Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

For the 2023 calendar year, or tax year beginning and ending В Check if applicable: C Name of organization D Employer identification number Address change Name change SUGAR LAND HERITAGE FOUNDATION 26-3623352 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/terminated 198 KEMPNER ST 281-464-0261 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption Application pending SUGAR LAND Number Accounting Method: X Cash Accrual Other (specify) Check X if the organization is not Website: SLHERITAGE.ORG required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or (Form 990). X Corporation Form of organization: Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 113,221 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 3 Investment income 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d line 6c) Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 8 113,221 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 62,781 Professional fees and other payments to independent contractors 13 13 14 14 Occupancy, rent, utilities, and maintenance 318 Printing, publications, postage, and shipping 15 38,661 16 Other expenses (describe in Schedule O) 16 101,760 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (subtract line 17 from line 9) 11,461 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 97,621 end-of-year figure reported on prior year's return) 19 -160 Other changes in net assets or fund balances (explain in Schedule O) 108,922 21 Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2023)

| | | 26-363 | 2252 | | 31209 07/29/2024 2:46 PM Pg 5 Page 2 |
|--|--|--------------------------|---------------------------------|----------|--|
| | | 26-362 | 3352 | | |
| Part II Balance Sheets (see the instructions for Pa | irt II) | augetion in this Part II | | | X |
| Check if the organization used Schedule O to | respond to any o | (A) Regi | nning of year | | (B) End of year |
| | | | 225,140 | 22 | 188,692 |
| | | | 0 | 23 | |
| 23 Land and buildings | Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year and buildings a assets (describe in Schedule O) 1 assets 1 assets (describe in Schedule O) 1 assets (fescribe in Schedule O) 1 assets of fund balances (line 27 of column (B) must agree with line 21) 1 Statement of Program Service Accomplishments (see the instructions for Part III) 1 Check if the organization used Schedule O to respond to any question in this Part III 1 Statement of Program Service Accomplishments (see the instructions for Part III) 2 Check if the organization used Schedule O to respond to any question in this Part III 2 Check if the organization and concise manner, describe the services provided, the number of benefited, and other relevant information for each or program title. SexING A MUSEUM THAT RESERVES AND COMMERCRATES THE HISTORY OF SUGAR LAND. If this amount includes foreign grants, check here Intel S) If this amount includes foreign grants, check here If program services (describe in Schedule O) Intel S) If this amount includes foreign grants, check here Intel S) If this amount includes foreign grants, check here If program services (describe in Schedule O) Intel S) If this amount includes foreign grants, check here If program services (describe in Schedule O) Intel S) If this amount includes foreign grants, check here If program service expenses (add lines 28 through 31a) If program service (describe in Schedule O) Intel S) If this amount includes foreign grants, check here If program service is program service expenses (add lines 28 through 31a) If this amount includes foreign grants, check here If program service is program service expenses (add lines 28 through 31a) If this program service is program service is program service in schedule O; If the program service is program service is program service is program service is program service in schedule O; It is program service is program service is program service | | 12,987 | 24 | 16,217 |
| | | | 238,127 | 25 | 204,909 |
| 25 Total assets | | | 140,506 | 26 | 95,987 |
| 26 Total liabilities (describe in Schedule O) | o with line 21\ | | 97,621 | 27 | 108,922 |
| 27 Net assets or fund balances (line 27 of column (b) must agre | lichments (see | the instructions for P | | | |
| Part III Statement of Program Service Accomp | respond to any | question in this Part II | X | | Expenses |
| | respond to driy | quodion in time : dire | | (R | equired for section |
| | | | | 50 | 1(c)(3) and 501(c)(4) |
| SEE SCHEDULE O | each of its three lar | gest program services. | | org | ganizations; optional for |
| Describe the organization's program service accomplishments for e | the services prov | ided, the number of | | | ners.) |
| as measured by expenses. In a clear and concise manner, describe | title | 1404, 1110 | | | |
| | | OF SUGAR LAND. | | | |
| 28 OPENING A MUSEUM THAT RESERVES AND COMMERCRAT | ES THE HISTORY | . 02 50044 | | | |
| | | | | | |
| the second secon | oreign grants, che | ck here | П | 28a | 38,979 |
| 1 | | | | | |
| 29 | | | | | |
| I | ., | | | | |
|) If this amount includes | foreign grants, che | ck here | Ш. | 29a | |
| | | | | | |
| | | | | | |
| | 79 7 - 1 | | | | |
|) If this amount includes | foreign grants, che | ck here | | 30a | |
| | | 5789 | | | |
| | foreign grants, che | ck here | | 31a | |
| (add lines 39s through 31s) | 7 | | | 32 | 38,979 |
| Tweeters and Voy E | mnlovence (liet pac | h one even it not compet | isated — see u | ne instr | ructions for Part IV) |
| Check if the organization used Schedule O to resp | ond to any questio | II III UIIS I AICTO | | | |
| (a) Name and title | (b) Average | compensation | contributions to | employ | ee (e) Estimated amount of other compensation |
| (a) Name and the | devoted to position | 1099-NEC) | benefit plans deferred compe | , and | Other compensation |
| | | (if not paid, enter -0-) | | | |
| BOY CORDES .TR | | | | | |
| DIRECTOR | 2.00 | 0 | | 1000000 | 0 0 |
| | | | | | |
| | 2.00 | 0 | | | 0 0 |
| BETH WOLF | | | | | |
| SECRETARY | 2.00 | 0 | | | 0 0 |
| | | | | | |
| TREASURER | 2.00 | 0 | | | 0 0 |
| | | | | | |
| PRESIDENT | 2.00 | 0 | 3 | | 0 0 |
| | | Xe-dress | | | |
| DIRECTOR | 2.00 | 0 | | | 0 0 |
| | | | | | |
| DIRECTOR | 2.00 | 0 | | | 0 0 |
| DAVID SMITH | | | | | 5004 |
| DIRECTOR | 2.00 | 0 | | | 0 0 |
| | | | | | 50 |
| DIRECTOR | 2.00 | 0 | | | 0 0 |
| MIKE MADDEN | | | | | 200 |
| DIRECTOR | 2.00 | 0 | | | 0 0 |

