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DLN: 93493095001312

Form **990**

Department of the Treasury

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)

2011

OMB No 1545-0047

nen to Public

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

Open to Public Inspection

temal Revenue	ie Service	The organization may have to use a copy to	<u> </u>		·	Inspection
For the	2011 ca	endar year, or tax year beginning 01-01-2011	and ending 12-31-20	11	D Employer id	lentification number
Check if a		C Name of organization HERITAGE CLASSIC FOUNDATION				
Address ch	-	Doing Business As			57-08351 E Telephone r	
Number and street (or P O box if mail is not delivered to street address) Terminated Amended return Application pending F Name and address of principal officer J SIMON FRASER 71 LIGHTHOUSE RD SUITE 4200 HILTON HEAD ISLAND, SC 29928 H(b) Are all affiliates included? If "No," attach a list (see inserting to the street address) Room/suite (843) 671-5755 G Gross receipts \$ 7,534,53 G Gross receipts \$ 7,534,53 H(a) Is this a group return for affiliates? H(b) Are all affiliates included? If "No," attach a list (see inserting to the street address) H(b) Are all affiliates included?		- 5755				
Inıtıal retu _	um		to street address) Room/s	suite		
Terminate	ed	PO BOX 3244		ŀ	2 0.000 .000.pt	5 ¢ 7,65 .,625
Amended	return		•			
- Application	n pending	HILION HEAD ISLAND, SC 299203244				
				H(a) Is this	s a group retu	rn for
						⊤Yes 🔽 No
				H(b) Are all	affiliates inclu	ded?
				` `		·
Tax-exen	mpt status	▼ 501(c)(3)	947(a)(1) or 527	H(c) Group	p exemption n	umber ►
Website	e:► WW	W HERITAGECLASSICFOUNDATION COM				
Form of or	rganization	✓ Corporation Trust Association Other ►		L Year of for	mation 1987	M State of legal domicile SC
Part I		·				
		scribe the organization's mission or most sign ITAGE CLASSIC FOUNDATION'S PRIMARY		S TO DISTRIBL	ITE THE NET	PROFITS FROM A
l		JR EVENT TO LOCAL AND STATEWIDE CHA				- ROTTTSTROPTA
2						
. 1						
2	Check th	is box 🚩 if the organization discontinued its	operations or disposed	of more than 2!	5% of its net	assets
	Number	of voting members of the governing body (Part	VI, line 1a)		3	20
3 4 5 6	Number	of independent voting members of the governin	g body (Part VI, line 1)	4	18
5	Total nur	nber of individuals employed in calendar year 2	2011 (Part V, line 2a)		5	12
6	Total nur	nber of volunteers (estimate if necessary) .			6	1,300
	Total unr	elated busıness revenue from Part VIII, colum	nn (C), line 12		7a	C
ь	Net unrel	ated business taxable income from Form 990-	T, line 34		7b	(
				Prior	Year	Current Year
_ 8	Contrib	outions and grants (Part VIII, line 1h)			741,734	2,146,632
9 10	Progra	m service revenue (Part VIII, line 2g)			7,299,042	5,224,278
§ 10	Invest	ment income (Part VIII, column (A), lines 3, 4		128,516	9,964	
I 11		evenue (Part VIII, column (A), lines 5, 6d, 8c			0	0
12		evenue—add lines 8 through 11 (must equal Pa	, , ,,	ne	8,169,292	7,380,874
13		and similar amounts paid (Part IX, column (A)			1,098,349	1,263,147
14		s paid to or for members (Part IX, column (A),			0	0
15		s, other compensation, employee benefits (Pa			-	
<u>&</u> 13	5-10)	-,			792,455	803,741
S 16a	Profes	sional fundraising fees (Part IX, column (A), lin	ne 11e)		0	0
ੜੇ ਾ	Total fur	idraising expenses (Part IX, column (D), line 25) 🕒				
_ 17	Other	expenses (Part IX, column (A), lines 11a–11d	,11f-24e)		6,203,799	9,232,753
18	Total e	xpenses Add lines 13–17 (must equal Part I)	X, column (A), line 25)		8,094,603	11,299,641
19	Reveni	ie less expenses Subtract line 18 from line 12	2		74,689	-3,918,767
20 21 22					of Current ear	End of Year
20	Totala	ssets (Part X, line 16)			6,759,067	3,314,455
[21		abilities (Part X, line 26)			1,391,393	1,853,923
22	Net as	sets or fund balances Subtract line 21 from lir	ne 20		5,367,674	1,460,532
Part II	Sign	ature Block				
	and belief	rjury, I declare that I have examined this return, i , it is true, correct, and complete. Declaration of p				
	****				12-03-27	
ign	Signa	cure of officer		Da	te	
lere		ON FRASER CHAIRMAN				
	Type	or print name and title	,			
	Preparer	FRANCES DE DOMESTO COLORADO DE LA COLORADO DE LA COLORADO DE DOMESTO COLORADO DE LA COLORADO DE	Date 2012-03-27	Check if self-	Preparer's taxp	payer identification number
aid	signature	EDWARD B DOWASCHINSKI CPA	-012 03 21	employed • 🔽	P01214004	·- <i>,</i>
reparer's		me (or yours EDWARD B DOWASCHINSKI CPA			EIN & EZ 0020	06.96
se Only	ıf self-en address,	ployed), and ZIP + 4 PO BOX 7137			EIN > 57-0979	7000
	,		Phone no 🕨 (843) 689-6472			

