-
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		·- <u></u>
•	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.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Yes	X No
		res	INO
•	If "Yes," describe these new services on Schedule O.	Yes	V N.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	LA 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	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2,948,477. including grants of \$2,768,060.) (Revenue	*\$)
	RESTORATION PROJECTS: SEE SCHEDULE O		
4b	(Code:) (Expenses \$ 167,854. including grants of \$ 67,854.	*\$)
	MEMBERSHIP SERVICES: SEE SCHEDULE O		
4c	(Code:) (Expenses \$) (Revenue)	*\$)
	CULTURAL EXCHANGE & EDUCATIONAL PROGRAMS: SEE SCHEDULE O		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 3,405,567.		

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Form 990 (2022) 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	٣		
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	\cdot	-		
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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		\vdash
13	,	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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	21	

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Form 990 (2022) 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
	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	24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		Х
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			v
	"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		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t 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> .		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	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	(0.6.5.=
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Form 990 (2022) FRENCH HERITAGE SOCIETY, INC.

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

	o o i journaday		1	
0-	Establishment of contact of a few WO Target World (West and Target)		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			
	incu for the calcinate year chains with or within the year covered by this retain.	OI:	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		Λ
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30		
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	x	
h	If "Yes," enter the name of the foreign country FRANCE	44		
b	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
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	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?	7с		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		X
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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
a				
ь	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZU		
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			
С	Enter the amount of reserves on hand			
14a	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, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	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.

800	·						X				
Sec	tion A. Governing Body and Management										
		1.1		ا ه د		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		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 0.	ا ا		27							
	Enter the number of voting members included on line 1a, above, who are independent			4/							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi						v				
_	officer, director, trustee, or key employee?				2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision				37				
_				т г	<u>3</u> 4		X				
4	3 7 3 3 3 1										
5											
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 a				_		.,,				
_	more members of the governing body?			. }	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s										
	persons other than the governing body?			.	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	-	-								
	The governing body?			.	8a	X					
b	Each committee with authority to act on behalf of the governing body?				8b	Х					
9											
800	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 Re	evenue	Code.)								
				Г		Yes	No				
	Did the organization have local chapters, branches, or affiliates?			··	10a	Х					
D	If "Yes," did the organization have written policies and procedures governing the activities of such cl				401	х					
44-				т г	10b 11a	X					
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
	, , , go to ,										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			··· ├	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	,			10-	Х					
40	on Schedule O how this was done			Г	12c 13	X					
13	Did the organization have a written whistleblower policy?			Г	14	X					
14	Did the organization have a written document retention and destruction policy?			·-	14						
15	Did the process for determining compensation of the following persons include a review and approve	al by inc	ependent								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				150	Х					
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			- 1	<u>15a</u> 15b	Х					
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			·	130						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a								
104				- 1	16a		х				
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			٠ ١	Ioa						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of control of the organization of the organizatio	-	-								
	exempt status with respect to such arrangements?			- 1	16b						
Sec	tion C. Disclosure			· 1	100						
17	List the states with which a copy of this Form 990 is required to be filedNY										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-	T (section 501(c)	(3)s	onlv) :	availal	ole				
.5	for public inspection. Indicate how you made these available. Check all that apply.	500	. (3000.011001(0)	,0,0	Jy)	. · andı					
	X Own website Another's website X Upon request Other (explain	n on So	nedule (O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and	financ	cial					
	statements available to the public during the tax year.		policy,								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records								
	DAVID GRAY, TREASURER - (212) 759-6846										
	14 FACT SOTH CTDEET NEW YORK NV 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 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 officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		Jei aii	u a u	recto	l/il us	(66)	from	from related	other
	(list any hours for	directo				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	n bei		1099-NEC)	1000 1.20,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) JENNIFER HERLEIN	50.00									
EXECUTIVE DIRECTOR		Х		Х				244,238.	0.	20,730.
(2) ELIZABETH F. STRIBLING	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) DENIS DE KERGORLAY	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) DAVID GRAY	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) CECE BLACK	1.00									
DIRECTOR		Х						0.	0.	0.
(6) YANN COATANLEM	1.00									
DIRECTOR		Х						0.	0.	0.
(7) TIMOTHY CORRIGAN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CHRISTIAN DRAZ	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RONALD LEE FLEMING	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ELISA FREDRICKSON	1.00									
DIRECTOR		Х						0.	0.	0.
(11) RICHARD GUTMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) GURNEE F. HART	1.00									
DIRECTOR		Х						0.	0.	0.
(13) KAZIE METZGER HARVEY	1.00									
DIRECTOR		Х						0.	0.	0.
(14) DENA KAYE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ISABELLE DE LAROULLIERE	1.00									
DIRECTOR		Х						0.	0.	0.
(16) SARAH DE LENCQUESAING	1.00									
DIRECTOR		Х						0.	0.	0.
(17) SILVINA LEONE	1.00									
DIRECTOR		Х						0.	0.	0.