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PAUL LOCK

DIRECTOR RAMON GOMEZ

DIRECTOR

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Page 3

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a X 33 detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the X 34 change on Schedule O. See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year from business X 35a activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, X 35c reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 X 36 during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a X 37b b Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were 38a X 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes." complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: 39 39a Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ; section 4912 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year X 40b that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T NONE List the states with which a copy of this return is filed Telephone no. 281-464-0261 42a The organization's books are in care of THE ORGANIZATION 198 KEMPNER ST ZIP + 4 77498 Located at SUGAR LAND b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be X 44a completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be X 44b completed instead of Form 990-EZ 44c Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d explanation in Schedule O X Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of X Form 990-EZ. See instructions .

| 2 | 6 | 2 | 62 | 2 | 2 | 5 | 2 |
|---|----|-----|----|----|----|---|---|
| / | n- | - 5 | n/ | .5 | .5 | 2 | _ |

No

Yes

| 16 Did th | ne organization engage, directly or indirectly, in political adidates for public office? If "Yes," complete Schedule (| campaign activities | s on behalf of or in oppos | sition | 46 | 235 (18) | X |
|--|---|--|---|--|------------------------|------------|-------------------------|
| Part VI | | wer questions 47 | –49b and 52, and con | nplete the tables for li | nes | | |
| | | | | | | Yes | No |
| | ne organization engage in lobbying activities or have a s | section 501(h) elec | tion in effect during the t | ax | 47 | 3665536- | |
| | If "Yes," complete Schedule C, Part II | | | | 47 | | X |
| | organization a school as described in section 170(b)(1 | | | | | | X |
| | ne organization make any transfers to an exempt non-cl | | ganization? | | 49b | | |
| b If "Ye | s," was the related organization a section 527 organization as ection 527 organization as the forthe organization of the forthe organization of the first table for the organization of the organization organization of the organ | uon? | (other than officers, dire | ectors trustees and key | | | James Source |
| 50 Comp | oyees) who each received more than \$100,000 of comp | ensated employees pensation from the | organization. If there is r | none, enter "None." | | | |
| empi | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimate other con | | |
| NONE | | | | | | | |
| | | - | | | | | |
| | | | | | | | |
| | | - | | | | A | |
| | | | | | | | |
| 51 Com | number of other employees paid over \$100,000 plete this table for the organization's five highest competence of the competence of the property of the propert | ensated independe none, enter "None. | ent contractors who each | received more than | | | |
| | (a) Name and business address of each independent con | | | pe of service | (c) Compe | ensation | 1 |
| NONE | | | | | | | |
| | | | | | | 2 | |
| | | | | | | | |
| | | ****** | | | | | |
| | | | | | | | |
| 52 Did (| I number of other independent contractors each receiving the organization complete Schedule A? Note: All section pleted Schedule A | ng over \$100,000 In 501(c)(3) organiz | zations must attach a | | X Ye | s | No |
| I la des sess | Ities of perjury, I declare that I have examined this return, inclut, and complete. Declaration of preparer (other than officer) is | uding accompanying based on all informat | schedules and statements, tion of which preparer has a | and to the best of my know ny knowledge. | ledge and bel | ief, it is | |
