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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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) | Room/suite
P.O. BOX 3244

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 $ 9,676,000.

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) ☐ 501(c) ( ) ◀ (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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	1300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	695,889.	741,734.
	9 Program service revenue (Part VIII, line 2g)	7,189,326.	7,299,042.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	249,472.	128,516.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,134,687.	8,169,292.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,270,706.	1,098,349.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	776,159.	792,455.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,010,928.	6,203,799.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,057,793.	8,094,603.
	19 Revenue less expenses. Subtract line 18 from line 12	76,894.	74,689.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	7,583,529.	6,759,067.
	21 Total liabilities (Part X, line 26)	2,290,551.	1,391,393.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,292,978.	5,367,674.

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.

MAY 16 2011 SCANNED

Sign Here

▶ Signature of officer — Date: 4-19-2011

▶ J. SIMON FRASER, CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: EDWARD B. DOWASCHINSKI	Preparer's signature: EDWARD B. DOWASCHIN	Date: 4-17-11	Check ☐ if self-employed	PTIN
Firm's name ▶ EDWARD B. DOWASCHINSKI, CPA			Firm's EIN ▶	
Firm's address ▶ PO BOX 7137 HILTON HEAD ISLAND, SC 29938			Phone no. 843-689-6472	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9 16
16

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

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 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 $ 7,896,411. including grants of $ _____) (Revenue $ 7,427,558.)
THE 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** ▶ 7,896,411.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country. ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
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?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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 governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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 [X] 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 - 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

Check if Schedule O contains a response to any question in this Part VII ☐

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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		139,451.	0.	3,859.
EDWARD B. DOWASCHINSKI VP FINANCE & ADMIN.	40.00	X						115,325.	0.	3,271.
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.
TOM PEEPLES TRUSTEE	2.00	X						0.	0.	0.
DUKE DELCHER TRUSTEE	2.00	X						0.	0.	0.
TERRY FINGER 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 (describe hours for related organizations in Schedule O)	(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			
1b Sub-total ▶								254,776.	0.	7,130.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								254,776.	0.	7,130.

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 ▶ 3

		Yes	No
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*		X
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*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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	1a 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	741,734.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	741,734.			
Program Service Revenue		Business Code				
	2a SPONSOR FEES	711300	4,928,680.	4,928,680.		
	b PATRON PLANS/TICKETS	711300	1,343,727.	1,343,727.		
	c PRO AM FEES	711300	545,725.	545,725.		
	d CONCESSIONS	711300	321,166.	321,166.		
	e MISCELLANEOUS	711300	159,744.	159,744.		
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	7,299,042.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	82,224.	82,224.		
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1553000.				
	b Less cost or other basis and sales expenses	1506708.				
	c Gain or (loss)	46,292.				
	d Net gain or (loss)	▶	46,292.	46,292.		
	8a 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	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less. direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a 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				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue.** See instructions.	▶	8,169,292.	7,427,558.	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	1,098,349.	1,098,349.		
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	254,776.	197,114.	57,662.	
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	465,162.	385,636.	79,526.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	21,659.	17,543.	4,116.	
10 Payroll taxes	50,858.	40,363.	10,495.	
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	118,151.	100,428.	17,723.	
17 Travel	46,477.	46,477.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,196.		16,196.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,467.	38,188.	3,279.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PURSES	2,242,000.	2,242,000.		
b EQUIPMENT RENTAL	700,201.	700,201.		
c FACILITIES USE	623,785.	623,785.		
d FOOD & BEVERAGE	458,879.	458,879.		
e MARKETING	369,393.	369,393.		
f All other expenses SEE SCH O	1,587,250.	1,578,055.	9,195.	
25 Total functional expenses. Add lines 1 through 24f	8,094,603.	7,896,411.	198,192.	0.
26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). 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		2,110,846.	1	3,361,170.
	2	Savings and temporary cash investments		2,926,338.	2	96,664.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	373,586.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		30,360.	9	1,923,851.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,099,784.			
	b	Less: accumulated depreciation	10b 613,734.	527,519.	10c	486,050.
	11	Investments - publicly traded securities		1,689,882.	11	211,408.
	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		298,584.	15	306,338.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,583,529.	16	6,759,067.
Liabilities	17	Accounts payable and accrued expenses		83,750.	17	209,116.
	18	Grants payable			18	
	19	Deferred revenue		2,206,801.	19	1,182,277.
	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		2,290,551.	26	1,391,393.
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		4,492,978.	30	5,367,674.
	31	Paid-in or capital surplus, or land, building, or equipment fund		0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds		800,000.	32	0.
	33	Total net assets or fund balances		5,292,978.	33	5,367,674.
	34	Total liabilities and net assets/fund balances		7,583,529.	34	6,759,067.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,169,292.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,094,603.
3	Revenue less expenses Subtract line 2 from line 1	3	74,689.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,292,978.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,367,674.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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	2c		
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 separate basis, consolidated 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?	3a		X
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	713,983.	637,542.	686,988.	695,889.	741,734.	3476136.
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	713,983.	637,542.	686,988.	695,889.	741,734.	3476136.
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						3476136.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	713,983.	637,542.	686,988.	695,889.	741,734.	3476136.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	271,273.	354,365.	217,107.	270,058.	128,516.	1241319.
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						4717455.