232007 12-13-22

Form 990 (2022) FRENCH HERT	TAGE SUCTETY	, ⊥	NC.						13-310009	Page O
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	ss per	more rson i	than of the structure o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) JUDY MCLAREN	1.00									
DIRECTOR	1 00	Х				_		0.	0.	0.
(19) MICHELE LE MENESTREL ULLRICH DIRECTOR	1.00	x						0.	0.	0.
(20) JUAN PABLO MOLYNEUX	1.00									
DIRECTOR		х						0.	0.	0.
(21) JEAN DOYEN DE MONTAILLOU	1.00									
DIRECTOR		Х						0.	0.	0.
(22) MICHAEL MOSCOVICI	1.00									
DIRECTOR		Х						0.	0.	0.
(23) MAUREEN M. NASH	1.00									
DIRECTOR		Х						0.	0.	0.
(24) GEORGE P. SAPE	1.00									
DIRECTOR		Х						0.	0.	0.
(25) JEAN SHAFIROFF	1.00									
DIRECTOR		Х						0.	0.	0.
(26) CASSANDRA SURER	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								244,238.	0.	20,730.
c Total from continuation sheets to Part \	/II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)	·····		<u></u>	<u></u>		<u></u>		244,238.	0.	20,730.
2 Total number of individuals (including but								ceived more than \$100.	000 of reportable	

compensation from the organization

			Yes	NO
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3_		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		Х

Section B. Independent Contractors

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

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

on A. Officers, Directors, Tru (A) Name and title NESS WOLF	stees, Key Er (B) Average hours per week (list any hours for related organizations below line) 1.00	stee or director		(O Pos	nd H C) ition that		Compensated Employe (D) Reportable compensation from the organization (W-2/1099-MISC) 0.	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Name and title	Average hours per week (list any hours for related organizations below line) 1.00	X Individual trustee or director	heck	Pos all	ition that	арр	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
NESS	per week (list any hours for related organizations below line) 1.00	X Individual trustee or director					from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
WOLF	1.00								
		X					0.	0.	
		-							
				l					

Form 990 (2022) FRENCH HER.

Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		Officer if Schedule O Contains a response o	Thole to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
nts nts	1	a Federated campaigns 1a					
iz a	-	b Membership dues 1b	61,807.				
s, C		c Fundraising events 1c	343,619.				
äĤ		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions) 1e					
i Si	•	f All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	528,833.				
ē		g Noncash contributions included in lines 1a-1f	60,392.				
Son		h Total. Add lines 1a-1f		934,259.			
<u> </u>			Business Code				
•	2		900099	6,650.	6,650.		
Š	_	· .		7	,,,,,,		
er ue							
m S		c					
gra Re		d					
Program Service Revenue		e					
ъ.		f All other program service revenue		6 650			
		g Total. Add lines 2a-2f		6,650.			
	3	,		5 040			
		other similar amounts)		5,849.			5,849.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 102,442.					
		b Less: cost or other basis					
ē		and sales expenses 7b 102,151.					
Revenue		c Gain or (loss) 7c 291.					
ě		d Net gain or (loss)		291.			291.
her F		a Gross income from fundraising events (not					
O E		including \$ 343,619. of					
١		contributions reported on line 1c). See					
		• • • • • • • • • • • • • • • • • • • •	1,426,635.				
		Part IV, line 18 8a	855,247.				
		b Less: direct expenses 8b		F71 200			E71 200
		` '		571,388.			571,388.
	9	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances10a					
	- 1	b Less: cost of goods sold10b					
		c Net income or (loss) from sales of inventory					
w			Business Code				
on a	11	a MISC. REVENUE	900099	1,705.	1,705.		
ane	-	b GRANT ADMIN. FEES	900099	50.	50.		
e še		с					
Miscellaneous Revenue		d All other revenue					
		e Total. Add lines 11a-11d		1,755.			
	12	Total revenue. See instructions		1,520,192.	8,405.	0.	577,528.

