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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization**HERITAGE CLASSIC FOUNDATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 3244

Room/suite

City or town, state or country, and ZIP + 4

HILTON HEAD ISLAND, SC 29928-3244**F Name and address of principal officer: J. SIMON FRASER****71 LIGHTHOUSE RD, SUITE 4200, HILTON HEAD IS****D Employer identification number****57-0835114****E Telephone number****843-671-5755****G Gross receipts \$ 8,570,598.****H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)**H(c) Group exemption number ▶****I Tax-exempt status:** ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website: WWW.HERITAGECLASSICFOUNDATION.COM****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation: 1987 M State of legal domicile: SC****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE HERITAGE CLASSIC FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO DISTRIBUTE THE NET PROFITS			
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
	5	Total number of employees (Part V, line 2a)	5	11	
	6	Total number of volunteers (estimate if necessary)	6	1300	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-B (if applicable)	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	686,988.	695,889.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,760,070.	7,189,326.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 11a)	194,189.	249,472.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,641,247.	8,134,687.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,743,846.	1,270,706.	
14		Benefits paid to or for members (Part IX, column (A), line 4)			
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	793,550.	776,159.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)			
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 50.			
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,913,062.	6,010,928.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,450,458.	8,057,793.	
	19	Revenue less expenses. Subtract line 18 from line 12	190,789.	76,894.	
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	7,930,572.	7,583,529.	
	22	Net assets or fund balances. Subtract line 21 from line 20	2,735,074.	2,290,551.	
			5,195,498.	5,292,978.	

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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer

Date

J. SIMON FRASER, CHAIRMAN

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signatureFirm's name (or
yours if
self-employed),
address, and
ZIP + 4

Date

5-7-10Check if
self-
employed ☐Preparer's identifying number
(see instructions)

EIN ▶

Phone no. ▶ **843-689-6472**

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

61623

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE PRIMARY MISSION OF THE HERITAGE CLASSIC FOUNDATION IS TO GENERATE FUNDS FOR LOCAL AND STATE CHARITIES AND AWARD GRANTS FOR THE BENEFIT OF BEAUFORT COUNTY SCHOLARS BY OPERATING A PGA TOUR SANTIONED GOLF TOURNAMENT KNOWN AS THE VERIZON HERITAGE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,829,567. including grants of \$) (Revenue \$)

THE VERIZON HERITAGE IS A PGA TOUR EVENT PLAYED AT THE HARBOUR TOWN GOLF LINKS, HILTON HEAD ISLAND, SC. THE NET PROCEEDS FROM THE TOURNAMENT ARE USED TO MAKE DISTRIBUTIONS TO OTHER NOT-FOR-PROFIT ORGANIZATIONS THROUGH GRANT DISTRIBUTIONS AND SCHOLARSHIPS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 7,829,567.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	23	X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	13	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	11	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

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 in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	19
b Enter the number of voting members that are independent	1b	16
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **SC**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
EDWARD B. DOWASCHINSKI, VP FINANCE & ADMINISTRATION - 843-671-5755
71 LIGHTHOUSE ROAD, HILTON HEAD ISLAND, SC 29928