| 0. | | | | lata | | | |
| Sign | Signature of officer CAROLYN GILLIGAN | | PRESIDE | oate NT | | | |
| Here | Type or print name and title | | | | | | |
| ATT THE PARTY OF T | SINGLE TO SECURE TO SECURE SECURITY SEC | reparer's signature | MAI | Date | k if PTI | N | |
| Paid | | JRTIS R. CLOUD | My May | | | 07397 | 75 |
| Preparer | CONTENT N. CECCE | | 191 | Firm's EIN | 76-0 | | |
| Use Only | Firm's address 7830 W GRAND PKW | | 40 | Phone no. | 281-24 | 0-42 | 222 |
| May the II | RS discuss this return with the preparer shown above? | | | | X | Yes | No |
| , | | | | | Form 9 | 90-EZ | (2023 |

DAA

SUGAR LAND HERITAGE FOUNDATION

| Part II | Check if the organization used Schedule O to | | guestion in this Part I | ı | | |
|--------------------------|--|--|--|---|--|--|
| | Check if the organization used Schedule O to | respond to any | | inning of year | | (B) End of year |
| 22 Cash say | ings, and investments | | | 0 | 22 | (-) |
| 23 Land and | | | | 0 | 23 | |
| 24 Other see | ets (describe in Schedule O) | | | 0 | 24 | |
| 25 Total ass | ets (describe in oblicadic o) | | | 0 | 25 | 0 |
| | ilities (describe in Schedule O) | | | 0 | 26 | 0 |
| 27 Not seent | s or fund balances (line 27 of column (B) must agre | e with line 21) | ************ | 0 | 27 | 0 |
| Part III | Statement of Program Service Accom | | | Part III) | | 0.0074 0.0 |
| | Check if the organization used Schedule O to | | | | | Expenses |
| Mhat is the or | ganization's primary exempt purpose? | roopena to any | quotaeri iii ane i ani | | (Rec | uired for section |
| Wilat is the of | gamzation a primary exempt purpose. | | | | | c)(3) and 501(c)(4) |
| Describe the o | organization's program service accomplishments for | each of its three lar | rgest program services. | | 2000000000 | nizations; optional for |
| | by expenses. In a clear and concise manner, describ | | | | othe | rs.) |
| | fited, and other relevant information for each program | | | | | 100 |
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| |) If this amount includes t | | | | 28a | |
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| 12 500 (BIO TO BIO DE SE | | | | | | |
| (Grante \$ |) If this amount includes | foreign grants, che | ck here | | 29a | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| |) If this amount includes | | ck here | | 30a | |
| (Grants \$ | gram services (describe in Schedule O) | loreign grants, one | CK HOIC | | 1000 | |
| | The second secon | | | | 31a | |
| (Grants \$ | gram service expenses (add lines 28a through 31a) | | | | 32 | |
| Part IV | List of Officers Directors, Trustees, and Key Er | mplovees (list eac | h one even if not compe | nsated — see th | | tions for Part IV) |
| raitiv | Check if the organization used Schedule O to resp | ond to any questio | n in this Part IV | · · · · · · · · · · · · · · · · · · · | | L |
| | (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) | (d) Health ber contributions to e benefit plans deferred compe | mployee and | (e) Estimated amount of other compensation |
| BETTTVE | ANHAISER | | | | | |
| DIRECTO | | 2.00 | 0 | | 0 | 0 |
| KRISTIN | | | | | | |
| DIRECTO | | 2.00 | 0 | E | 0 | 0 |
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| JAMES A | | | | | | |
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SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number Name of the organization 26-3623352 SUGAR LAND HERITAGE FOUNDATION Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public X 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 III, 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). (vi) Amount of (iv) Is the organization (ii) FIN (iii) Type of organization (i) Name of supported listed in your governing support (see other support (see organization (described on lines 1-10 instructions) document? instructions) above (see instructions)) Yes (A) (B) (C) (D) (E)