232009 12-13-22

Form 990 (2022) FRENCH HERITAGE SOCIETY, INC. Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Secu	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	97,375.	97,375.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	2,738,539.	2,738,539.					
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
_	trustees, and key employees	264,968.	144,134.	53,989.	66,845.			
6	Compensation not included above to disqualified	,	,	,	•			
•	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	363,654.	198,246.	73,906.	91,502.			
8	Pension plan accruals and contributions (include	,	, ,	, ,	,			
3	section 401(k) and 403(b) employer contributions)	15,943.	8,450.	3,348.	4,145.			
9	Other employee benefits	49,223.	26,088.	10,337.	12,798.			
10	Payroll taxes	68,556.	36,335.	14,397.	17,824.			
11	Fees for services (nonemployees):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	==,	=: , : ===			
	Management							
b	Legal	2,867.		2,867.				
	Accounting	90,302.		90,302.				
	Lobbying							
	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g g	Other. (If line 11g amount exceeds 10% of line 25,							
9	column (A), amount, list line 11g expenses on Sch 0.)							
12	Advertising and promotion	22,674.	9,070.		13,604.			
13	Office expenses	25,214.	16,968.	3,748.	4,498.			
14	Information technology	61,561.	17,297.	7,747.	36,517.			
15	Royalties							
16	Occupancy	93,277.	52,235.	18,655.	22,387.			
17	Travel	20,282.	11,358.	4,056.	4,868.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	4,186.	2,589.	924.	673.			
23	Insurance							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)							
а	OTHER	78,269.	44,120.	20,219.	13,930.			
b	CATERING, FACILITY & OT	12,633.	2,763.	9,870.				
c								
d								
	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	4,009,523.	3,405,567.	314,365.	289,591.			
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							

Form 990 (2022) Part X | Balance Sheet

Part	Х	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	910,800.	1	1,234,986		
	2	Savings and temporary cash investments			2,854,058.	2	281,06
	3	Pledges and grants receivable, net			420,578.	3	95,24
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Description of the second seco			48,111.	9	61,13
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	131,418.			
	b	Less: accumulated depreciation	. 10b	126,251.	9,353.	10c	5,16
-	11	Investments - publicly traded securities			103,953.	11	102,96
-	12	Investments - other securities. See Part IV, line		12			
-	13	Investments - program-related. See Part IV, lin	e 11			13	
-	14	Intangible assets			14		
-	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed			4,346,853.	16	1,780,56
-	17	Accounts payable and accrued expenses	112,015.	17	132,82		
-	18	Grants payable		18			
-	19	Deferred revenue			102,026.	19	77,04
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
g 2	22	Loans and other payables to any current or for					
┋		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
_ 4	23	Secured mortgages and notes payable to unre				23	
- 1	24	Unsecured notes and loans payable to unrelat				24	
2	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X	C1 110		7 50
		of Schedule D			61,110.		7,500
- 2	26			e X	275,151.	26	217,36
ပ္က		Organizations that follow FASB ASC 958, cl	neck ner	e 🚣			
일	07	and complete lines 27, 28, 32, and 33.			-61,152.	07	222,89
<u>aa</u>	27 20	Net assets without donor restrictions			4,132,854.	27	1,340,30
20 2 0	28	Net assets with donor restrictions			1,132,031.	28	1,340,30.
∮ │		Organizations that do not follow FASB ASC	956, CHE	eck nere			
<u>۔</u> ا	20	and complete lines 29 through 33.	lo.			20	
Sig 2	29 20	Capital stock or trust principal, or current fund				29 30	
155	30 21	Paid-in or capital surplus, or land, building, or				31	
ا ب	31 22	Retained earnings, endowment, accumulated			4,071,702.	31	1,563,20:
	32 33	Total net assets or fund balances			4,346,853.	33	1,780,567
	33	Total liabilities and net assets/fund balances			1,510,055.	აა	Form 990 (202

