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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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
PO BOX 3244

City or town, state or province, country, and ZIP or foreign postal code
HILTON HEAD ISLAND, SC 299283244

D Employer identification number
57-0835114

E Telephone number
(843) 671-5755

G Gross receipts $ 10,453,506

F Name and address of principal officer
J SIMON FRASER
71 LIGHTHOUSE RD SUITE 4200
HILTON HEAD ISLAND, SC 29928

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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

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 FROM A PGA TOUR EVENT TO LOCAL AND STATEWIDE CHARITIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	11
6	Total number of volunteers (estimate if necessary)	**6**	1,000
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

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,133,024	2,686,727
9	Program service revenue (Part VIII, line 2g)	7,675,724	7,760,806
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,982	5,973
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)	8,814,730	10,453,506

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,541,179	3,008,501
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)	637,803	734,313
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–24e)	6,112,074	6,616,308
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,291,056	10,359,122
19	Revenue less expenses Subtract line 18 from line 12	523,674	94,384

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,897,428	4,021,772
21	Total liabilities (Part X, line 26)	2,908,765	1,930,513
22	Net assets or fund balances Subtract line 21 from line 20	1,988,663	2,091,259

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2014-03-30
Signature of officer | Date

J SIMON FRASER CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
EDWARD B DOWASCHINSKI CPA		2014-03-30		P01214004

Firm's name ▶ EDWARD B DOWASCHINSKI CPA | Firm's EIN ▶ 57-0979686

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 RBC 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 10,146,637 including grants of $ 3,008,501) (Revenue $ 7,766,779)

THE RBC 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** ▶ 10,146,637

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	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		No
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 for escrow or custodial account liability, 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? *If "Yes," complete Schedule D, Part V*	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			
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	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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or 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, 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**	Yes	
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 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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**		No
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? *If "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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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**		
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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	13		
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? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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			No
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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
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 as charitable contributions? . . .	6a			No
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			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
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			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
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 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? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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			No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

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**	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	19		
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? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
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				
a	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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 this 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," describe 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?			
a	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**		

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 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 Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

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**

Check if Schedule O contains a response or note to any line 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) J SIMON FRASER CHAIRMAN & TRUSTEE	16 00	X		X				18,000	0	0
(2) RICHARD P REICHEL TREASURER & TRUSTEE	16 00	X		X				0	0	0
(3) JAMES J CHAFFIN JR TRUSTEE	2 00	X						0	0	0
(4) STEVEN P BIRDWELL TRUSTEE	2 00	X						0	0	0
(5) THOMAS D REILLEY JR TRUSTEE	8 00	X						0	0	0
(6) WILLIAM MATHEWS SELF TRUSTEE	2 00	X						0	0	0
(7) STANLEY R SMITH TRUSTEE	8 00	X						0	0	0
(8) STEVEN J WILMOT TOURNAMENT DIRECTOR	40 00	X				X		151,015	0	0
(9) EDWARD B DOWASCHINSKI TRUSTEE	2 00	X						0	0	0
(10) WILLIAM G MILES SECRETARY & TRUSTEE	16 00	X		X				0	0	0
(11) WARD N KIRBY TRUSTEE	8 00	X						0	0	0
(12) DONALD F CALHOON VICE CHAIRMAN & TRUSTEE	16 00	X		X				0	0	0
(13) SCOTT H RICHARDSON TRUSTEE	8 00	X						0	0	0
(14) CHARLIE BROWN TRUSTEE	2 00	X						0	0	0
(15) RAYMOND C ANGELL TRUSTEE	2 00	X						0	0	0
(16) DUKE DELCHER TRUSTEE	2 00	X						0	0	0
(17) TERRY A 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) CHARLES C ROUNTREE III TRUSTEE	2 00	X						0	0	0
(19) W DOUGLAS SMITH TRUSTEE	2 00	X						0	0	0
(20) DAVID J TIGGES TRUSTEE	2 00	X						0	0	0
(21) PAMELA P LACKEY TRUSTEE	2 00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								169,015	0	0

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

			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*	**3**		No
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*	**4**	Yes	
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*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	2,686,727			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		2,686,727			
Program Service Revenue			Business Code				
	2a	SPONSOR FEES	711300	4,956,348	4,956,348		
	b	PATRON PLANS/TICKETS	711300	1,676,125	1,676,125		
	c	PRO AM FEES	711300	600,230	600,230		
	d	CONCESSIONS	711300	320,246	320,246		
	e	MISCELLANEOUS	711300	205,657	205,657		
	f	All other program service revenue		2,200	2,200		
	g	**Total.** Add lines 2a–2f . . . . . ▶		7,760,806			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,973	5,973		
	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					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	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 . . . . . ▶		10,453,506	7,766,779	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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