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. SIMON FRASER CHAIRMAN & TRUSTEE	16.00	X		X				0.	0.	0.
RICHARD REICHEL TREASURER & TRUSTEE	16.00	X		X				0.	0.	0.
JAMES J. CHAFFIN, JR. TRUSTEE	2.00	X						0.	0.	0.
STEVE BIRDWELL TRUSTEE	2.00	X						0.	0.	0.
THOMAS D. REILLEY TRUSTEE	8.00	X						0.	0.	0.
WILLIAM MATHEW SELF TRUSTEE	2.00	X						0.	0.	0.
STAN SMITH TRUSTEE	8.00	X						0.	0.	0.
STEVEN J. WILMOT TOURNAMENT DIRECTOR	40.00	X				X		144,981.	0.	0.
EDWARD B. DOWASCHINSKI VP FINANCE & ADMIN.	40.00	X						114,479.	0.	0.
WILLIAM G. MILES SECRETARY & TRUSTEE	16.00	X		X				0.	0.	0.
WARD KIRBY TRUSTEE	8.00	X						0.	0.	0.
DON CALHOON VICE CHAIRMAN & TRUSTEE	16.00	X		X				0.	0.	0.
SCOTT H. RICHARDSON TRUSTEE	8.00	X						0.	0.	0.
CHARLIE BROWN TRUSTEE	2.00	X						0.	0.	0.
REBECCA CARR TRUSTEE	2.00	X						0.	0.	0.
KAREN MACK TRUSTEE	2.00	X						0.	0.	0.
TOM PEEPLES TRUSTEE	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DUKE DELCHER TRUSTEE	2.00	X						0.	0.	0.
TERRY FINGER TRUSTEE	2.00	X						0.	0.	0.
1b Total								259,460.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	695,889.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			695,889.			
Program Service Revenue	2 a SPONSOR FEES	Business Code	711300	4,724,743.	4,724,743.		
	b PATRON PLANS/TICKETS	711300	1,436,617.	1,436,617.			
	c PRO AM FEES	711300	555,490.	555,490.			
	d CONCESSIONS	711300	298,997.	298,997.			
	e MISCELLANEOUS	711300	173,479.	173,479.			
	f All other program service revenue						
	g Total. Add lines 2a-2f			7,189,326.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			109,383.	109,383.	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	576,000.			
b Less: cost or other basis and sales expenses				435,911.			
c Gain or (loss)				140,089.			
d Net gain or (loss)				140,089.	140,089.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				8,134,687.	7,438,798.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21	1,270,706.	1,270,706.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	259,460.	202,220.	57,240.	
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	445,185.	363,659.	81,526.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	21,201.	17,038.	4,163.	
10 Payroll taxes	50,313.	39,697.	10,616.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	125,025.	106,271.	18,754.	
17 Travel	68,027.	68,027.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,803.		6,803.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,081.	39,365.	4,716.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PURSES	2,289,000.	2,289,000.		
b FACILITIES USE	647,363.	647,363.		
c EQUIPMENT RENTAL	600,597.	600,597.		
d FOOD & BEVERAGE	444,507.	444,507.		
e PRIZES	281,360.	281,360.		
f All other expenses	1,504,165.	1,459,757.	44,358.	50.
25 Total functional expenses. Add lines 1 through 24f	8,057,793.	7,829,567.	228,176.	50.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,750,956.	1	2,110,846.
	2 Savings and temporary cash investments	1,241,819.	2	2,926,338.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,446.	9	30,360.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,099,784.		
	b Less: accumulated depreciation	10b 572,265.	10c	527,519.
	11 Investments - publicly traded securities	1,003,014.	11	1,689,882.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	290,313.	15	298,584.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,930,572.	16	7,583,529.	
Liabilities	17 Accounts payable and accrued expenses	38,230.	17	83,750.
	18 Grants payable		18	
	19 Deferred revenue	2,696,844.	19	2,206,801.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,735,074.	26	2,290,551.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	4,495,498.	30	4,492,978.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	700,000.	32	800,000.
	33 Total net assets or fund balances	5,195,498.	33	5,292,978.
34 Total liabilities and net assets/fund balances	7,930,572.	34	7,583,529.	

Form 990 (2009)

Part XI Financial Statements and Reporting1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Yes No

2a

X

2b

X

2c

3a

X

3b

Form 990 (2009)

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)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	682,014.	713,983.	637,542.	686,988.	695,889.	3416416.
2 Tax revenues levied for the organization'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	682,014.	713,983.	637,542.	686,988.	695,889.	3416416.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						3416416.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	682,014.	713,983.	637,542.	686,988.	695,889.	3416416.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	129,422.	271,273.	354,365.	217,107.	270,058.	1242225.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						4658641.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	73.34 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	75.38 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		☐
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) 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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
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						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HERITAGE CLASSIC FOUNDATION

Employer identification number

57-0835114

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors 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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		55,456.		55,456.
b Buildings		564,074.	157,615.	406,459.
c Leasehold improvements				
d Equipment		202,764.	178,358.	24,406.
e Other		277,490.	236,292.	41,198.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				527,519.

Schedule D (Form 990) 2009

Part XI	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements
----------------	---

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,134,687.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,057,793.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	76,894.
4	Net unrealized gains (losses) on investments	4	20,586.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	20,586.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	97,480.

