## Form 990

## Return or 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 2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	e 2020 calendar y	ear, or tax year begin	ining	10-01	, 2020, aı	nd endir	ng	09	-30 ,2021	
В	Check if	applicable:	C Name of organizationAx	thurdale Heritage Inc	L				D Emplo	yer identification number	
	Address	change	Doing business as							55-0658260	
ī	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address)  Room				Room/suit	/suite E Tel		none number	
ī	Initial ret	I SOLOWACK	PO Box 850						(304)864-3959		
Ħ		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code						G Gross receipts		
Ħ	Amende		Arthurdale, WV 26520						s 334,551		
П		on pending						H(a) Is this a group return for subordinates? Yes X No			
	гфрисан	on pending						H(b) Are all subordinates included? Yes No			
	Tay-ever	x-exempt status: X 501(c)(3)						If "No," attach a list. See instructions			
<u>:</u>	Website	120 700 700 700 700	The state of the s				0	H(c) Group e			
J     Website: ►     WWW.Arthurdaleheritage.org     H(c) Group exemption nu       K     Form of organization: X     Corporation Trust Association Other ►     L Year of formation: 1985 M State of legal										garrer eggstur investory	
Part I Summary										ar definence.	
	1										
8			uire, restore, and maintain community buildings as a means to preserve, for future								
			ons, Arthurdale's unique heritage as the first US Government Homestead Project.								
Jan		generations, Arthurdate's unique heritage as the first os government homestead Proje									
Je T	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.									
Activities & Governance	3								1 1	9	
	4	32	7 7	rs of the governing body (Part VI, I					-	9	
	1000		3							1	
	5		[1984] 아이는 아마아의 제 전 아이를 맞으니다.	n calendar year 2020 (Part V, line	507					45	
	6		of volunteers (estimate if necessary)  1 business revenue from Part VIII, column (C), line 12						_	0	
	400000								100000000000000000000000000000000000000	0	
	_ D	Net unrelated bt	usiness taxable income	from Form 990-T, Part I, line 11			<del>' ' ' '</del>		. 1 /6	Current Year	
	١.	0	dt- (D-d V(III E	463				Prior Year	220	240,290	
	8			1h)					740		
Net Assets or Expenses Revenue	9	150	1070	e 2g)					,740	11,445	
	10		ome (Part VIII, column (A), lines 3, 4, and 7d)					6,506		54,432	
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					18,606		19,505	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						159,072		325,672	
	13										
	14		or for members (Part IX, column (A), line 4)				20.050		26.675		
	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)					30,279		36,675	
	16a		ındraising fees (Part IX, column (A), line 11e)						-		
	L			lumn (D), line 25) ▶		10,095				155 004	
				nes 11a-11d, 11f-24e)				110,505		157,864	
	18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						784	194,539	
	19	Revenue less expenses. Subtract line 18 from line 12						18,288		131,133	
	Ces						Begir	ning of Curr		End of Year	
	E 20	Total assets (Pa					•	1,161		1,291,709	
A As	일 21	Total liabilities (F	로시일 발길 보일 사람이 되어 하다 하지 않아 있다. 그렇지 뭐 먹었다.				•		,328	55,328	
				line 21 from line 20			•	1,105	,248	1,236,381	
	Part II Signature Block										
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.										_	
Sig	ın		Darlene Bolyard							10	
	F38661		Signature of officer  Date								
He	re	Darlene Bolyard, Executive Director Type or print name and title									
		17		12	- 1-		-			DTW	
		Print/Type prepare	er's name	Preparer's signature	- Control	ate		Check	X if	PTIN	
Paid					þ1	-14-20		22 self-emp			
Preparei							F	Firm's EIN ▶			
Us	e Onl	y Firm's address ▶					P	hone no.			
Mar	the IR	S discuss this retu	im with the preparer st	nown above? (see instructions)						X Yes No	