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

┌Yes ┌No

01111	J J U (2	2011)			raye Z
Par	t III		Service Accomplishment a response to any question in th		
1	Briefl	y describe the organization's mi	ssion		
AND	AWAR		OF BEAUFORT COUNTY SCH	S TO GENERATE FUNDS FOR LOCA OLARS BY OPERATING A PGA TOL	
2		ne organization undertake any si nor Form 990 or 990-EZ? .	- · -	ng the year which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these new services	on Schedule O		
3	servi	ne organization cease conducting ces?		n how it conducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these changes on S	chedule O		
4	expen	nses Section 501(c)(3) and 501	(c)(4) organizations and sectio	ch of its three largest program servicen 4947(a)(1) trusts are required to its any, for each program service reporte	eport the amount of
4a		RBC HERITAGE IS A PGA TOUR EVENT P	LAYED AT THE HARBOUR TOWN GOLF	ants of \$) (Revenue \$ LINKS, HILTON HEAD ISLAND, SC THE NET P 5 THROUGH GRANT DISTRIBUTIONS AND SCH	ROCEEDS FROM THE TOURNAMENT
4b	(Code	e) (Expenses \$	ıncludıng gra	nts of \$) (Revenue \$)
4c	(Code	e) (Expenses \$	ıncludıng gra	nts of \$) (Revenue \$)
4d	Othe	er program services (Describe i	n Schedule O)		
	(Exp	enses \$	including grants of \$) (Revenue \$)
4e	Tota	l program service expenses►\$	11,080,679		

CHECKIIST OF REGULE CO SCHEDULE	art IV	Checklist o	f Required	Schedule
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	·		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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 for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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		No
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		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II and IV.	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 $\textcircled{\textbf{5}}$	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		No
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		No
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	Yes	
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		No
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	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	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	35b		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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		Yes	

•	·
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	<u> </u>	-1	
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		, 05	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
L	year?	3a 3b		No_
- D 4а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account or securities	4a		
h	account)?	44		No_
b	If "Yes," enter the name of the foreign country \(\blacktriangle \) See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
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	6a		 N o
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
h	services provided to the payor?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	76	165	
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No_
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
y	required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	/ "		110
	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 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
r	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection 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							
b	Enter the number of voting members included in line 1a, above, who are independent							
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		No				
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?.							
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
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		No				
	ection B. Policies (This Section B requests information about policies not required by the Internal							
Re	evenue Code.)		Yes	No				
102	Did the organization have local chapters, branches, or affiliates?	10a	1 es	No				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		NO				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	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		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ection C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed►SC							

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 THOMAS WILKINSON
 71 LIGHTHOUSE ROAD

HILTON HEAD ISLAND, SC 29928 (843)671-5755

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	Position more unless	on (de thar	c) o no o no o no son er ar	t che e box is bo nd a itee)	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)		organizations
(1) J SIMON FRASER CHAIRMAN & TRUSTEE	16 00	х		Х				18,000	0	0
(2) RICHARD REICHEL TREASURER & TRUSTEE	16 00	х		Х				0	0	0
(3) JAMES J CHAFFIN JR TRUSTEE	2 00	х						0	0	0
(4) STEVE BIRDWELL TRUSTEE	2 00	х						0	0	0
(5) THOMAS D REILLEY TRUSTEE	8 00	х						0	0	0
(6) WILLIAM MATHEW SELF TRUSTEE	2 00	х						0	0	0
(7) STAN SMITH TRUSTEE	8 00	х						О	0	0
(8) STEVEN J WILMOT TOURNAMENT DIRECTOR	40 00	х				Х		144,607	0	4,083
(9) EDWARD B DOWASCHINSKI TRUSTEE (FORMERLY VP FINANCE)	2 00	х						96,530	0	2,257
(10) WILLIAM G MILES SECRETARY & TRUSTEE	16 00	х		Х				0	0	0
(11) WARD KIRBY TRUSTEE	8 00	х						0	0	0
(12) DON CALHOON VICE CHAIRMAN & TRUSTEE	16 00	х		Х				0	0	0
(13) SCOTT H RICHARDSON TRUSTEE	8 00	х						0	0	0
(14) CHARLIE BROWN TRUSTEE	2 00	х						0	0	0
(15) TOM PEEPLES TRUSTEE	2 00	х						0	0	0
(16) DUKE DELCHER TRUSTEE	2 00	х						0	0	0
(17) TERRY FINGER TRUSTEE	2 00	Х						0	0	0

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

	(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n on son er ai	e bo is b nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	compe from organiza	nated of other nsation i the tion and	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	rela organiz	
(18) CHARLIE ROUNTREE 2 00 X 0										(0
(19) TRUS	DOUG SMITH	2 00	х						0	(,	0
	DAVID TIGGES	2 00	х						0	()	0
1b c	Sub-Total			<u> </u>				>				
d				· · ·			_	 	259,137	0		6,340
2	Total number of individuals (incli \$100,000 of reportable compens	udıng but not lım				ted	above) who	received more tha	n		_
•	Didtha amazaration 1								b b t		Yes	No
3	Did the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch								or nignest compens	ı	3	No
4	For any individual listed on line 1 organization and related organiza											
5	Individual	receive or accru		• nencs	tion	• fror	 many	• unrol	lated organization		4	No
3	services rendered to the organiz									ı	5	No
S	ection B. Independent Con	tractors										
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest compen the organization										
	Nan	(A) ne and business add	dress						Desci	(B) uption of services		C) ensation
2	Total number of independent conti	ractors (includin	ıa but n	ot lin	nited	l to 1	those	liste	d above) who receiv	ed more than		