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	520,	192.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	009,	523.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	489,	331.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	071,	702.
5	Net unrealized gains (losses) on investments	5			-8.
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		-19,	161.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	563,	202.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				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?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	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,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

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

Open to Public Inspection

OMB No. 1545-0047

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)) Total

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,895,721.	4,003,248.	1,564,674.	2,011,328.	934,259.	10,409,230.
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	1,895,721.	4,003,248.	1,564,674.	2,011,328.	934,259.	10,409,230.
5							
	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)						1,303,055.
6	Public support. Subtract line 5 from line 4.						9,106,175.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,895,721.	4,003,248.	1,564,674.	2,011,328.	934,259.	10,409,230.
	Gross income from interest,	, ,	, ,	, ,	, ,	,	, ,
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	950.	16,445.	6,832.	3,638.	5,849.	33,714.
a	Net income from unrelated business		_ , ,	,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	136,987.	17,662.	12,418.	39,513.	1,755.	208,335.
11	Total support. Add lines 7 through 10	200,207.	1.,002.	22,223.	07,020.	2,700.	10,651,279.
	Gross receipts from related activities,	oto (soo instructio	ne)			12	702,709.
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax ve			,,,,,,,,
13	organization, check this box and stor			•			
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	85.49 %
	Public support percentage from 2021					15	82.30 %
	33 1/3% support test - 2022. If the o						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
174							
110	 10% -facts-and-circumstances test and if the organization meets the fact 	_					
				-		_	
L	meets the facts-and-circumstances te	-	•		-		
C	10% -facts-and-circumstances test	_					1U70 UI
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu				•	***************************************	H
18	Private foundation. If the organization	in did not check a t	oux on line 13, 16a	, 100, 17a, 0r 17b,	CHECK THIS DOX A		
						Scriedule A	(Form 990) 2022

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			
804		o Support Dor					
	ction C. Computation of Publi			-1(6)		45	
	Public support percentage for 2022 (I					15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	<u>%</u>
				20 12 column (f)		17	20
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :			on line 14, and line		18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						/ IS HOL
	more than 33 1/3%, check this box ar						L
	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in dia not check a !	DOX OH HITE 14, 198	a, or 190, check th	iis dux aitu see ins	เเนตเเดเร	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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		
3a		
3b		
3c		
10		
4a		
4b		
710		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
a .		
9b		
9с		
90		
10a		
10b		
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Pai	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			
0	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 instance)	truction	· .	
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	0-		
	that these activities constituted substantially all of its activities.	2a		
D	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	OL.		
•	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	2-		
L.	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	งม	i !	l

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion 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	ion 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						
	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
e	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	ion 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		d 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	t 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 2022 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-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
<u>e</u>	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
<u>i</u>	Carryover from 2017 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2022 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
u	Excess from 2021 Excess from 2022			

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:
GRANT ADMIN. FEES
2020 AMOUNT: \$ 440.
2021 AMOUNT: \$ 39,513.
2022 AMOUNT: \$ 50.
OTHER
2018 AMOUNT: \$ 136,987.
2019 AMOUNT: \$ 17,662.
2020 AMOUNT: \$ 11,978.
2022 AMOUNT: \$ 1,705.