Part XII	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
-----------------	---

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
---	--

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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HERITAGE CLASSIC FOUNDATION

Employer identification number
57-0835114

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCANPO 900 ELMWOOD AVE, SUITE 101 COLUMBIA, SC 29201			2,500.	0.			GENERAL OPERATING EXPENSES
HILTON HEAD PREPARATORY SCHOOL 8 FOX GRAPE ROAD HILTON HEAD ISLAND, SC 29928			19,403.	0.			GOLF PROGRAM AND GENERAL FUND
ST ANDREW BY-THE-SEA METHODIST POPE AVENUE HILTON HEAD ISLAND, SC 29928			2,500.	0.			GOLF PROGRAM
USCB ATHLETICS 1 UNIVERSITY BLVD BLUFFTON, SC 29909			7,500.	0.			GOLF PROGRAM
BOYS & GIRLS CLUB OF BLUFFTON PO BOX 1908 BLUFFTON, SC 29910			7,500.	0.			GENERAL PROGRAM GENERAL PROGRAMS
CHILD ABUSE PREVENTION PO BOX 531 BEAUFORT, SC 29901			7,139.	0.			GENERAL PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

Schedule I (Form 990) 2009

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

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(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 non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: REPORTS ARE REQUIRED FROM ALL ORGANIZATIONS SUPPORTED BY DONATIONS MADE BY THE HERITAGE CLASSIC FOUNDATION. SUCH REPORTS INCLUDE FINANCIAL STATEMENTS AND A COMPLETE DESCRIPTION AS TO HOW MONEY WILL BE SPENT. IN ADDITION, THE FOUNDATION'S CHARITY COMMITTEE REVIEWS ALL SUBMITTALS AND MAKES OCCASIONAL VISITS TO THE VERIFY ALL FUNDS ARE BEING USED IN ACCORDANCE WITH THE GRANT REQUEST.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

HERITAGE CLASSIC FOUNDATION

Employer identification number
57-0835114

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIRPORT GOLF TOURNAMENT			125.	0.			TOURNAMENT FUND
PGA TOUR WIVES ASSOCIATION PO BOX 742 PONTE VEDRA BEACH, SC 32004			10,000.	0.			GENERAL PROGRAMS
HHHS ALL SPORTS BOOSTERS PO BOX 23363 HILTON HEAD ISLAND, SC 29925			2,500.	0.			SPORTS PROGRAMS
STRIVE TO EXCEL PO BOX 21563 HILTON HEAD ISLAND, SC 29925			32,844.	0.			GENERAL PROGRAMS
BLUFFTON HIGH SCHOOL FOOTBALL 250 HE MCCracken CIRCLE BLUFFTON, SC 29910			19,000.	0.			SUMMER PROGRAM
THE CITADEL 171 MOULTRIE STREET CHARLESTON, SC 29409			1,000.	0.			BAGPIPER PROGRAM
BRENDON MALONEY FUND PO BOX 22593 HILTON HEAD ISLAND, SC 29926			600.	0.			SPORTS PROGRAM
SC CHAMBER OF COMMERCE PO BOX 11827 COLUMBIA, SC 29211			1,000.	0.			SCHOLARSHIP FUND

Schedule I-1 (Form 990) 2009

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SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Name of the organization

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HERITAGE CLASSIC FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOOTIE AT BULLS BAY 58 SEAGRASS LANE ISLE OF PALMS, SC 29451			2,000.	0.			JUNIOR GOLF
BETHESDA CELEBRITY GOLF 100 MORGAN INDUSTRIAL BLVD GARDEN CITY, GA 31408			1,000.	0.			GENERAL NEEDS
UNIVERSITY OF SC-BEAUFORT 1 UNIVERSITY BLVD BLUFFTON, SC 29909			10,000.	0.			SCHOLARSHIP FUND
TIGER GOLF GATHERING 245 OLD MILL COURT FAYETTEVILLE, GA 30214			5,300.	0.			MEDICAL MISSIONS
ROTARY CLUB OF HILTON HEAD ISLAND PO BOX 5771 HILTON HEAD ISLAND, SC 29938			35,000.	0.			SCHOLARSHIP FUND
HH FIREFIGHTERS ASSOCIATION 40 SUMMIT DR HILTON HEAD ISLAND, SC 29926			20,572.	0.			GENERAL FUND & UNIFORMS
HHI/BLUFFTON CHAMBER OF COMMERCE PO BOX 5647 HILTON HEAD ISLAND, SC 29938			12,745.	0.			GENERAL FUND
HILTON HEAD HEROES PO BOX 3027 HILTON HEAD ISLAND, SC 29928			40,145.	0.			GENERAL FUND