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.)

| tion A. Public Support | | | | | | |
|---|--|--|---|--|--|--|
| dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 19,287 | 102,684 | 20,050 | 43,884 | 113,221 | 299,126 |
| Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| Total. Add lines 1 through 3 | 19,287 | 102,684 | 20,050 | 43,884 | 113,221 | 299,126 |
| The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| Public support. Subtract line 5 from line 4 | | | | | | 299,126 |
| tion B. Total Support | | | | | | |
| dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| Amounts from line 4 | 19,287 | 102,684 | 20,050 | 43,884 | 113,221 | 299,126 |
| Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | 20 | |
| Net income from unrelated business activities, whether or not the business is regularly carried on | | | | + | | |
| Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| Total support. Add lines 7 through 10 | | | | | | 299,126 |
| 10 | | | | | | |
| | 7. | econd, third, fourtl | n, or fifth tax year a | as a section 501(c) | (3) | |
| | | | | | | |
| | | | | | | |
| Public support percentage for 2023 (line 6 | , column (f) divided | d by line 11, colum | n (f)) | | 14 | 100.00% |
| | | | | | | %_ |
| box and stop here. The organization quali | fies as a publicly s | supported organiza | tion | | | X |
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| | | | | (B) (S) (S) | | |
| organization | | | | | | |
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| CONTRACTOR | | | | | | |
| | dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop here. The organization quality support test — 2023. If the organization, check this box and stop here. The organization quality support test — 2022. If the organization was and stop here. The organization quality support test — 2022. If the organization of the organization of the organization meets the organization of part VI how the organization meets the organization Private foundation. If the organization did organization meets the organization meets | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. 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Computation of Public Support Percent Public support percentage for 2023 (line 6, column (f) divider Public support percentage for 2023 (line 6, column (f) divider Public support percentage from 2022 Schedule A, Part II, lin so and stop here. The organization qualifies as a publicly s 33 1/3% support test — 2022. If the organization did not che box and stop here. The organization qualifies as a publicly s 33 1/3% support test — 2022. If the organization did not che his box and stop here. The organization meets the facts-and-circumstances test — 2022. If the organization organization 10%-facts-and-circumstances test — 2022. If the organization organization 10%-facts-and-circumstances test — 2022. If the organization organization Private foundation. If the organization did not check a box or an expert of the organization of th | dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 Total of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth organization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage from 2022 Schedule A, Part II, line 14 33 1/3% support test — 2023. If the organization did not check the box on line box and stop here. The organization qualifies as a publicly supported organization show the organization meets the facts-and-circumstances test, conductive organization. 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line this box and stop here. The organization meets the facts-and-circumstances test, conganization. 10%-facts-and-circumstances test — 2022. If the organization did not check a low or more, and if the organization meets the facts-and-circumstances test, conganization. 10% or more, and if the organization meets the facts-and-circumstances test. The organization. 10% or more, | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit or the organization without charge grants and the grants of the grants o | Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levide for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 19,287 102,684 20,050 43,884 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support dary year (or fiscal year beginning in) Amounts from line 4 Cross income from interest, dividends, payments received on securities loans, rents, royallies, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 to 2022 Schedule A, Part II, line 14 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test. — 2022. If the organization meets the facts-and-circumstances test, check this box and stop here. Explair Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization undiffies as a publicly supported organization undiffies as a publicly supported organization undiffies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization undiffies as a publicly supporte | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levide for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. The value of services or facilities furnished by a governmental unit to the organization without charge. The portion of total contributions by each person (teher than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support Subtract line 5 from line 4 little organization without charge and the previous state of the previous s |