\$100,000 of compensation from the organization ▶0

								Page 9
Part \	<u> </u>	Statement o	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
<u>\$</u> \$	1a	Federated cam	paigns 1a					
돌	Ь	Membership du	ıes 1b					
ΣĔ	c	Fundraising ev	ents 1c					
£ ä	d	Related organiz	zations 1d					
<u>~</u> €	e	Government grant	s (contributions) 1e	1,000,000				
등	f	All other contribution	ons, gifts, grants, and 1f	1,146,632		İ		
Contributions, gifts, grant amount of the revenue and the remaining amount of	g	sımılar amounts no Noncash contr	ot included above ibutions included in					
		lines 1a-1f\$_						
	Total. Add line	s 1 a - 1 f	🖊	2,146,632				
				Business Code				
nua	2a	SPONSOR FEES		711300	1,878,531	1,878,531		
an Serwce Reve	b	PATRON PLANS/TI	CKETS	711300	1,508,088	1,508,088		
	C	PRO AM FEES		711300	573,000	573,000		
	d	TV UNIT SALES		711300	500,000	500,000		
	e	MISCELLANEOUS		711300	431,543	431,543		
Za	f	All other progra	am service revenue		333,116	333,116		
š	g	Total. Add lines	s 2a-2f		5,224,278			
	3		ome (including dividen					
		and other sımıl	aramounts)	▶	14,214	14,214		
	4	Income from inves	stment of tax-exempt bond	proceeds F				
	5	Royalties .						
		C	(ı) Real	(II) Personal				
		Gross rents Less rental						
		expenses						
	°	Rental income or (loss)						
	d	Net rental inco	me or (loss)	-				
	72	Gross amount	(1) Securities 149,405	(II) Other				
	′	from sales of assets other	,					
	١.	than inventory Less cost or	153,655					
	•	other basis and	133,033					
	c	sales expenses Gaın or (loss)	-4,250					
	d	Net gain or (los	ss)		-4,250	-4,250		
	8a		rom fundraising					
evenue			s reported on line 1c)					
눖			а					
Other Revenue			penses b					
0			(loss) from fundraising (from gaming activities	events F				
			ne 19					
	b		penses b					
		Gross sales of returns and allo		vities				
			a oods sold b					
	c	Net income or Miscellaneou	(loss) from sales of inve	Business Code				
	11a	miscenalieou	5 Nevellue	Duamess Code				
		All other reven	ue					
	e		s 11a-11d					
				▶				
	12	Total revenue.	See Instructions .	▶	7,380,874	5,234,242	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) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 1,263,147 1,263,147 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 259,137 192,872 66,265 key employees . . . 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 465,116 386,805 78,311 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 27,098 24,674 2,424 52,390 41,330 11,060 10 Fees for services (non-employees) 11 Management Legal Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g Advertising and promotion . . . 12 Office expenses 13 14 Information technology 15 Royalties . . 13,525 16 90,164 76,639 63,207 63,207 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 11,118 11,118 11,225 11,225 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 31,354 31,354 23 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) TV UNDERPINNING 3,701,455 3,701,455 PURSES 2,243,000 2,243,000 **EQUIPMENT RENTAL** 738,082 738,082 FOOD & BEVERAGE 472,624 472,624 d е All other expenses 1,870,524 1,834,265 36,259 25 Total functional expenses. Add lines 1 through 24f 11,299,641 11,080,679 218,962 0 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) (B) Beginning of year End of year 3,361,170 2,421,846 1 1 96.664 0 2 2 3 3 373.586 4 4 70.275 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 90.000 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 8 9 1.923.851 9 0 Prepaid expenses and deferred charges 1.056.522 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 601,823 486,051 b Less accumulated depreciation 10c 454,699 211,407 55,637 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 306,338 15 15 221,998 6,759,067 3,314,455 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 209,116 71,407 17 17 Accounts payable and accrued expenses . 18 18 19 1,182,277 19 1,021,291 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 761,225 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 1,391,393 26 1,853,923 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. ö 5,367,674 1,460,532 30 Capital stock or trust principal, or current funds 30 Assets 0 0 31 31 Paid-in or capital surplus, or land, building or equipment fund 0 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 5.367.674 33 1.460.532 34 Total liabilities and net assets/fund balances 6.759.067 3.314.455

	L XI	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		7 :	380,87
2	Total	expenses (must equal Part IX, column (A), line 25)	2			299,64
3	Rever	nue less expenses Subtract line 2 from line 1	3		-3,9	18,76
4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,3	367,67
5	O ther	changes in net assets or fund balances (explain in Schedule O)	5			11,62
6	Net a: (B))	ssets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column	6		1,4	160,53
Pai	t XII	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1		unting method used to prepare the Form 990			Yes	No
	If the Sched	organization changed its method of accounting from a prior year or checked "Other," explain in Jule O				i.
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were	the organization's financial statements audited by an independent accountant?		2b		Νo
c	audıt,	s," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? organization changed either its oversight process or selection process during the tax year, explain its of the contract of		2c		
d		s" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were eparate basis, consolidated basis, or both	ssued			
	Γs	eparate basis				
За		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Adult Act and OMB Circular A-133?	e	3a		Νo
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

Name of the organization HERITAGE CLASSIC FOUNDATION

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

57-0835114

Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All org	ganızatıons	must com	olete this p	art.) See ın	structions	
The	rganı	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	igh 11, check	only one bo	x)		
1	Γ	A chur	ch, convent	on of churches, or a	ssociation of	churches s	ection 170(b)(1)(A)(i).			
2	\sqcap	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Schedu	ıle E)				
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).		
4	Γ			n organization opera ty, and state	ted in conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the
5	г	An oras	anization op	erated for the benefi	t of a college	or universit	tv owned or o	perated by a	 ı aovernment	al unit descr	 ribed in
_	•	_	· ·	A)(iv). (Complete P	=		,	/ -	<i>y</i>		
6	\vdash			local government o	•	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).		
7	<u>\</u>	An orga describ	anization the	at normally receives	a substantia					om the gene	ral public
_	_			A)(vi) (Complete P							
8	<u> </u>			described in section							
9	ı	_		at normally receives					•	· ·	-
				ities related to its e							
		-	_	oss investment inco				-		tax) from bus	sinesses
	_			janızatıon after June 							
10	<u> </u>			ganized and operated							
11	1	one or the box	more public	ganized and operated ly supported organiz bes the type of supp b Type I	ations descr oorting organ	ibed in secti ization and d	ion 509(a)(1)) or section ! s 11e throug	509(a)(2) Se gh 11h	ee section 5 0	
е	Γ	other tl		ox, I certify that the on managers and ot							
f				received a written de	etermination	from the IR:	S that it is a	Type I, Type	e II or Type I	II supportin	g organization,
		check t	this box								Ť
g			-	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the		
			ng persons? erson who di	rectly or indirectly c	ontrols, eith	er alone or t	ogether with	persons des	cribed in (ii)		Yes No
				governing body of th				•	,	11g(
		(ii) a fa	Imily membe	er of a person descri	bed in (i) abo	ve?				11g(
		(iii) a 3	35% control	led entity of a perso	n described i	ın (ı) or (ıı) a	bove?			11g(i	
h		Provide	the followi	ng information about	the supporte	ed organizat	ion(s)				
(i) Name suppo organiz		e of (ii) (described on lines 1-9 above or IRC section		(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?	
				(see instructions))	Yes	No	Yes	No	Yes	No]
Total											

Support Schedule for Organizations Described in IRC 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.)