Schedule I-1 (Form 990) 2009

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HH HUMANE ASSOCIATION PO BOX 21790 HILTON HEAD ISLAND, SC 29925			39,640.	0.			GENERAL FUND
SECOND HELPINGS, INC PO BOX 23621 HILTON HEAD ISLAND, SC 29925			10,243.	0.			GENERAL FUND
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928			15,754.	0.			GENERAL FUND AND PROGRAMS
JUNIOR ACHIEVEMENT 3 MCINTOSH ROAD HILTON HEAD ISLAND, SC 29926			2,500.	0.			GENERAL FUND
FCA GOLF MINISTRY PO BOX 664 PONTE VEDRA BEACH, FL 32004			1,500.	0.			GENERAL FUND
ISLAND RECREATION ASSOCIATION PO BOX 22593 HILTON HEAD ISLAND, SC 29925			35,676.	0.			GENERAL FUND
THE SANDBOX 18-A POPE AVENUE HILTON HEAD ISLAND, SC 29928			5,844.	0.			GENERAL PROGRAMS
ARTS COUNCIL OF BEAUFORT PO BOX 482 BEAUFORT, SC 29901			1,500.	0.			GENERAL FUND

Schedule I-1 (Form 990) 2009

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**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2009

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Employer identification number
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF HILTON HEAD PO BOX 22267 HILTON HEAD ISLAND, SC 29925			31,865.	0.			GENERAL PROGRAMS
SC JUNIOR GOLF FOUNDATION PO BOX 286 IRMO, SC 29063			15,000.	0.			MONTHLY RANKINGS REPORT
MAIN STREET YOUTH THEATRE PO BOX 5254 HILTON HEAD ISLAND, SC 29938			2,500.	0.			GENERAL FUND
ALZHEIMERS RESPITE & RESOURCES 3001 MEETING STREET HILTON HEAD ISLAND, SC 29926			26,721.	0.			GENERAL FUND
ASSOCIATION FOR THE BLIND 1071 MORRISON DR, SUITE A CHARLESTON, SC 29403			3,000.	0.			GENERAL FUND
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910			6,104.	0.			GENERAL FUND
BOYS & GIRLS CLUB OF BEAUFORT 17B MARSHLELL DRIVE BEAUFORT, SC 29902			7,500.	0.			GENERAL FUND
LOWCOUNTRY AUTISM FOUNDATION 60 MAIN STREET HILTON HEAD ISLAND, SC 29926			4,341.	0.			GENERAL FUND

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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HERITAGE CLASSIC FOUNDATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION R&R ONE CORPUS CHRISTI PL HILTON HEAD ISLAND, SC 29928			14,627.	0.			GENERAL FUND
CHILDREN'S RELIEF FUND PO BOX 22574 HILTON HEAD ISLAND, SC 29925			9,190.	0.			GENERAL FUND
CITIZENS OPPOSED TO DOMESTIC ABUSE PO BOX 1755 BEAUFORT, SC 29901			5,502.	0.			GENERAL FUND
COASTAL DISCOVERY MUSEUM PO BOX 23497 HILTON HEAD ISLAND, SC 29925			7,621.	0.			GENERAL FUND
WEEK OF CHAMPIONS 203 STILLWELL ROAD BLUFFTON, SC 29910			6,000.	0.			GENERAL FUND
GEORGIA SOUTHERN UNIVERSITY PO BOX 8034 STATESBORO, GA 30460			5,500.	0.			SCHOLARSHIP
BLUFFTON HS BOOSTER CLUB 12 HE MCCrackin CIRCLE BLUFFTON, SC 29910			1,500.	0.			SPORTS PROGRAM
HHI DEEP WELL PO BOX 5543 HILTON HEAD ISLAND, SC 29938			7,500.	0.			GENERAL FUND

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Schedule I-1 (Form 990) 2009

2009

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InspectionContinuation Sheet for Schedule I (Form 990)
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Employer identification number
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HERITAGE CLASSIC FOUNDATION

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	HILTON HEAD SYMPHONY ORCHESTRA 32 OFFICE PARK RD, SUITE 214 HILTON HEAD ISLAND, SC 29928			5,000.	0.			CONCERT SERIES
	HILTON HEAD REGIONAL HABITAT 21 BRENDAN LANE BLUFFTON, SC 29910			7,500.	0.			GENERAL FUND
	NATIONAL ALLIANCE FOR MENTALLY ILL PO BOX 7863 HILTON HEAD ISLAND, SC 29938			7,871.	0.			GENERAL FUND
	SEA PINES MUSEUM 175 GREENWOOD DRIVE HILTON HEAD ISLAND, SC 29928			1,000.	0.			MUSEUM FUND
	LITERACY VOLUNTEERS OF THE LOWCOUNTRY - 9 TOWN CENTER COURT - HILTON HEAD ISLAND, SC 29928			12,500.	0.			GENERAL FUND
	LOWCOUNTRY HABITAT FOR HUMANITY PO BOX 1622 BEAUFORT, SC 29901			6,500.	0.			GENERAL FUND
	LOW COUNTRY LEGAL AID PO BOX 2496 BLUFFTON, SC 29910			8,332.	0.			GENERAL FUND
	MEALS ON WHEELS PO BOX 23691 HILTON HEAD ISLAND, SC 29925			10,911.	0.			GENERAL FUND