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.)

| | ii the organization rails to o | uality under th | ie tests listed be | now, picaco c | ompiete i airen | ., | |
|-----|--|--|-----------------------|--|----------------------|-------------------|-----------|
| | ion A. Public Support | () 0010 | (I-) 2022 | (=) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (u) 2022 | (6) 2023 | (i) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | 8 | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | 2 | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | 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 | | | | /7 | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | The state of the s | | <u> </u> | | | |
| Sec | tion B. Total Support | (-) 2040 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (6) 2021 | (d) ZOZZ | (0) 2020 | (1) |
| 9 | 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 | | | | | | |
| С | Add lines 10a and 10b | | | 10 | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | 1 | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | n . | 2 | |
| 14 | First 5 years. If the Form 990 is for the organization, check this box and stop here | ganization's first, e | | n, or fifth tax yea | r as a section 501(| c)(3) | |
| Sec | tion C. Computation of Public Su | ipport Percer | ntage | | | | |
| 15 | Public support percentage for 2023 (line 8 | , column (f), divid | led by line 13, colun | | | | |
| 16 | Public support percentage from 2022 Scho | edule A, Part III, I | ine 15 | | | 16 | % |
| Sec | tion D. Computation of Investme | nt Income Pe | ercentage | The second secon | | | 0/ |
| 17 | Investment income percentage for 2023 (I | | | 3, column (f)) | | 17 | |
| 18 | Investment income percentage from 2022 S | Schedule A, Part | III, line 17 | | | 18 | % |
| 19a | 33 1/3% support tests — 2023. If the org | anization did not | check the box on lir | ne 14, and line 1 | 5 is more than 33 1 | /3%, and line | |
| | 17 is not more than 33 1/3%, check this be | ox and stop here | . The organization of | qualifies as a pub | olicly supported org | Janization | |
| b | 33 1/3% support tests — 2022. If the org | anization did not | check a box on line | 14 or line 19a, a | and line 16 is more | tnan 33 1/3%, and | , _ |
| | line 18 is not more than 33 1/3%, check th | is box and stop I | nere. The organizat | ion qualifies as a | publicly supported | ı organization | |
| 20 | Private foundation. If the organization did | d not check a box | on line 14, 19a, or | 19b, check this b | oox and see instruc | ctions | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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| Par | t IV Supporting Organizations (continued) | | | |
|-----------------|--|---------------------------|------------|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | in labour. | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | 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 | | |
| Secti | on B. Type I Supporting Organizations | | | |
| AND THE RESERVE | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | 400 | |
| | 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 | | 1 | |
| | 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 | | |
| Secti | on 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 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| The section of | | | 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 | 7-10-10 T | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI | | | |
| | how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | file to the second second | | |
| 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 instru | uctions) | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | | | |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | | | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would | | | |
| | have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard | 3b | | |