Se	ection A. Public Support	· g - · · · · · · · ·		macr the tests i			iipiete	
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	637,54.	2 686,988	695,889	741,734		613,257	3,375,410
	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 5	Total. Add lines 1 through 3 The portion of total contributions	637,542	2 686,988	695,889	741,734		613,257	3,375,410
	by each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column (f)	ו						
6	Public Support. Subtract line 5 from line 4	1						3,375,410
Se	ection B. Total Support	-		<u> </u>			I	
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	Amounts from line 4	637,542	686,988	695,889	741,734		613,257	3,375,410
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	354,365	217,107	270,058	128,516		9,964	980,010
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
	Total support (Add lines 7 through 10)							4,355,420
12	Gross receipts from related activit	ies, etc (See inst	ructions)			12		
	First Five Years If the Form 990 is check this box and stop here		,	, thırd, fourth, or fı	fth tax year as a	501(c)(3) organı	zation, ▶┌
	ection C. Computation of Pul							
14	Public Support Percentage for 201		•	11 column (f))		14		77 500 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14 73 690 %						73 690 %	
	33 1/3% support test—2011. If the and stop here. The organization quasiant 33 1/3% support test—2010. If the box and stop here. The organization	alıfıes as a publıcl e organızatıon dıd	y supported orga not check the box	nızatıon x on line 13 or 16:				► ▽
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization merorganization	—2011. If the organition meets the "fa	anization did not o acts and circums	check a box on ling tances" test, chec	k this box and st	op here.	Explain	·
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nızatıon meets the	e "facts and circu	mstances" test, c	heck this box an	d stop he	re.	
18	supported organization Private Foundation If the organizations				-			►⊏ ►⊏

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 57-0835114

Name: HERITAGE CLASSIC FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493095001312

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

itema	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspec	tion
Na	me of the organi	zation		Employer identifica	ation numbe	er
HE	RITAGE CLASSIC FOL	JNDATION		57-0835114		
Pa	art I Organ	izations Maintaining Donor Ac	dvised Funds or Other Similar Fi		. Comple	te if the
		zation answered "Yes" to Form 99	0, Part IV, line 6.	•		
			(a) Donor advised funds	(b) Funds and	other accou	nts
1	Total number a	t end of year				
2		tributions to (during year)				
3		nts from (during year)				
4	Aggregate valu	e at end of year				
5			sors in writing that the assets held in don organization's exclusive legal control?	or advised	☐ Yes	┌ No
6	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar		┌ Yes	┌ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes" t	<u>o Form 990, Part I'</u>	/, line 7.	
1 2	Preservati Protection Preservati Complete lines	conservation easements held by the or ion of land for public use (e g , recreati i of natural habitat ion of open space s 2a–2d if the organization held a quali he last day of the tax year	on or pleasure)	n historically importan certified historic struc n of a conservation	•	a
		To last day of the tax year		Held at the	End of the	Year
а	Total number o	of conservation easements		2a		
b	Total acreage i	restricted by conservation easements		2b		
c	Number of cons	servation easements on a certified his	toric structure included in (a)	2c		
d	Number of cons	servation easements included in (c) ac	cquired after 8/17/06	2d		
3 4	the taxable yea	ar ▶	erred, released, extinguished, or terminate	ed by the organization	during	
5	Does the organ	es where property subject to conserva nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, hand	— dling of violations, and	┌ Yes	┌ No
6	Staff and volun	teer hours devoted to monitoring unsr	pecting and enforcing conservation easem	nents during the year		
			ng, and enforcing conservation easements			
7	► \$		ng, and emoterny conservation easements	s during the year		
8		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes	┌ No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents			
Pai	rt IIII Organi	izations Maintaining Collectio	rns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.	
1a	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd nancial statements that describes these it	ch in furtherance of pu		e,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research ii s			
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1		► \$		
	(ii) Assets incl	luded in Form 990, Part X		 -\$		
2	If the organizat	·	orical treasures, or other similar assets fo S 116 relating to these items			_
а	Revenues incli	ıded ın Form 990. Part VIII. line 1		b- ¢		

b Assets included in Form 990, Part X

	Organizations Maintaining Co	-				-					ontinuea
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e foll —	-	-		se of its c	ollectio	on	
а	Public exhibition		d	Γ	Loan or exch	nange progra	ms				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
	Provide a description of the organization's co	ollections and explai	ın how	they	further the o	rganızatıon's	ex.	empt purp	ose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t							llar	Г	Yes	┌ No
ar	Escrow and Custodial Arrang Part IV, line 9, or reported an an					answered	"Ye	es" to Fo	rm 99	0,	
a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					r other asse	ts n	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the f	followi	ng ta	able						
_						<u> </u>	_		Amo	ount	
ч С	Beginning balance						lc				
d	Additions during the year					<u> </u>	ld				
e f	Distributions during the year					<u> </u>	le				
	Ending balance	000 5 4 4 4	242				lf			,	
	Did the organization include an amount on Fo		217						,	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV TEN Endowment Funds. Complete				nd "Vac" to F	000 I	D 2 rd	- TV Juno	10		
Œ	rt V Endowment Funds. Complete	(a)Current Year		orior \				hree Years		e) Four Y	ears Back
ì	Beginning of year balance									-	
)	Contributions										
:	Investment earnings or losses										
i	Grants or scholarships										
2	Other expenditures for facilities and programs										
F	Administrative expenses										
3	End of year balance										
	Provide the estimated percentage of the year	r end balance held a	S								
3	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
1	Are there endowment funds not in the posse	ssion of the organiza	ition tl	hat a	are held and a	dmınıstered	for t	he			
	organization by (i) unrelated organizations								3a(i)	Yes	No
	(ii) related organizations			•			•		3a(ii)		_
5	If "Yes" to 3a(II), are the related organization								3b	<u>' </u>	1
	Describe in Part XIV the intended uses of th										
e li	t VI Land, Buildings, and Equipme	ent. See Form 990	0, Pai	rt X,	, lıne 10.						
	Description of property) Cost or other sis (investment)	(b)Cost or ot basis (other		(c) Accum depreci		(d) B	ook value
1	Land			Ī		55,4	456				55,45
	Buildings					564,0	074		188,511	L	375,56
:	Leasehold improvements										
1	Equipment					199,0	016		197,040		1,97
e	Other					237,9	976		216,272	2	21,70
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colum	nn (B),	line	10(c).)			▶			454,69