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORY MATTERS PO BOX 22330 HILTON HEAD ISLAND, SC 29925			2,500.	0.			GENERAL FUND
COLUMBUS HOPE FOUNDATION PO BOX 21276 HILTON HEAD ISLAND, SC 29925			1,203.	0.			GENERAL FUND
MUSC COLLEGE OF NURSING PO BOX 250160 CHARLESTON, SC 29425			3,478.	0.			SCHOLARSHIP FUND
FRIENDS OF THE LIBRARY 5 MADISON LANE HILTON HEAD ISLAND, SC 29926			2,493.	0.			GENERAL FUND
PENN CENTER PO BOX 126 ST HELENA ISLAND, SC 29920			3,500.	0.			GENERAL FUND
SNAC SPAY/NEUTER 21 GITSINGER STREET RIDGELAND, SC 29936			104.	0.			GENERAL FUND
BLUFFTON HISTORICAL PRESERVATION SOCIETY - PO BOX 742 - BLUFFTON, SC 29910			1,500.	0.			GENERAL FUND
PROGRAMS FOR EXCEPTIONAL PERSONS 10 OAK PARK DR, BOX 2 HILTON HEAD ISLAND, SC 29928			19,163.	0.			GENERAL FUND

Schedule I-1 (Form 990) 2009

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2009

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InspectionContinuation Sheet for Schedule I (Form 990)
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Name of the organization

Employer identification number
57-0835114

HERITAGE CLASSIC FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREAT THE TROOPS 22 WING SHELL LANE HILTON HEAD ISLAND, SC 29926			4,000.	0.			GENERAL FUND
FRIENDS OF CAROLINE HOSPICE 1110 13TH STREET PORT ROYAL, SC 29935			3,500.	0.			RESEARCH FUND
HOSPICE CARE OF THE LOWCOUNTRY 20 PALMETTO PARKWAY #104 HILTON HEAD ISLAND, SC 29926			15,850.	0.			GENERAL FUND
HILTON HEAD DANCE THEATRE PO DRAWER 7049 HILTON HEAD ISLAND, SC 29938			5,000.	0.			GENERAL FUND
MENTAL HEALTH AMERICA PO BOX 22538 HILTON HEAD ISLAND, SC 29925			5,724.	0.			GENERAL FUND
TECHNICAL COLLEGE OF THE LOWCOUNTRY - PO BOX 2614 - BEAUFORT, SC 29901			21,618.	0.			GENERAL FUND
HERITAGE LIBRARY FOUNDATION 22 OYSTER LANDING RD HILTON HEAD ISLAND, SC 29928			8,857.	0.			GENERAL FUND
NEIGHBORHOOD OUTREACH 160 FAIRFIELD SQUARE #2 HILTON HEAD ISLAND, SC 29926			7,500.	0.			GENERAL FUND

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Schedule I-1 (Form 990) 2009

2009

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Inspection

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
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SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service	Name of the organization HERITAGE CLASSIC FOUNDATION	Employer identification number 57-0835114
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Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		DUKE UNIVERSITY PO BOX 90397 DURHAM, NC 27708			4,500.	0.			SCHOLARSHIP FUND
		VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926			31,617.	0.			GENERAL FUND
		ROTARY CLUB OF HH-SUNSET PO BOX 22595 HILTON HEAD ISLAND, SC 29925			25,407.	0.			COMMUNITY & INTERNATIONAL PROJECTS
		SEA PINES MONTESSORI SCHOOL 9 FOX GRAPE RD HILTON HEAD ISLAND, SC 29928			53,118.	0.			GENERAL FUND
		MARINE CORPS SCHOLARS PO BOX 6176 HILTON HEAD ISLAND, SC 29938			1,000.	0.			SCHOLARSHIP FUND
		HILTON HEAD AQUATICS PO BOX 22735 HILTON HEAD ISLAND, SC 29925			15,424.	0.			GENERAL FUND
		FAST LANE TRACK CLUB PO BOX 22593 HILTON HEAD ISLAND, SC 29925			3,500.	0.			TRAVEL FUND
		COLLEGE OF WILLIAM & MARY PO BOX 8795 WILLIAMSBURG, VA 23187			4,500.	0.			SCHOLARSHIP FUND