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 2010 (line 6, column (f) divided by line 11, column (f))	14	73.69 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	73.34 %

16a **33 1/3% support test - 2010.** 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 - 2009.** 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 - 2010.** 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 - 2009.** 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 ▶ ☐

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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

2010

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 education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in 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 (ASC 958) 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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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 the 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:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI 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.	173,063.	391,011.
c Leasehold improvements				
d Equipment		202,764.	191,992.	10,772.
e Other		277,490.	248,679.	28,811.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				486,050.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶		

Part X Other Liabilities. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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	8,169,292.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,094,603.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	74,689.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	7.
9	Total adjustments (net). Add lines 4 through 8	9	7.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	74,696.

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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

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? [X] 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 Part II can be duplicated 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			900.	0.			GENERAL OPERATING EXPESES
HILTON HEAD PREPARATORY SCHOOL 8 FOX GRAPE ROAD HILTON HEAD ISLAND, SC 29928			27,962.	0.			GOLF PROGRAM AND GENERAL FUND
ST ANDREW BY-THE-SEA METHODIST POPE AVENUE HILTON HEAD ISLAND, SC 29928			2,500.	0.			GOLF PROGRAM GENERAL FUND
USCB ATHLECTICS 1 UNIVERSITY BLVD BLUFFTON, SC 29909			1,500.	0.			
BOYS & GIRLS CLUB OF BLUFFTON PO BOX 1908 BLUFFTON, SC 29910			9,283.	0.			GENERAL PROGRAM GENERAL PROGRAMS
CHILD ABUSE PREVENTION PO BOX 531 BEAUFORT, SC 29901			618.	0.			GENERAL PROGRAMS

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

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) (2010)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

032101 01-13-11

Part II 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			100.	0.			TOURNAMENT FUND
PGA TOUR WIVES ASSOCIATION PO BOX 742 PONTE VEDRA BEACH, SC 32004			11,500.	0.			GENERAL PROGRAMS
HHHS ALL SPORTS BOOSTERS PO BOX 23363 HILTON HEAD ISLAND, SC 29925			7,500.	0.			SPORTS PROGRAMS
STRIVE TO EXCEL PO BOX 21563 HILTON HEAD ISLAND, SC 29925			6,379.	0.			GENERAL PROGRAMS
BLUFFTON HIGH SCHOOL 250 HE MCCRACKEN CIRCLE BLUFFTON, SC 29910			20,000.	0.			SUMMER PROGRAM
THE CITADEL 171 MOULTRIE STREET CHARLESTON, SC 29409			1,000.	0.			BAGPIPER PROGRAM
JIM BYRD MEMORIAL GOLF TOURNAMENT PO BOX 6788 COLUMBIA, SC 29260			500.	0.			SPORTS PROGRAM
LOW COUNTRY BASEBALL			10,000.	0.			SCHOLARSHIP FUND
HOOTIE AT BULLS BAY 58 SEAGRASS LANE ISLE OF PALMS, SC 29451			2,000.	0.			JUNIOR GOLF