(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)	(b)book value	Cost or end-o	f-year market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. Se			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
(2) (2) (2)	•		
Part IX Other Assets. See Form 990, Part X, II			(h) Doole value
(1) CHAMPION PAINTINGS	ption		(b) Book value 221,988
(2) EMPLOYEE LOAN			10
(2) 2111 23 122 23/11			10
Total. (Column (b) should equal Form 990, Part X, col.(B) line			221,998
Part X Other Liabilities. See Form 990, Part X			
	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
Total (Column (h) should agree 5 000 Service (COL)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶			

	TXI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	113	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,380,874
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,299,641
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,918,767
4	Net unrealized gains (losses) on investments	4	11,628
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3
9	Total adjustments (net) Add lines 4 - 8	9	11,625
10	• • • •	10	-3,907,142
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
<u> 1</u>	Total revenue, gains, and other support per audited financial statements	1	11 11
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	+	
² a	Net unrealized gains on investments		
b	Donated services and use of facilities	1 1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV)	1 1	
u 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		
a b	Other (Describe in Part XIV) 4b	1 1	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		turn
1	Total expenses and losses per audited financial		tur ii
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)]	
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Da	t 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 2t Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide an additional information

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER		ROUNDING -3
ADJUSTMENTS		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493095001312 OMB No 1545-0047

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

Inspection

Name of the organization						Employer identificati	on number
HERITAGE CLASSIC FOUNDATION						57-0835114	
Part I General Informatio	n on Grants and	Assistance				•	
Does the organization maintain in the selection criteria used to aw Describe in Part IV the organization Part II Grants and Other As	ard the grants or assistion's procedures fo	r monitoring the use overnments and O	f grant funds in the Unite	ed States United States. Con	nplete if the organ	nızatıon answered "Y	
Form 990, Part IV, line Part IV and Schedule	I-1 (Form 990) if a	additional space is	needed	· · · · · · · ·	· · · · ·	:d filore than \$5,000	. ose ▶ □
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 50	·)1(c)(3) and governn	nent organizations list	ed in the line 1 table .				
3 Enter total number of other orga		=					

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 REPORTS ARE REQUIRED FROM ALL ORGANIZATIONS SUPPORTED BY DONATIONS
MONITORING GRANTS		MADE BY THE HERITAGE CLASSIC FOUNDATION SUCH REPORTS INCLUDE FINANCIAL STATEMENTS AND A
IN THE U S		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

Software ID: Software Version:

EIN: 57-0835114

Name: HERITAGE CLASSIC FOUNDATION

	_, J. a.i.c. ailc	d Other Ass	istance to Go	overnments	and Organiza	tions in the United St
(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		900				GENERAL OPERATING EXPESES
		18,344				GENERAL FUNDGOLF PROGRAM AND GENERAL FUND
		2,500				GENERAL FUNDGOLF PRO GRAMGENERAL FUNDGENERAL FUND
		500				GENERAL FUNDGOLF PROGRAM
		15,014				GENERAL PRO GRAMGENERAL PRO GRAMS
		15,623				GENERAL PRO GRAMS
		8,487				GENERAL FUND
		543				GENERAL PRO GRAMS
		7,500				GENERAL FUNDGENERAL FUNDSPORTS PROGRAMS
		45,873				GENERAL PRO GRAMS
		22,000				GENERAL FUND
		1,000				BA GPIPER PRO GRAM
		500				SPORTS PROGRAM
		686				GENERAL FUND
		5,000				TOURNAMENT FUND
		1,668				GENERAL NEEDS
		317				SCHOLARSHIP FUND
		3,900				MEDICAL MISSIONS
		40,000				SCHOLARSHIP FUND
		25,946				GENERAL FUND & UNIFORMS
	(b) EIN	section	Section Gash grant	Section riapplicable Sash grant non-cash assistance	Section Gash grant Gash g	

Form 990,Schedule	I, Part II	, Grants and	Other Assis	tance to Gov	ernments an	d Organizatio	ons in the United S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							GENERAL FUND
HILTON HEAD HEROESPO BOX 3027 HILTON HEAD ISLAND,SC 29928			42,290				GENERAL FUND
HH HUMANE ASSOCIATIONPO BOX 21790 HILTON HEAD ISLAND,SC 29925			36,461				GENERAL FUND
SECOND HELPINGS INCPO BOX 23621 HILTON HEAD ISLAND,SC 29925			4,074				GENERAL FUND
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND,SC 29928			6,830				GENERAL FUND AND PROGRAMS
ISLAND RECREATION ASSOCIATIONPO BOX 22593 HILTON HEAD ISLAND,SC 29925			40,487				GENERAL FUND
THE SANDBOX18-A POPE AVENUE HILTON HEAD ISLAND,SC 29928			15,984				GENERAL PRO GRAMS
BOYS & GIRLS CLUB OF HILTON HEADPO BOX 22267 HILTON HEAD ISLAND,SC 29925			44,707				GENERAL PRO GRAMS
HILTON HEAD HIGH SCHOOL70 WILBORN RD HILTON HEAD ISLAND,SC 29926			2,500				GENERAL FUND
CADDY FOR A CURE 2067 NW 104TH AVENUE CORAL SPRINGS, FL 33071			1,000				GENERAL FUND
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910			2,553				GENERAL FUND
OPERATION R&RONE CORPUS CHRISTI PL HILTON HEAD ISLAND,SC 29928			8,125				GENERAL FUND
CHILDREN'S RELIEF FUNDPO BOX 22574 HILTON HEAD ISLAND,SC 29925			14,421				GENERAL FUND
CITIZENS OPPOSED TO DOMESTIC ABUSEPO BOX 1755 BEAUFORT, SC 29901			624				GENERAL FUND
COASTAL DISCOVERY MUSEUM PO BOX 23497 HILTON HEAD ISLAND,SC 29925			6,457				GENERAL FUND
RET THOMAS MEMORIAL14 WELLS EAST DRIVE HILTON HEAD ISLAND,SC 29926			500				GENERAL FUND
GEORGIA SOUTHERN UNIVERSITYPO BOX 8034 STATESBORO,GA 30460			5,500				SCHOLARSHIP
NORTHWESTERN UNIVERSITY1801 HINMAN AVE EVANSTON,IL 60208			5,500				SPORTS PROGRAM
PALMETTO ANIMAL LEAGUEPO BOX 539 BLUFFTON, SC 29910			2,116				GENERAL FUND
EMORY UNIVERSITY 300 BOISEFEUILLET JONE CENTER ATLANTA,GA 30322			4,500				SCHOLAR FUND