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

Name of the organization **Employer identification number**

	FRENCH HERITAGE SOCIETY, INC	C.			13-3100091	
Par	Organizations Maintaining Donor Advised	l Funds or Other	^r Similar Funds	or Accounts	Complete if th	е
	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor adv	rised funds	(b) Funds	and other accour	nts
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 w	vriting that the assets	held in donor advis	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal contro	l?		Yes	No No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for	any other purpose	conferring		
_	impermissible private benefit?				Yes	No
Par	t II Conservation Easements. Complete if the org	anization answered "	Yes" on Form 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	n (check all that appl	y)			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation o	f a historically im	portant land area	
	Protection of natural habitat		Preservation of	f a certified histo	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation cont	ribution in the form			
	day of the tax year.			Н	eld at the End of the	e Tax Year
а	Total number of conservation easements			2a		
b	• • • • • • • • • • • • • • • • • • • •					
С	Number of conservation easements on a certified historic stru			2c		
d	Number of conservation easements included in (c) acquired at	• • •				
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organization du	iring the tax	
	year					
4	Number of states where property subject to conservation ease	_				
5	Does the organization have a written policy regarding the peri					
^	violations, and enforcement of the conservation easements it				Yes	└ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations	, and enforcing cons	servation easem	ents during the ye	ar
7	Amount of expenses incurred in manitoring increasing handle	ling of violetions, and	onforcing concents	tion cocomonto	during the year	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing or violations, and	emorching conserva	don easements	during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents of section 170	'h)(4)(R)(i)		
Ū	and section 170(h)(4)(B)(ii)?				Yes	□ No
9	In Part XIII, describe how the organization reports conservatio				100	140
•	balance sheet, and include, if applicable, the text of the footnot		·		oes the	
	organization's accounting for conservation easements.	g				
Par		Art, Historical T	reasures, or Ot	ther Similar A	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	3, not to report in its i	evenue statement a	and balance shee	et works	
	of art, historical treasures, or other similar assets held for public	lic exhibition, educati	on, or research in fu	urtherance of pu	blic	
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that o	describes these item	ıs.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its reve	nue statement and	balance sheet w	orks of	
	art, historical treasures, or other similar assets held for public	exhibition, education	, or research in furth	nerance of public	c service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
	(m) A			•		
2	If the organization received or held works of art, historical trea	sures, or other simila	r assets for financia	ıl gain, provide		
	the following amounts required to be reported under FASB AS	SC 958 relating to the	ese items:			
а	Revenue included on Form 990, Part VIII, line 1			\$		
h	Assets included in Form 990, Part X			\$		

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		66,572.	66,572.	0.
d Equipment		64,846.	59,679.	5,167.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	5,167.			

Schedule D (Form 990) 2022 FRENCH HERITAGE S	SOCIETY, INC.	1	13-3100091 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	iu-ot-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Tatal (Col. (h) must equal Form 000 Part V and (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
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)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) RESTORATION PROJECT GRANTS AND AWARDS	PAYABLE		7,500.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (R) line	25)		7,500.

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 ... Schedule D (Form 990) 2022

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Par	t 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.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
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, line	e 12.)	5	
Pai	T XII Reconciliation of Expenses per Audited Financial		es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
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	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			
е	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:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. li			
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information.	ne 18.)	5	
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	Ι,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	l,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	l,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	l,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 3	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 3	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 3	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 3	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 3	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 3	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	I,

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public 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? Yes 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 2,695,447. EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, PROGRAM SERVICES AUSTRIA, BELGIUM PROGRAM SERVICES EXPENSES EXPENSES 1 0. 1 0 2,695,447. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a 2,695,447. and 3b)

232071 10-17-22

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, FMV appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	14,000.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	7,600.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	10,000.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	7,500.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	10,000.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	1,288,956.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	20,000.	WIRE	0.		FMV
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	6,250.	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

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line	1)	
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) -						
		ALBANIA, ANDORRA,	RESTORATION	1,289,040.	WIRE	0.		FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) -						
		ALBANIA, ANDORRA,		14,564.		0.		

Part III Grants and Other Assistand 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)

Page 4

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

Page 5

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:

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:

Schedule F (Form 990) 2022

12311114 152490 3036

232075 10-17-22 Schedule F (Form 990) 2022

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

2022

Open to Public Inspection

Name of the organization	THACE COCTEMY INC					Employer ide 13-310009	ntification number
	ITAGE SOCIETY, INC.			- F 000 D-+1V I	4		
required to complete this par	Complete if the organization answer	erea " Y	es" or	n Form 990, Part IV, I	ine i	7. Form 990-EZ	filers are not
Indicate whether the organization rais A	sed funds through any of the following Solicita f Solicita g Special	tion of tion of fundra	non-g gover aising	overnment grants rnment grants events			
 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	art VII) or entity in connection with p	rofessi	onal f	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form	990 or	990-E			Schedule	G (Form 990) 2022