Part II 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
BETHESDA CELEBRITY GOLF 100 MORGAN INSUSTRIAL BLVD GARDEN CITY, GA 31408			1,000.	0.			GENERAL NEEDS
VICTORY JUNCTION CAMP			1,000.	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			26,883.	0.			GENERAL FUND & UNIFORMS
HHI/BLUFFTON CHAMBER OF COMMERCE PO BOX 5647 HILTON HEAD ISLAND, SC 29938			4,284.	0.			GENERAL FUND
HILTON HEAD HEROES PO BOX 3027 HILTON HEAD ISLAND, SC 29928			41,310.	0.			GENERAL FUND
HH HUMANE ASSOCIATION PO BOX 21790 HILTON HEAD ISLAND, SC 29925			36,368.	0.			GENERAL FUND
SECOND HELPINGS, INC PO BOX 23621 HILTON HEAD ISLAND, SC 29925			4,274.	0.			GENERAL FUND

Part II 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
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928			5,128.	0.			GENERAL FUND AND PROGRAMS
SOUTH CAROLINA OPEN			2,500.	0.			GENERAL FUND
HH HIGH HAWKFEST 70 WILBORN RD HILTON HEAD ISLAND, SC 29926			2,500.	0.			GENERAL FUND
ISLAND RECREATION ASSOCIATION PO BOX 22593 HILTON HEAD ISLAND, SC 29925			39,509.	0.			GENERAL FUND
THE SANDBOX 18-A POPE AVENUE HILTON HEAD ISLAND, SC 29928			3,077.	0.			GENERAL PROGRAMS
AVON WALK FOR			100.	0.			GENERAL FUND
BOYS & GIRLS CLUB OF HILTON HEAD PO BOX 22267 HILTON HEAD ISLAND, SC 29925			18,205.	0.			GENERAL PROGRAMS
SC JUNIOR GOLF FOUNDATION PO BOX 286 IRMO, SC 29063			30,000.	0.			MONTHLY RANKINGS REPORT
CLEMSON UNIVERSITY PO BOX 340502 CLEMSON, SC 29634			12,500.	0.			GENERAL FUND

Part II 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 HIGH SCHOOL 70 WILBORN RD HILTON HEAD ISLAND, SC 29926			500.	0.			GENERAL FUND
CADDY FOR A CURE 2067 NW 104TH AVENUE CORAL SPRINGS, FL 33071			1,000.	0.			GENERAL FUND
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910			68.	0.			GENERAL FUND
WIL MILES LYMPHATIC FUND			500.	0.			GENERAL FUND
LOWCOUNTRY AUTISM FOUNDATION 60 MAIN STREET HILTON HEAD ISLAND, SC 29926			2,078.	0.			GENERAL FUND
OPERATION R&R ONE CORPUS CHRISTI PL HILTON HEAD ISLAND, SC 29928			6,348.	0.			GENERAL FUND
CHILDREN'S RELIEF FUND PO BOX 22574 HILTON HEAD ISLAND, SC 29925			5,331.	0.			GENERAL FUND
CITIZENS OPPOSED TO DOMESTIC ABUSE PO BOX 1755 BEAUFORT, SC 29901			1,121.	0.			GENERAL FUND
COASTAL DISCOVERY MUSEUM PO BOX 23497 HILTON HEAD ISLAND, SC 29925			4,214.	0.			GENERAL FUND

Part II 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
SE MISSOURI STATE UNIVERSITY 1 UNIVERSITY PLAZA RM 123 CAPE GIRARDEAU, MO 63701			500.	0.			GENERAL FUND
GEORGIA SOUTHERN UNIVERSITY PO BOX 8034 STATESBORO, GA 30460			5,500.	0.			SCHOLARSHIP
NORTHWESTERN UNIVERSITY 1801 HINMAN AVE EVANSTON, IL 60208			5,500.	0.			SPORTS PROGRAM
HHI DEEP WELL PO BOX 5543 HILTON HEAD ISLAND, SC 29938			263.	0.			GENERAL FUND
EMPRY UNIVERSITY 300 BOISEFEUILLET JONE CENTER ATLANTA, GA 30322			4,500.	0.			CONCERT SERIES
HILTON HEAD REGIONAL HABITAT 21 BRENDAN LANE BLUFFTON, SC 29910			508.	0.			GENERAL FUND
NATIONAL ALLIANCE FOR MENTALLY ILL PO BOX 7863 HILTON HEAD ISLAND, SC 29938			9,590.	0.			GENERAL FUND
SEA PINES MUSEUM 175 GREENWOOD DRIVE HILTON HEAD ISLAND, SC 29928			1,355.	0.			MUSEUM FUND
LITERACY VOLUNTEERS OF THE LOWCOUNTRY - 9 TOWN CENTER COURT - HILTON HEAD ISLAND, SC 29928			1,667.	0.			GENERAL FUND