Schedule I-1 (Form 990) 2009

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Name of the organization

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57-0835114

HERITAGE CLASSIC FOUNDATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CENTER 145 MATTHEWS DRIVE HILTON HEAD ISLAND, SC 29925			26,139.	0.			GENERAL FUND
GOVERNOR'S SCHOOL FOR THE ARTS 700 E. NORTH STREET, SUITE 11 GREENVILLE, SC 29601			4,458.	0.			GENERAL FUND
UNIVERSITY OF COLORADO 77 UCB BOULDER, CO 80309			5,500.	0.			SCHOLARSHIP FUND
WAKE FOREST UNIVERSITY PO BOX 7246 WINSTON SALEM, NC 27109			9,000.	0.			SCHOLARSHIP FUND
THUMBS UP PO BOX 325 PORT ROYAL, SC 29935			2,500.	0.			GENERAL FUND
UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING NOTRE DAME, IN 46556			9,000.	0.			SCHOLARSHIP FUND
COLLEGE OF CHARLESTON 66 GEORGE ST CHARLESTON, SC 29424			14,000.	0.			SCHOLARSHIP FUND
WOFFORD COLLEGE 429 NORTH CHURCH ST SPARTANBURG, SC 29303			13,500.	0.			SCHOLARSHIP FUND

Schedule I-1 (Form 990) 2009
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 29613			18,000.	0.			SCHOLARSHIP FUND
DAVIDSON COLLEGE BOX 7157 DAVIDSON, NC 28035			4,500.	0.			SCHOLARSHIP FUND
UNIVERSITY OF SOUTH CAROLINA 1714 COLLEGE STREET COLUMBIA, SC 29208			9,000.	0.			SCHOLARSHIP FUND
PILOT CLUB OF DARLINGTON PO BOX 1710 DARLINGTON, SC 29540			1,000.	0.			SCHOLARSHIP FUND
RESOURCE FOUNDATION 1512 GARAY'S HIGHWAY RIDGELAND, SC 29936			3,500.	0.			SCHOLARSHIP FUND
UNIVERSITY OF SC-BEAUFORT 1 UNIVERSITY BLVD BLUFFTON, SC 29909			13,500.	0.			SCHOLARSHIP FUND & ATHLETIC PROGRAMS
SENIOR SERVICES OF BEAUFORT PO BOX 1776 BEAUFORT, SC 29901			2,000.	0.			GENERAL FUND
CHARLESTON SOUTHERN PO BOX 118087 CHARLESTON, SC 29423			4,500.	0.			SCHOLARSHIP FUND

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Name of the organization
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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HILTON HEAD SERTOMA PO BOX 5113 HILTON HEAD ISLAND, SC 29938			11,518.	0.			COMMUNITY PROGRAMS
VAN LANDINGHAM ROTARY CLUB PO BOX 5013 HILTON HEAD ISLAND, SC 29938			19,220.	0.			COMMUNITY SERVICE
HILTON HEAD LIONS CLUB 2 VILLAGE NORTH DR #3 HILTON HEAD ISLAND, SC 29926			15,979.	0.			SUMMER CAMP PROGRAM
NATIVE ISLAND BUSINESS PO BOX 23452 HILTON HEAD ISLAND, SC 29925			23,174.	0.			COMMUNITY PROJECTS
FAMILY HONOR 2927 DEVINE STREET, SUITE 130 COLUMBIA, SC 29205			13,405.	0.			GENERAL FUND
FRIENDS OF CALLAWASSIE 101 UTILITY CT OKATIE, SC 29909			7,361.	0.			CONSERVATION FUND
BERKELEY COUNTY FOUNDATION PO BOX 1869 MONCKS CORNER, SC 29461			1,486.	0.			GENERAL FUND
HEROES ON HORSEBACK PO BOX 3678 BLUFFTON, SC 29910			8,005.	0.			GENERAL FUND