Pa	rt I					
_		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	1
					()	(d) Total events (add col. (a) through
			NY GALA	CHAPTER PROGRAM	3	col. (c))
ā			(event type)	(event type)	(total number)	331. (3)
Revenue	1	Gross receipts	931,327.	294,938.	543,989.	1,770,254.
	2	Less: Contributions	250,409.	64,050.	29,160.	343,619.
	3	Gross income (line 1 minus line 2)	680,918.	230,888.	514,829.	1,426,635.
	4	Cash prizes				
Ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	63,074.	5,000.	53,736.	121,810.
irect E	7	Food and beverages	272,806.	49,757.	149,266.	471,829.
Ω	8	Entertainment	21,832.	15,650.	2,155.	39,637.
	9	Other direct expenses			77,604.	
	10	Direct expense summary. Add lines 4 through				855,247.
D		Net income summary. Subtract line 10 from I				571,388.
Pa	irt i		answered "Yes" on Form	i 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	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)			
а	ls t	ter the state(s) in which the organization conducte organization licensed to conduct gaming and No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re				Yes No
005		1,27,29			Oati	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022 FRENCH HERITAGE SOCIETY, INC. 13-	310009	1	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?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	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?		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			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—		
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III lin	es 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	a. c,	,	55, 155,
	100, 100, 10, and 110, at applicable. Also provide any additional information. Good institutions.			

Schedule G	(Form 990)	FRENCH HERI	TAGE SOCIETY,	INC.	13-3100091	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continu	ued)			
		(00//////				
-						
				<u> </u>		

SCHEDULE I (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022
Open to Public Inspection

Schedule I (Form 990) 2022

Name of the organization FRENCH HERITA	R SOCIETY IN	IC					Employer identification number 13-3100091
Part I General Information on Grants a	,						13 310031
Does the organization maintain records to criteria used to award the grants or assistance. Describe in Part IV the organization's process.	tance? cedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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		RESTORATION GRANT
VILLAGE OF BOURBONNAIS 600 MAIN ST NW #1 BOURBONNAIS, IL 60914	36-2534314		16,000.	0.	FMV		GENERAL SUPPORT
 Enter total number of section 501(c)(3) at Enter total number of other organizations 	-						· · · · · · · · · · · · · · · · · · ·

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

Schedule I (Form 990) 2022 FRENCH HERITAGE SOCIET	Y, 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	e organization answ	ered "Yes" on Form 9	90, 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 noncas	h assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	ie 2; Part III, column	(b); and any other ac	Iditional information.		
PART I, LINE 2:						
THE ORGANIZATION AWARDS GRANTS FOR RESTORATION PRO	JECTS ONLY WH	IEN CERTAIN				
CRITERIA ARE MET. UPON SATISFACTION OF THESE CRITE	RIA, THE ORGA	ANIZATION				
FUNDS 50% OF THE GRANT AWARDED TO THE GRANTEE. ONC	E THE PROJECT	'IS				
COMPLETED, THE ORGANIZATION REQUESTS PROOF OF THE	WORK COMPLETE	ED, ARCHITECT				
CERTIFICATIONS, AND ELECTRONIC IMAGES OF THE COMPL	ETED PROJECT.	UPON				
SATISFACTORY REVIEW OF ALL SUPPORTING DOCUMENTS, T						
PAID TO THE GRANTEE. FOLLOWING COMPLETION OF THE P						
PROVIDES A PLAQUE TO THE GRANT RECIPIENT ACKNOWLED	·					

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

FRENCH HERITAGE SOCIETY, INC.

Employer identification number 13-3100091

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	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		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			v
	•	5a		
b	, , ,	5b		
_	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:	6-		х
		6a		X
a	, , ,	6b		
7	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			Х
0		7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
•	1	8		Α
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	neuulaliona aeolion 33,4330-0101?	J	- 1	i

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

Schedule J (Form 990) 2022

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	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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)	244,238.	0.	0.	7,350.	13,380.	264,968.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(11)						<u> </u>	

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Employer identification number