| Schedule A (Form 990) 2023 SUGAR LAND HERITAGE FOUNDAT | | 26-3623 | 352 Page 6 |
|--|-----------|--------------------------------------|---|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | aniza | tions | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No | ov. 20, 1 | 1970 (explain in Part VI). S | ee |
| instructions. All other Type III non-functionally integrated supporting organizations mu | st comp | olete Sections A through E. | |
| Section 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 | | 7 |
| 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 | 6 | | |
| property held for production of income (see instructions) 7 Other expenses (see instructions) | 7 | | |
| 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 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 | | |
| c 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): | A | 7 | |
| 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, | | 35 | |
| 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 | | 2 |
| 7 Recoveries of prior-year distributions | 7 | | *************************************** |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section 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 | | 4 0 |
| 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-functionally integrated | Type II | I supporting organization | |
| (see instructions). | | | Schodulo A (Form 990) 2023 |

Schedule A (Form 990) 2023

| Pan | lype III Non-Functionally integrated 503(a)(5) 50 | upporting Organizat | ions (continued) | Т | - A MARKET CO. T. C. |
|-------|---|--------------------------------------|--|-----|--|
| Secti | on D – Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purpose | es | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes | of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of support | rted organizations | | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide detail | ils in Part VI) | and the second s | 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 organization | ion is responsive | | 8 | |
| | (provide details in Part VI). See instructions. | | | 500 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | on E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2023 | s | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| | From 2020 | | | | |
| | From 2021 | | | | |
| | From 2022 | | | | |
| | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | 16 | |
| | Applied to 2023 distributable amount | | | | |
| | Carryover from 2018 not applied (see instructions) | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from | | | | |
| | Section D, line 7: | | | | |
| а | Applied to underdistributions of prior years | | | | Charles Cares |
| | Applied to 2023 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | 100 | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | ner (Anne) i di paramone di la salah | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| | and 4c. Breakdown of line 7: | | | | |
| 8 | | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | West Street Street | | |
| - | Excess from 2022 | | | | |
| e | Excess from 2023 | | | | chodule A (Form 990) 2021 |

| Schedule A (Form | 990) 2023 SUGA | R LAND | HERITAGE | FOUNDA! | TION | 26-3623352 | Page 8 |
|---|---|---|---|---|--|--|------------------------|
| Part VI | Supplemental Information. III, line 12; Part IV, Section A B, lines 1 and 2; Part IV, Sec 3a, and 3b; Part V, line 1; Pa lines 2, 5, and 6. Also comple | Provide the A, lines 1, 2, ction C, line art V, Sectio | e explanations 3b, 3c, 4b, 4d 1; Part IV, Se n B, line 1e; F | s required by c, 5a, 6, 9a, ection D, line Part V, Secti | y Part II, line 10; 9b, 9c, 11a, 11b es 2 and 3; Part l on D, lines 5, 6, | o, and 11c; Part IV, IV, Section E, lines and 8; and Part V, | Section 1c, 2a, 2b, |
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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.

OMB No. 1545-0047

Open to Public Inspection

Schedule O (Form 990) 2023

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

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

Employer identification number 26-3623352

| SUGAR LAND HERITAGE | FOUNDATION | [| 26-36 | 23352 | |
|--------------------------------|-------------|---------------|---|---------------|-----------|
| FORM 990-EZ, PART I, LINE 16 - | - OTHER EXP | ENSES | | | |
| DESCRIPTION | | MOUNT | | | |
| EXPENSES | | | | | |
| | \$ | 1,293 | | | |
| | \$ | 337 | | | |
| | \$ | 1,618 | | | |
| | \$ | 3,606 | ecerkenten emant | | |
| BANK& CREDTI CARD CHARGES | \$ | 553 | | | |
| DUES & SUBSCRIPTIONS | \$ | 2,631 | | | |
| EXHIBITS EXPENSES | \$ | 3,030 | | | |
| FUNDRAISING EXPENDSES | \$ | 24,933 | VVII. V | | |
| MILEAGE EXPENSES | \$ | 651 | | | |
| TAXES | \$ | -3 | | | |
| MEALS | \$ | 12 | | | |
| | TOTAL \$ | 38,661 | | | |
| FORM 990-EZ, PART I, LINE 20 | OMUED CUA | NCES IN NEW A | CCFTC OD | CINITY | BAT.ANCES |
| DESCRIPTION | - OINER CHA | NGES IN NEI A | AMOUNT | | |
| BOOK / TAX DEPRECIATION DIFFE | RENCE | \$ | -1 | 60 | |
| FORM 990-EZ, PART II, LINE 24 | - OTHER AS | SETS | | | |
| DESCRIPTION | OTHER 110 | BEG. | OF YEAR | END | OF YEAR |
| INVENTORIES FOR SALE OR USE | | | 12,545 | | |
| OTHER DEPRECIABLE ASSETS | | | 400 | | |
| PREPAID LIABILITIES | | \$ | 42 | 10 2 0 | 42 |