Schedule I-1 (Form 990) 2009

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SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS SC PO BOX 4641 HILTON HEAD ISLAND, SC 29938			2,000.	0.			GENERAL FUND
PREGNANCY CENTER & CLINIC 1 CARDINAL RD, SUITES 1&2 HILTON HEAD ISLAND, SC 29926			31,633.	0.			GENERAL FUND
ST VINCENT DE PAUL, BEAUFORT 70 LADY'S ISLAND DRIVE BEAUFORT, SC 29907			2,000.	0.			GENERAL FUND
CENTRE COLLEGE 600 W. WALNUT STREET DANVILLE, KY 40422			5,500.	0.			SCHOLARSHIP FUND
BALDWIN-WALLACE COLLEGE 275 EASTLAND ROAD BEREA, OH 44017			4,500.	0.			SCHOLARSHIP FUND
UNIVERSITY OF SC-AIKEN 471 UNIVERSITY PKWY AIKEN, SC 29801			4,500.	0.			SCHOLARSHIP FUND
CLEMSON UNIVERSITY BOX 345123 CLEMSON, SC 29634			61,500.	0.			SCHOLARSHIP FUND
PRESBYTERIAN DAY SCHOOL 540 WILLIAM HILTON PKWY HILTON HEAD ISLAND, SC 29928			2,000.	0.			GENERAL FUND

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

Schedule I-1 (Form 990) 2009

2009

Open to Public
Inspection

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer identification number

57-0835114

HERITAGE CLASSIC FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN JUNIOR GOLF ASSOCIATION 1980 SPORTS CLUB DRIVE BRASELTON, GA 30517			21,400.	0.			TOURNAMENT FUND
PTCA 226-5 SOLANA RD PONTE VEDRA BEACH, FL 32082			1,000.	0.			GENERAL FUND
BOYS & GIRLS CLUB OF JASPER COUNTY 17B MARSHELLEN DRIVE BEAUFORT, SC 29902			3,000.	0.			GENERAL PROGRAMS
HOPE HAVEN OF THE LOWCOUNTRY PO BOX 2502 BEAUFORT, SC 29901			7,500.	0.			GENERAL FUND
ISLAND SCHOOL COUNCIL FOR THE ARTS PO BOX 23047 HILTON HEAD ISLAND, SC 29925			1,755.	0.			GENERAL FUND
WELLSLEY COLLEGE 106 CENTRAL STREET WELLSLEY, MA 02481			4,500.	0.			SCHOLARSHIP FUND
UNIVERSITY OF MIAMI 1252 MEMORIAL DR CORAL GABLES, FL 33124			4,500.	0.			SCHOLARSHIP FUND
CORNELL UNIVERSITY 203 DAY HALL ITHACA, NY 14853							SCHOLARSHIP FUND
LHA			4,500.	0.			SCHOLARSHIP FUND

Schedule I-1 (Form 990) 2009

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

2009

Open to Public
InspectionContinuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.SCHEDULE I-1
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

HERITAGE CLASSIC FOUNDATION

Employer identification number
57-0835114

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINTHROP UNIVERSITY 119 TILLMAN HALL ROCK HILL, SC 29733			4,500.	0.			SCHOLARSHIP
TEXAS A&M UNIVERSITY PO BOX 30016 COLLEGE STATION, TX 77842			4,500.	0.			SCHOLARSHIP FUND
BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467			4,500.	0.			SCHOLARSHIP FUND
BYU D-151 ASB PROVO, UT 84602			4,500.	0.			SCHOLARSHIP FUND
UNIVERSITY OF GEORGIA 220 ACADEMIC BUILDING ATHENS, GA 30602			13,500.	0.			SCHOLARSHIP FUND
US MILITARY ACADEMY 646 SWIFT ROAD WEST POINT, NY 10996			500.	0.			SCHOLARSHIP FUND
BELMONT UNIVERSITY 1900 BEKMONT BOULEVARD NASHVILLE, TN 37212			5,500.	0.			SCHOLARSHIP FUND
VANDERBILT UNIVERSITY 2309 WEST END AVE NASHVILLE, TN 37203			4,500.	0.			SCHOLARSHIP FUND

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Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Name of the organization
HERITAGE CLASSIC FOUNDATION
Employer identification number
57-0835114

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA GRANGE COLLEGE 601 BROAD STREET LA GRANGE, GA 30240			4,500.	0.			SCHOLARSHIP FUND
CARLETON COLLEGE ONE NORTH COLLEGE ST NORTHFIELD, MN 55057			500.	0.			SCHOLARSHIP FUND
COASTAL CAROLINA UNIVERSITY 107 EVERGREEN CHANTICLEER DR CONWAY, SC 29526			500.	0.			SCHOLARSHIP FUND
UNIVERSITY OF HOUSTON 9 E CULLEN BUILDING HOUSTON, TX 77204			500.	0.			SCHOLARSHIP FUND
MUSC 45 COURTENAY DR CHARLESTON, SC 29425			4,500.	0.			SCHOLARSHIP FUND
TULANE UNIVERSITY 205 SCIENCE & ENGR COMPLEX NEW ORLEANS, LA 70118			500.	0.			SCHOLARSHIP FUND
ROOM AT THE INN PO BOX 2486 BLUFFTON, SC 29910			3,500.	0.			