Form 990,Schedule I	, Part II,	Grants and (Other Assist	ance to Gove	rnments and	Organization	s in the United S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMERS FAMILY SERVICESPO BOX 1514 BEAUFORT, SC 29901			415				GENERAL FUND
NATIONAL ALLIANCE FOR MENTALLY ILLPO BOX 7863 HILTON HEAD ISLAND, SC 29938			21,963				GENERAL FUND
BLUFFTONJASPER VOLNTEERS IN MEDICINEPO BOX 2653 BLUFFTON,SC 29910			203				GENERAL FUND
LITERACY VOLUNTEERS OF THE LOWCOUNTRY9 TOWN CENTER COURT HILTON HEAD ISLAND, SC 29928			15,891				GENERAL FUND
UNIVERSITY OF NC- CHAPEL HILL103 BYNUM CB1400 CHAPEL HILL, NC 27599			4,500				GENERAL FUND
LOW COUNTRY LEGAL AIDPO BOX 2496 BLUFFTON,SC 29910			2,177				GENERAL FUND
BORN TO READ2201 BOUNDARY STREET STE 111 BEAUFORT, SC 29902			689				GENERAL FUND
MEMORY MATTERSPO BOX 22330 HILTON HEAD ISLAND,SC 29925			28,160				GENERAL FUND
COLUMBUS HOPE FOUNDATIONPO BOX 21276 HILTON HEAD ISLAND,SC 29925			1,266				GENERAL FUND
FRIENDS OF THE LIBRARY5 MADISON LANE HILTON HEAD ISLAND, SC 29926			2,606				GENERAL FUND
SAVANNAH COLLEGE OF ART & DESIGNPO BOX 2072 SAVANNAH, GA 31402			4,500				GENERAL FUND
MDA3300 E SUNRISE DR TUSCON, AZ 85718			25				GENERAL FUND
BOYS & GIRLS CLUB OF JASPER COUNTY 913 GRAYS HIGHWAY RIDGELAND, SC 29936			5,000				GENERAL FUND
PROGRAMS FOR EXCEPTIONAL PERSONS10 OAK PARK DR BOX 2 HILTON HEAD ISLAND,SC 29928			14,315				GENERAL FUND
REILLEY'S CHARITY TOURNAMENT70 GREENWOOD DR HILTON HEAD ISLAND,SC 29928			500				GENERAL FUND
BEAUFORT CHAMBER OF COMMERCEPO BOX 910 BEAUFORT, SC 29902			300				GENERAL FUND
HOSPICE CARE OF THE LOWCOUNTRY20 PALMETTO PARKWAY 104 HILTON HEAD ISLAND,SC 29926			2,634				GENERAL FUND
THE ROTARY FOUNDATION1560 SHERMAN AVENUE EVANSTON,IL 60201			15,393				POILO PLUS CAMPAIGN
OSPREY VILLAGE INC PO BOX 22854 HILTON HEAD ISLAND, SC 29925			511				GENERAL FUND
TECHNICAL COLLEGE OF THE LOWCOUNTRY PO BOX 2614 BEAUFORT, SC 29901			18,563				GENERAL FUND

Form 990,Schedule	I, Part II	, Grants and	Other Assis	tance to Gov	ernments ar	d Organizatio	ns in the United S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE LIBRARY FOUNDATION22 OYSTER LANDING RD HILTON HEAD ISLAND,SC 29928			2,137				GENERAL FUND
BOYS & GIRLS CLUB OF BEAUFORT1100 BOUNDARY STREET BEAUFORT, SC 29902			15,000				GENERAL FUND
DUKE UNIVERSITY PO BOX 90397 DURHAM,NC 27708			13,500				SCHOLARSHIP FUND
VOLUNTEERS IN MEDICINE15 NORTHRIDGE DRIVE HILTON HEAD ISLAND,SC 29926			73,776				GENERAL FUND
ROTARY CLUB OF HH-SUNSETPO BOX 22595 HILTON HEAD ISLAND,SC 29925			34,260				COMMUNITY PROJECTS
SEA PINES MONTESSORI SCHOOL9 FOX GRAPE RD HILTON HEAD ISLAND,SC 29928			56,423				GENERAL FUND
PRESBYTERIAN DAY SCHOOL540 WILLIAM HILTON PKWY HILTON HEAD ISLAND,SC 29928			3,465				SCHOLARSHIP FUND
SC COALITION AGAINST DOMESTIC VIOLENCE & SEXUAL ABUSEPO BX 776 COLUMBIA,SC 29202			20,000				GENERAL FUND
THOMAS HEYWARD ACADEMY1727 MALPHRUS ROAD RIDGELAND, SC 29936			7,832				TRAVEL FUND
RED CEDAR ELEMENTARY10 BOX ELDER STREET BLUFFTON, SC 29910			1,000				SCHOLARSHIP FUND
CHILDREN'S CENTER 145 MATTHEWS DRIVE HILTON HEAD ISLAND,SC 29925			38,199				GENEARL FUND
CAROLIANS PGA SECTIONPO BOX 4567 N MYRTLE BEACH, SC 29597			1,000				GENERAL FUND
UNIVERSITY OF COLORADO77 UCB BOULDER,CO 80309			5,500				SCHOLARSHIP FUND
UNIVERSITY OF RICHMOND28 WESTHAMPTON WAY RICHMOND, VA 23713			4,500				SCHOLARSHIP FUND
UNIVERSITY OF NOTRE DAME115 MAIN BUILDING NOTRE DAME,IN 46556			9,000				SCHOLARSHIP FUND
COLLEGE OF CHARLESTON66 GEORGE ST CHARLESTON, SC 29424			9,500				SCHOLARSHIP FUND
WOFFORD COLLEGE 429 NORTH CHURCH ST SPARTANBURG, SC 29303			4,500				SCHOLARSHIP FUND
FURMAN UNIVERSITY3300 POINSETT HIGHWAY GREENVILLE, SC 29613			23,000				SCHOLARSHIP FUND
BATES COLLEGE23 CAMPUS AVENUE LEWISTON, ME 04240			4,500				SCHOLARSHIP FUND
UNIVERSITY OF SOUTH CAROLINA 1714 COLLEGE STREET COLUMBIA, SC 29208			18,000				SCHOLARSHIP FUND