Part II 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
UNIVERSITY OF NC-CHAPEL HILL 103 BYNUM CB1400 CHAPEL HILL, NC 27599			4,500.	0.			GENERAL FUND
LOW COUNTRY LEGAL AID PO BOX 2496 BLUFFTON, SC 29910			2,224.	0.			GENERAL FUND
MEALS ON WHEELS PO BOX 23691 HILTON HEAD ISLAND, SC 29925			4,116.	0.			GENERAL FUND
MEMORY MATTERS PO BOX 22330 HILTON HEAD ISLAND, SC 29925			23,773.	0.			GENERAL FUND
COLUMBUS HOPE FOUNDATION PO BOX 21276 HILTON HEAD ISLAND, SC 29925			991.	0.			GENERAL FUND
MUSC COLLEGE OF NURSING PO BOX 250160 CHARLESTON, SC 29425			500.	0.			SCHOLARSHIP FUND
FRIENDS OF THE LIBRARY 5 MADISON LANE HILTON HEAD ISLAND, SC 29926			1,525.	0.			GENERAL FUND
SAVANNAH COLLEGE OF ART & DESIGN PO BOX 2072 SAVANNAH, GA 31402			4,500.	0.			GENERAL FUND
ELON UNIVERSITY 2725 CAMPUS BOX ELON, NC 27244			2,500.	0.			GENERAL FUND

Part II 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
US NAVAL ACADEMY 101 BUCHANAN RD ANAPOLIA, MD 21402			500.	0.			GENERAL FUND
PROGRAMS FOR EXCEPTIONAL PERSONS 10 OAK PARK DR, BOX 2 HILTON HEAD ISLAND, SC 29928			11,970.	0.			GENERAL FUND
BEAUFORT WOMEN'S CENTER PO BOX 1483 BEAUFORT, SC 29901			158.	0.			GENERAL FUND
FRIENDS OF CAROLINE HOSPICE 1110 13TH STREET PORT ROYAL, SC 29935			572.	0.			RESEARCH FUND
HOSPICE CARE OF THE LOWCOUNTRY 20 PALMETTO PARKWAY #104 HILTON HEAD ISLAND, SC 29926			1,006.	0.			GENERAL FUND
BORN TO READ 2266 BOUNDARY STREET HILTON HEAD ISLAND, SC 29902			317.	0.			GENERAL FUND
OSPREY VILLAGE INC PO BOX 22854 HILTON HEAD ISLAND, SC 29925			1,029.	0.			GENERAL FUND
TECHNICAL COLLEGE OF THE LOWCOUNTRY - PO BOX 2614 - BEAUFORT, SC 29901			14,609.	0.			GENERAL FUND
HERITAGE LIBRARY FOUNDATION 22 OYSTER LANDING RD HILTON HEAD ISLAND, SC 29928			1,933.	0.			GENERAL FUND

Part II 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
TEACH MY PEOPLE PO BOX 2848 PAWLEY'S ISLAND, SC 29585			99.	0.			GENERAL FUND
DUKE UNIVERSITY PO BOX 90397 DURHAM, NC 27708			9,000.	0.			SCHOLARSHIP FUND
VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926			40,154.	0.			GENERAL FUND
ROTARY CLUB OF HH-SUNSET PO BOX 22595 HILTON HEAD ISLAND, SC 29925			30,420.	0.			COMMUNITY & INTERNATIONAL PROJECTS
SEA PINES MONTESSORI SCHOOL 9 FOX GRAPE RD HILTON HEAD ISLAND, SC 29928			57,274.	0.			GENERAL FUND
PRESBYTERIAN DAY SCHOOL 540 WILLIAM HILTON PKWY HILTON HEAD ISLAND, SC 29928			6,108.	0.			SCHOLARSHIP FUND
HILTON HEAD AQUATICS PO BOX 22735 HILTON HEAD ISLAND, SC 29925			11,989.	0.			GENERAL FUND
THOMAS HEYWARD ACADEMY 1727 MALPHRUS ROAD RIDGELAND, SC 29936			27,049.	0.			TRAVEL FUND
COLLEGE OF WILLIAM & MARY PO BOX 8795 WILLIAMSBURG, VA 23187			4,500.	0.			SCHOLARSHIP FUND