		FRENCH HERITAGE SO	CIETY, IN	1C.		13-3100091				
Pai	tl Ty	pes of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of de noncash contribu		_	s
1	Art - Works	s of art								
2	Art - Histor	rical treasures								
3	Art - Fracti	onal interests								
4	Books and	publications								
5	Clothing a	nd household goods								
6	Cars and o	other vehicles								
7	Boats and	planes								
8	Intellectua	l property								
9	Securities	- Publicly traded	Х	5	31,807.	FMV				
10	Securities	- Closely held stock								
11	Securities	- Partnership, LLC, or								
	trust intere	ests								
12	Securities	- Miscellaneous								
13	Qualified o	onservation contribution -								
	Historic st	ructures								
14	Qualified o	onservation contribution - Other								
15	Real estate	e - Residential								
16	Real estate	e - Commercial								
17	Real estate	e - Other								
18		s								
19		ntory								
20		medical supplies								
21	Taxidermy									
22	Historical a	artifacts								
23		specimens								
24		ical artifacts								
25	Other	(EVENT GOODS)	Х	2	28,585.	FMV				
26	Other	()								
27	Other	()								
28	Other									
29	Number of	Forms 8283 received by the organi	zation during	g the tax year for c	ontributions					
	for which t	he organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					
									Yes	No
30a	During the	year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28,	that it			
	must hold	for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for				
		rposes for the entire holding period						30a		Х
b		escribe the arrangement in Part II.								
31	Does the c	organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribu	tions?		31	Х	
32a	Does the o	organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash					
	contributio	•		•				32a	Х	
b	If "Yes," de	escribe in Part II.								
33	If the organ	nization didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in				· ·					
LHA		erwork Reduction Act Notice, see	the Instruc	tions for Form 990).		Schedule M	(Forn	n 990)	2022

232142 09-09-22 Schedule M (Form 990) 2022

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 HERTTAGE SOCIETY INC

Employer identification number 13-3100091

TREMEN HEATTHCH BOCTHIT, THE:	13 3100031
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.	

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** FRENCH HERITAGE SOCIETY, INC. 13-3100091 FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: 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. FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE: MEMBERSHIP SERVICES: THE ORGANIZATION PROMOTES AWARENESS OF ITS MISSION THROUGH MEMBERSHIP SERVICES INCLUDING MEETINGS, PUBLICATIONS, AND PRESENTATIONS FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE: 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

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** FRENCH HERITAGE SOCIETY, INC. 13-3100091 WHERE THEY EXPERIENCE THEIR COUNTERPARTS' THEORIES, METHODOLOGIES, RULES, AND PRACTICES. 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 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. 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

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization FRENCH HERITAGE SOCIETY, INC. 13-3100091 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 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 LOSS -19,161.

Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FRENCH HERITAGE SOCIETY, INC. 13-3100091 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Legal domicile (state or Total income End-of-year assets Direct controlling Primary activity of disregarded entity entity foreign country) AMERICAN FRIENDS OF L'ABBAYE DE LAGRASSE LLC - 83-2261692, 14 EAST 60TH STREET, SUITE 605, NEW YORK, NY 10022 FUNDRAISING DELAWARE 153 0. THE ORGANIZATION AMERICAN FRIENDS OF THE SAINT OMER FOUNDATION, LLC - 83-1060059, 14 EAST 60TH STREET, SUITE 605, NEW YORK, NY 10022 FUNDRAISING DELAWARE 1,102, 19,064. THE ORGANIZATION Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (e) (f) (b) (c) (d) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Primary activity Direct controlling controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No

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

Schedule R (Form 990) 2022

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income														Share of total	Share of total	Share of total				(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0																			

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

art V	Transactions With Related Organizations.	Complete if the organization answered '	"Yes" on Form 990, 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
	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	<i>/</i>			1a		
b	Gift, grant, or capital contribution to related organization(s)				1b		
С	Gift, grant, or capital contribution from related organization(s)				1c		
	Loans or loan guarantees to or for related organization(s)				1d		
	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
	Sale of assets to related organization(s)				1g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1i		
i	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		
	Performance of services or membership or fundraising solicitations for related organ				11		
	Performance of services or membership or fundraising solicitations by related organ				1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		
					10		
·	Charing of paid employees marrolated enganization(e)						
n	Reimbursement paid to related organization(s) for expenses				1p		
	Reimbursement paid by related organization(s) for expenses				1q		
ч	Treimbursement paid by related organization(s) for expenses				-14		
r	Other transfer of cash or property to related organization(s)				1r		
					 1s		†
	If the answer to any of the above is "Yes," see the instructions for information on w				13	<u> </u>	
	•	· ·					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
(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	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000