| | | 500000 10000 5000 5000 0000 100 | | ation number |
|---|------------|---------------------------------|-------------|--------------|
| SUGAR LAND HERITAGE FOUNDATION | | 26-36 | 233 | 52 |
| | TOTAL \$ | 12,987 | \$ | 16,217 |
| FORM 990-EZ, PART II, LINE 26 - OTHER LIAB | ILITIES | | | |
| DESCRIPTION | BEG | . OF YEAR | EN | D OF YEAR |
| ACCOUNTS PAYABLE | \$ | 1,741 | \$ | c |
| SALES TAX PAYABLE | \$ | 780 | \$ | 583 |
| DEFERRED REVENUE - CAPITAL MUSEUM | \$ | 26,401 | \$ | 26,401 |
| DEFERRED REVENUE: CURRENT EVENTS | \$ | 4,084 | \$ | 387 |
| RESTRICTED GRANT - FT. BEND CO. | \$ | 75,000 | \$ | 57,116 |
| RESTRICTED GRANT - GEORGE FOUNDATION | \$ | 25,000 | \$ | 11,500 |
| RESTRICTED GRANT - HUMANITIES | \$ | 7,500 | \$ | C |
| | | | | |
| FORM 990-EZ, PART III - PRIMARY EXEMPT PUR THE FOUNDATION EXISTS TO RESEARCH, COLLECT | | , AND COM | IUNI | CATE THE |
| FORM 990-EZ, PART III - PRIMARY EXEMPT PUR THE FOUNDATION EXISTS TO RESEARCH, COLLECT HISTORY, CULTURE, AND VALUES OF THE SUGAR | , PRESERVE | | | |
| THE FOUNDATION EXISTS TO RESEARCH, COLLECT | , PRESERVE | | | |
| THE FOUNDATION EXISTS TO RESEARCH, COLLECT | , PRESERVE | | | |
| THE FOUNDATION EXISTS TO RESEARCH, COLLECT | , PRESERVE | | | |
| THE FOUNDATION EXISTS TO RESEARCH, COLLECT | , PRESERVE | | | |
| THE FOUNDATION EXISTS TO RESEARCH, COLLECT | , PRESERVE | | | |
| THE FOUNDATION EXISTS TO RESEARCH, COLLECT | , PRESERVE | | | |
| THE FOUNDATION EXISTS TO RESEARCH, COLLECT | , PRESERVE | | | |
| THE FOUNDATION EXISTS TO RESEARCH, COLLECT | , PRESERVE | | | |
| THE FOUNDATION EXISTS TO RESEARCH, COLLECT | , PRESERVE | | | |
| THE FOUNDATION EXISTS TO RESEARCH, COLLECT | , PRESERVE | | | |
| THE FOUNDATION EXISTS TO RESEARCH, COLLECT | , PRESERVE | | | |

Page 1 7/29/2024 2:45 PM 113,221 113,221 Amount Amount Schedule A, Part II, Line 12 - Current year Schedule A, Part II, Line 1(e) **Federal Statements** Description Description 31209 Sugar Land Heritage Foundation 26-3623352 FYE: 12/31/2023 TOTAL TOTAL