Part II 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
CHILDREN'S CENTER 145 MATTHEWS DRIVE HILTON HEAD ISLAND, SC 29925			37,890.	0.			GENEARL FUND
GOVERNOR'S SCHOOL FOR THE ARTS 700 E. NORTH STREET, SUITE 11 GREENVILLE, SC 29601			4,085.	0.			GENERAL FUND
UNIVERSITY OF COLORADO 77 UCB BOULDER, CO 80309			5,500.	0.			SCHOLARSHIP FUND
UNIVERSITY OF RICHMOND			4,500.	0.			SCHOLARSHIP FUND
UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING NOTRE DAME, IN 46556			4,500.	0.			SCHOLARSHIP FUND
COLLEGE OF CHARLESTON 66 GEORGE ST CHARLESTON, SC 29424			18,000.	0.			SCHOLARSHIP FUND
WOFFORD COLLEGE 429 NORTH CHURCH ST SPARTANBURG, SC 29303			13,500.	0.			SCHOLARSHIP FUND
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 29613			22,500.	0.			SCHOLARSHIP FUND
BATES COLLEGE 23 CAMPUS AVENUE LEWISTON, ME 04240			4,500.	0.			SCHOLARSHIP FUND

Part II 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
UNIVERSITY OF SOUTH CAROLINA 1714 COLLEGE STREET COLUMBIA, SC 29208			10,000.	0.			SCHOLARSHIP FUND
UNIVERSITY OF SC-BEAUFORT 1 UNIVERSITY BLVD BLUFFTON, SC 29909			4,500.	0.			SCHOLARSHIP FUND & ATHLETIC PROGRAMS
HILTON HEAD SERTOMA PO BOX 5113 HILTON HEAD ISLAND, SC 29938			13,086.	0.			COMMUNITY PROGRAMS
VAN LANDINGHAM ROTARY CLUB PO BOX 5013 HILTON HEAD ISLAND, SC 29938			16,356.	0.			COMMUNITY SERVICE
HILTON HEAD LIONS CLUB 2 VILLAGE NORTH DR #3 HILTON HEAD ISLAND, SC 29926			17,946.	0.			SUMMER CAMP PROGRAM
NATIVE ISLAND BUSINESS PO BOX 23452 HILTON HEAD ISLAND, SC 29925			24,149.	0.			COMMUNITY PROJECTS
FAMILY HONOR 2927 DEVINE STREET, SUITE 130 COLUMBIA, SC 29205			9,929.	0.			GENERAL FUND
FRIENDS OF CALLAWASSIE 101 UTILITY CT OKATIE, SC 29909			9,272.	0.			CONSERVATION FUND
HEROES ON HORSEBACK PO BOX 3678 BLUFFTON, SC 29910			10,767.	0.			GENERAL FUND GENERAL FUND

Part II 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
PREGNANCY CENTER & CLINIC 1 CARDINAL RD, SUITES 1&2 HILTON HEAD ISLAND, SC 29926			28,628.	0.			GENERAL FUND L 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			77,000.	0.			SCHOLARSHIP FUND
ANERICAN JUNIOR GOLF ASSOCIATION 1980 SPORTS CLUB DRIVE BRASELTON, GA 30517			3,500.	0.			TOURNAMENT FUND
PTCA 226-5 SOLANA RD PONTE VEDRA BEACH, FL 32082			1,000.	0.			GENERAL FUND
UNIVERSITY OF MIAMI 1252 MEMORIAL DR CORAL GABLES, FL 33124			4,500.	0.			SCHOLARSHIP FUND
CORNELL UNIVERSITY 203 DAY HALL ITHACA, NY 14853			4,500.	0.			SCHOLARSHIP FUND
WINTHROP UNIVERSITY 119 TILLMAN HALL ROCK HILL, SC 29733			500.	0.			SCHOLARSHIP