Form 990,Schedule	I, Part	II, Grants	and Other	Assistance	to Governi	ments and O	rganizations in the United S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 SC- BEAUFORT1 UNIVERSITY BLVD BLUFFTON, SC 29909			5,000		othery		SCHOLARSHIP FUND
HILTON HEAD SERTOMAPO BOX 5113 HILTON HEAD ISLAND, SC 29938			12,168				COMMUNITY PROGRAMS
VAN LANDINGHAM ROTARY CLUBPO BOX 5013 HILTON HEAD ISLAND,SC 29938			16,842				COMMUNITY SERVICE
HILTON HEAD LIONS CLUB2 VILLAGE NORTH DR 3 HILTON HEAD			16,186				SUMMER CAMP PRO GRAM
ISLAND, SC 29926 NATIVE ISLAND BUSINESSPO BOX 23452 HILTON HEAD			26,380				COMMUNITY PROJECTS
ISLAND, SC 29925 FAMILY HONOR2927 DEVINE STREET SUITE 130 COLUMBIA, SC 29205			9,140				GENERAL FUND
FRIENDS OF CALLAWASSIE101 UTILITY CT OKATIE, SC 29909			9,576				CONSERVATION FUND
HEROES ON HORSEBACKPO BOX 3678 BLUFFTON, SC 29910			4,429				GENERAL FUNDGENERAL FUND
PREGNANCY CENTER & CLINIC1 CARDINAL RD SUITES 12 HILTON HEAD			35,506				GENERAL FUNDL FUND
ISLAND, SC 29926 FAMILY JUSTICE CENTERPO BOX 366 GEORGETOWN, SC 29442			15,000				GENERAL FUND
CLEMSON UNIVERSITYBOX 345123 CLEMSON,SC 29634			65,500				SCHOLARSHIP FUND
PTCA226-5 SOLANA RD PONTE VEDRA BEACH,FL 32082			1,000				GENERAL FUND
JOHN PAUL II CATHOLIC SCHOOL PO BOX 1260 BLUFFTON, SC 29910			2,830				GENERAL FUND
CORNELL UNIVERSITY203 DAY HALL ITHACA,NY 14853			4,500				SCHOLARSHIP FUND
HOPE HAVEN OF THE LOWCOUNTRY PO BOX 2502 BEAUFORT, SC 29901			10,000				SCHOLARSHIPSCHOLARSHIP FUND
TEXAS A&M UNIVERSITYPO BOX 30016 COLLEGE STATION, TX 77842			4,500				SCHOLARSHIP FUND
BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467			4,500				SCHOLARSHIP FUND
UNIVERSITY OF GEORGIA220 ACADEMIC BUILDING ATHENS,GA 30602			13,500				SCHOLARSHIP FUND
US MILITARY ACADEMY646 SWIFT ROAD WEST POINT, NY 10996			4,500				SCHOLARSHIP FUND
BELMONT UNIVERSITY1900 BEKMONT BOULEVARD NASHVILLE,TN 37212			5,500				SCHOLARSHIP FUND

roriii 990,3chedule 1	, rait 11,	Grants and	Other Assis	tance to dov	crimicity an	d Organizatio	ms in the officed 5
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY2309 WEST END AVE NASHVILLE,TN 37203			4,500				SCHOLARSHIP FUND
BYUD-151 ASB PROVO,UT 84602			9,000				SCHOLARSHIP FUND
VILLANOVA UNIVERSITY800 LANCASTER AVE VILLANOVA,PA 19085			5,500				SCHOLARSHIP FUND
PRINCETON UNIVERSITY220 WEST COLLEGE BOX 591 PRINCETON,NJ 08542			4,500				SCHOLARSHIP FUND
BARNARD COLLEGE 3009 BROADWAY NEW YORK, NY 10027			4,500				SCHOLARSHIP FUND
AVE MARIA UNIVERSITY5050 AVE MARIA BOULEVARD AVE MARIA,FL 34142			5,500				SCHOLARSHIP FUND
UNC SCHOOL OF ARTS1535 S MAIN STREET WINSTONSALEM,NC 27127			4,500				SCHOLARSHIP FUND
AMERICAN UNIVERSITY4400 MASSACHUSETTS AV NW WASHINGTON, DC 20016			4,500				SCHOLARSHIP FUND
UNIVERSITY OF PENNSYLVANIA140 FRANKLIN 3451 WALNUT ST PHILADELPHIA,PA 19104			4,500				SCHOLARSHIP FUND
WASHINGTON & LEE UNIVERSITY204 WEST WASHINGTON ST LEXINGTON,VA 23713			500				SCHOLARSHIP FUND
HHI SAFE HARBOUR PO BOX 5337 HILTON HEAD ISLAND,SC 29938			3,451				GENERAL FUND

DLN: 93493095001312

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

· ·	· · · · · · · · · · · · · · · · · · ·	
Name of the organization HERITAGE CLASSIC FOUNDATION		Employer identification number
		57-0835114
Part II Ouestions Pegarding C	omnensation	