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HERITAGE CLASSIC FOUNDATION

Employer identification number

57-0835114

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

HERITAGE CLASSIC FOUNDATION

Employer identification number

57-0835114

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
STEPHEN J. WILMOT		X	0.	90,000.		X	X		X	
BONNIE J. HUNT -		X	16,346.	5,930.		X	X		X	
Total				▶ \$ 95,930.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
STEPHEN J. WILMOT	TOURNAMENT DIRECTOR	0.	LIFE INSURA		X
BONNIE J. HUNT	EXECUTIVE ASSISTANT	0.	LOAN MADE T		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HERITAGE CLASSIC FOUNDATION

Employer identification number
57-0835114

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FROM A PGA TOUR EVENT TO LOCAL AND STATEWIDE CHARITIES.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE FILING OF FORM 990 THE
CHAIRMAN AND TREASURER EACH REVIEW THE RETURN AND REPORT TO THE BOARD OF
TRUSTEES THE ESSENTIAL FACTS CONTAINED IN THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: ALL TRUSTEES AND EMPLOYEES ARE
ADVISED TO DISCLOSE ANY CONFLICT OF INTEREST THEY MAY HAVE AND THE
FOUNDATION'S COMPENSATION AND PERSONNEL COMMITTEE REVIEWS AND TAKES ACTION,
IF NEEDED.

FORM 990, PART VI, SECTION B, LINE 15: HCF'S COMPENSATION AND PERSONNEL
COMMITTEE REVIEWS AND APPROVES COMPENSATION POLICIES AND APPROVES EACH
EMPLOYEE'S SALARY ON AN ANNUAL BASIS BASED ON COMPARABILITY DATA. MINUTES
OF THE COMMITTEE'S MEETINGS ARE MAINTAINED AND ALL DECISIONS REGARDING
INDIVIDUAL EMPLOYEE'S ARE DOCUMENTED WITH A COPY OF THE DECISION PLACED IN
THE EMPLOYEE'S FILE OR THE ORGANIZATIONS PAYROLL FILES.

FORM 990, PART VI, SECTION C, LINE 18: A COPY OF FORM 990 IS AVAILBLE
UPON REQUEST FOR INSPECTION AT OUR OFFICE LOCATED AT SUITE 4200, 71
LIGHTHOUSE ROAD, HILTON HEAD ISLAND, SC 29928.

FORM 990, PART VI, SECTION C, LINE 19: FORM 990, FINANCIAL STATEMENTS AND
GOVERNING DOCUMENTS ARE AVAILBLE FOR INSPECTION UPON REQUEST AT OUR OFFICE
LOCATED AT SUITE 4200, 71 LIGHTHOUSE ROAD, HILTON HEAD ISLAND, SC 29928.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HERITAGE CLASSIC FOUNDATION

Employer identification number

57-0835114

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: STEPHEN J. WILMOT

(A) PURPOSE OF LOAN: LIFE INSURANCE CONTRACT

(B) LOAN TO OR FROM ORGANIZATION? = FROM

(C) ORIGINAL PRINCIPAL AMOUNT \$ 0. (D) BALANCE DUE \$ 90000.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BONNIE J. HUNT

(A) PURPOSE OF LOAN: PERSONAL LOAN FOR AUTO PURCHASE

(B) LOAN TO OR FROM ORGANIZATION? = FROM

(C) ORIGINAL PRINCIPAL AMOUNT \$ 16346. (D) BALANCE DUE \$ 5930.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: STEPHEN J. WILMOT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TOURNAMENT DIRECTOR AND TRUSTEE

(D) DESCRIPTION OF TRANSACTION: LIFE INSURANCE CONTRACT WAS ACQUIRED
WITH FUNDS PROVIDED BY FOUNDATION SECURED BY A PLEDGE SUCH ADVANCES WOULD
BE REPAID UPON TERMINATION OR DEATH.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

HERITAGE CLASSIC FOUNDATION

Employer identification number

57-0835114

(A) NAME OF PERSON: BONNIE J. HUNT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE ASSISTANT TO TOURNAMENT DIRECTOR

(D) DESCRIPTION OF TRANSACTION: LOAN MADE TO ENABLE THE PURCHASE OF AN
AUTOMOBILE FORMERLY OWNED BY FOUNDATION.