Part II 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
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
UNIVERSITY OF GEORGIA 220 ACADEMIC BUILDING ATHENS, GA 30602			13,500.	0.			SCHOLARSHIP FUND
US MILITARY ACADEMY 646 SWIFT ROAD WEST POINT, NY 10996			4,500.	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
LA GRANGE COLLEGE 601 BROAD STREET LA GRANGE, GA 30240			4,500.	0.			SCHOLARSHIP FUND
MUSC 45 COURTENAY DR CHARLESTON, SC 29425			1,750.	0.			SCHOLARSHIP FUND
PRINCETON UNIVERSITY 220 WEST COLLEGE, BOX 591 PRINCETON, NJ 08542			4,500.	0.			SCHOLARSHIP FUND

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. Part III can be duplicated 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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ST ANDREW BY-THE-SEA METHODIST

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE:

GOLF PROGRAM

GENERAL FUND

GENERAL FUND

NAME OF ORGANIZATION OR GOVERNMENT: USCB ATHLECTICS

GOLF PROGRAM

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

2010

Open to Public Inspection

Name of the organization

HERITAGE CLASSIC FOUNDATION

Employer identification number

57-0835114

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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	1b		
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?	2		
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 from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) 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?	5a	X	
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

2010

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	(c) Corrected? 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? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
STEPHEN J. WILMOT		X	0.	90,000.		X	X		X	
BONNIE J. HUNT -		X	16,346.	3,039.		X	X		X	
Total			▶ $	93,039.						

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

SEE PART V FOR CONTINUATIONS

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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 $ 90,000.

(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 $ 16,346. (D) BALANCE DUE $ 3,039.

(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:

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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.

(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.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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 AVAIALBLE 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 AVAIALBLE FOR INSPECTION UPON REQUEST AT OUR OFFICE LOCATED AT SUITE 4200, 71 LIGHTHOUSE ROAD, HILTON HEAD ISLAND, SC 29928.

Name of the organization: HERITAGE CLASSIC FOUNDATION

Employer identification number: 57-0835114

FORM 990, PART IX, LINE 24F, ALL OTHER FUNCTIONAL EXPENSES:

PRIZES:

PROGRAM SERVICE EXPENSES	257,108.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	257,108.

TRANSPORTATION:

PROGRAM SERVICE EXPENSES	225,672.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	225,672.

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	165,504.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	165,504.

LODGING:

PROGRAM SERVICE EXPENSES	124,102.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	124,102.

COMMISSARY EXPENSES:

PROGRAM SERVICE EXPENSES	123,574.

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

MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	123,574.
INSURANCE:	
PROGRAM SERVICE EXPENSES	117,470.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	117,470.
SECURITY:	
PROGRAM SERVICE EXPENSES	105,550.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	105,550.
PRINTING:	
PROGRAM SERVICE EXPENSES	75,948.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	75,948.
OPERATING SUPPLIES:	
PROGRAM SERVICE EXPENSES	73,766.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	73,766.

Name of the organization: HERITAGE CLASSIC FOUNDATION

Employer identification number: 57-0835114

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES	66,592.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	66,592.

POSTAGE, TELEPHONE & OTHER:

PROGRAM SERVICE EXPENSES	49,939.
MANAGEMENT AND GENERAL EXPENSES	8,813.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	58,752.

CREDIT CARD CHARGES:

PROGRAM SERVICE EXPENSES	41,770.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	41,770.

UNIFORMS:

PROGRAM SERVICE EXPENSES	34,110.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	34,110.

PROFESSIONAL, SECRETARIAL & OTHER:

PROGRAM SERVICE EXPENSES	27,952.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization: HERITAGE CLASSIC FOUNDATION

Employer identification number: 57-0835114

TOTAL EXPENSES	27,952.
HERITAGE HOUSE OPERATING EXPENSES:	
PROGRAM SERVICE EXPENSES	24,107.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,107.
PATRON SIGNS:	
PROGRAM SERVICE EXPENSES	22,550.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,550.
AUTO RENTAL:	
PROGRAM SERVICE EXPENSES	19,723.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,723.
STORAGE RENTAL:	
PROGRAM SERVICE EXPENSES	17,317.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,317.
MAINTENANCE:	
PROGRAM SERVICE EXPENSES	2,527.

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

MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,527.
PGA FEES:	
PROGRAM SERVICE EXPENSES	2,499.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,499.
TRUSTEE EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	382.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	382.
SPECIAL ENTERTAINMENT:	
PROGRAM SERVICE EXPENSES	275.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	275.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24F, COL A	1,587,250.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
ROUNDING	7.