			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person list 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding						
	First-class or charter travel Housing allowance or residence for pe	rsonal use					
	□ Travel for companions □ Payments for business use of personal □ Travel for companions □ Payments for business use of personal □ Travel for companions □ Payments for business use of personal □ Travel for companions □ Payments for business use of personal □ Travel for companions □ Payments for business use of personal □ Travel for companions □ Payments for business use of personal □ Travel for companions □ Payments for business use of personal □ Travel for companions □ Travel for companio	l residence					
	Tax idemnification and gross-up payments Health or social club dues or initiation	fees					
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffei	ır, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding pay reimbursement orprovision of all the expenses described above? If "No," complete Part III to expl						
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 1						
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	n committee					
4	During the year, did any person listed in Form 990 , Part VII, Section A, line $1a$ with respect to the or a related organization	filing organization					
а	a Receive a severance payment or change-of-control payment?						
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in F	art III					
	Only 501(c)(2) and 501(c)(4) arganizations only must complete lines 5.0						
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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						
а	The organization?	5a	Yes				
ь	Any related organization?	5b		No			
	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						
а	The organization?	6a		No			
b	Any related organization?	6b		Νo			
	If "Yes," to line 6a or 6b, describe in Part III						
7	7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III						
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," desin Part III			No			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described is section 53 $4958-6(c)$?	in Regulations					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	5011011103	(5)(1) (5)	Form 990 or Form 990-EZ
_							

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	PART I, LINE 5	COMPENSATION FOR TWO KEY EMPLOYEES IS, IN PART, BASED ON WHETHER OR NOT THERE IS INCREASED REVENUE OVER THE PRIOR YEAR

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493095001312

OMB No 1545-0047

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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization HERITAGE CLASSIC FOUNDATION		Employer identification number									
								7-08351			
Part I Excess Benefit Tran Complete if the organizat										ıne 40b	
					(c)						
1 (a) Name of disqu	ualified person				(b) Description of transaction					Corre	
										Yes	No
2 Enter the amount of tax impos section 4958								ear unde	r * \$ ——		
3 Enter the amount of tax, If any	, on line	2, abov	/e, reimburs	ed by th	e organization .			•	*		
Part III Loans to and/or F	rom	Intere	sted Pers	sons.							
Complete if the organiz	zation a	nswered	l "Yes" on F	orm 990	, Part IV, line 26	, or Forr	n 990-E	Z, Part V	, line 38	a	
	(b) L	oan to				(e) In default?		(f) Approved (g)W by board or agree		(a)\//eit	ton
(a) Name of interested person and		m the	(c)0 ri		(d)Balance due					agreem	
purpose	organi	zation?	principal	amount				committee?			_
	То	From				Yes	No	Yes	No	Yes	No
(1) STEPHEN J WILMOT					00.000		N.	V		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
LIFE INSURANCE CONTRACT		X			90,000		No	Yes		Yes	1
											1
							1				
	1										1
Total	'	'		▶ \$	90,000						<u> </u>
Part IIII Grants or Assistar	ice Be	nefitti	ng Intere	ested I	Persons.						
Complete if the orga	nızatıc	n answ	ered "Yes	" on Fo	rm 990, Part IV	, line 2	27.				
(a) Name of interested pers	on	(b			een interested per ganization	son	(c) A m	nount of g	rant or ty	/pe of assı	stance
		_									

				, La contraction of the contract	
Part IV	Business	Transactions	Involving	Interested	Persons

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

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) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) STEPHEN J WILMOT	TOURNAMENT DIRECTOR AND TRUSTEE	, ,	LIFE INSURANCE CONTRACT WAS ACQUIRED WITH FUNDS PROVIDED BY FOUNDATION SECURED BY A PLEDGE SUCH ADVANCES WOULD BE REPAID UPON TERMINATION OR DEATH		No	

Supplemental Information
Supplemental Informatio

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

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

DLN: 93493095001312

2011

Open to Public Inspection

Name of the organization HERITAGE CLASSIC FOUNDATION Employer identification number

57-0835114

ldentifier	Return Reference	Explanation			
	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			
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART X, LINE 24F	FACILITIES USE PROGRAM SERVICE EXPENSES 300,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 300,000 TRANSPORTATION PROGRAM SERVICE EXPENSES 204,268 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 204,268 PRIZES PROGRAM SERVICE EXPENSES 162,838 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 162,838 OUTSIDE SERVICES PROGRAM SERVICE EXPENSES 141,413 MANAGEMENT AND GENERAL EXPENSES 162,838 MANAGEMENT AND GENERAL EXPENSES 141,413 MANAGEMENT AND GENERAL EXPENSES 10,453 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,453 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 136,453 COMMISSARY EXPENSES PROGRAM SERVICE EXPENSES 127,490 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 127,490 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 147,490 INSURANCE PROGRAM SERVICE EXPENSES 118,703 MANAGEMENT AND GENERAL EXPENSES 4,000 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 12,703 SECURITY PROGRAM SERVICE EXPENSES 108,268 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 108,268 RINITING PROGRAM SERVICE EXPENSES 9,145 OPERATING SUPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 92,145 OPERATING SUPENSES 0 TOTAL EXPENSES 108,268 RINITING PROGRAM SERVICE EXPENSES 92,145 OPERATING SUPENSES 0 TOTAL EXPENSES 108,268 RINITING PROGRAM SERVICE EXPENSES 92,145 OPERATING SUPENSES 0 TOTAL EXPENSES 108,268 RINITING PROGRAM SERVICE EXPENSES 92,145 OPERATING SUPENSES 0 TOTAL EXPENSES 108,268 RINITING PROGRAM SERVICE EXPENSES 92,145 OPERATING SUPENSES 0 TOTAL EXPENSES 108,268 RINITING PROGRAM SERVICE EXPENSES 92,145 OPERATING SUPENSES 0 TOTAL EXPENSES 108,778 LODGING PROGRAM SERVICE EXPENSES 92,145 OPERATING SUPENSES 0 TOTAL EXPENSES 80,778 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 80,778 LODGING PROGRAM SERVICE EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3 TOTAL EXPENSES 0 TOTAL EXPENSES 10 TOTAL EXPENSES 10			
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 11,628 ROUNDING -3 TOTAL TO FORM 990, PART XI, LINE 5 11,625			