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 United States See Part IV, line 21	3,008,501	3,008,501		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	169,015	151,015	18,000	
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	492,498	361,528	130,970	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	23,432	19,503	3,929	
10 Payroll taxes	49,368	39,464	9,904	
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 (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties . .				
16 Occupancy	115,143	97,872	17,271	
17 Travel	76,844	76,844		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,051		23,051	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,981	38,981		
23 Insurance	142,407	142,407		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PURSES	2,302,525	2,302,525		
b EQUIPMENT RENTAL	852,145	852,145		
c FOOD & BEVERAGE	508,021	508,021		
d MARKETING	361,504	361,504		
e All other expenses	2,195,687	2,186,327	9,360	
25 **Total functional expenses.** Add lines 1 through 24e	10,359,122	10,146,637	212,485	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,959,256	1	2,680,774
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		892,875	4	309,775
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		90,000	5	90,000
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,332,213			
	b	Less accumulated depreciation	10b 702,982	662,367	10c	629,231
	11	Investments—publicly traded securities		60,092	11	68,304
	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		232,838	15	243,688
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,897,428	16	4,021,772
Liabilities	17	Accounts payable and accrued expenses		47,079	17	64,294
	18	Grants payable			18	
	19	Deferred revenue		2,861,686	19	1,866,219
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,908,765	26	1,930,513
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), 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 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		1,988,663	30	2,091,259
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		1,988,663	33	2,091,259
	34	Total liabilities and net assets/fund balances		4,897,428	34	4,021,772

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,453,506
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,359,122
3	Revenue less expenses Subtract line 2 from line 1	3	94,384
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,988,663
5	Net unrealized gains (losses) on investments	5	8,212
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,091,259

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		No
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		

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SCHEDULE A (Form 990 or 990EZ)

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HERITAGE CLASSIC FOUNDATION

Employer identification number
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 - Non-functionally integrated

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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	695,889	741,734	613,257	1,133,024	2,521,727	5,705,631
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	695,889	741,734	613,257	1,133,024	2,521,727	5,705,631
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						5,705,631

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	695,889	741,734	613,257	1,133,024	2,521,727	5,705,631
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	270,058	128,516	9,964	5,982	5,973	420,493
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)						6,126,124

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 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	**14**	93 140 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	**15**	85 650 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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 ▶☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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

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

		Held at the End of the 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 XIII, 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 XIII, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(b) (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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		774,952	227,317	547,635
c Leasehold improvements		65,371	56,265	9,106
d Equipment		203,459	201,978	1,481
e Other		232,975	217,422	15,553
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				629,231

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) CHAMPION PAINTINGS	243,688
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	243,688

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	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 XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	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 XIII **Supplemental Information**

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
HERITAGE CLASSIC FOUNDATION

Employer identification number
57-0835114

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	REPORTS ARE REQUIRED FROM ALL ORGANIZATIONS SUPPORTED BY DONATIONS MADE BY THE HERITAGE CLASSIC FOUNDATION SUCH REPORTS INCLUDE A STATEMENT OF DETERMINATION THAT THE ENTITY IS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IN ADDITION, THE FOUNDATION'S CHARITY COMMITTEE REVIEWS ALL SUBMITTALS

Additional Data

Software ID:
Software Version:
EIN: 57-0835114
Name: HERITAGE CLASSIC FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
DARIUS RUCKER INTERCOLLEGIATE 399 LONG COVE DRIVE HILTON HEAD ISLAND,SC 29928			2,580				GENERAL OPERATING EXPESES
HILTON HEAD PREPARATORY SCHOOL 8 FOX GRAPE ROAD HILTON HEAD ISLAND,SC 29928	23-7126823		25,390				GENERAL FUNDGOLF PROGRAM AND GENERAL FUND
ST ANDREW BY-THE-SEA METHODIST 20 POPE AVENUE HILTON HEAD ISLAND,SC 29928			2,500				GENERAL FUNDGOLF PROGRAMGENERAL FUNDGENERAL FUND
HOOTIE AT BULLS BAY 995 BULLS BAY BLVD AWENDAW,SC 29429			2,000				GENERAL FUNDGOLF PROGRAM
BOYS & GIRLS CLUB OF BLUFFTON PO BOX 1908 BLUFFTON,SC 29910	57-0811876		77,392				GENERAL PROGRAMGENERAL PROGRAMS
CHILD ABUSE PREVENTION PO BOX 531 BEAUFORT,SC 29901	57-0722206		7,238				GENERAL PROGRAMS
FAMILY PROMISE BEAUFORT PO BOX 39 BLUFFTON,SC 29910	20-5647589		26,358				GENERAL FUND
HHHS ALL SPORTS BOOSTERS PO BOX 23363 HILTON HEAD ISLAND,SC 29925	20-0153420		42,654				GENERAL FUNDGENERAL FUNDSPORTS PROGRAMS
BLUFFTON HIGH SCHOOL 250 HE MCCRACKEN CIRCLE BLUFFTON,SC 29910	20-0337844		15,000				GENERAL FUND
BLUFFTON HS BOBCAT FOOTBALL 250 HE MCCRACKEN CIRCLE BLUFFTON,SC 29910	20-0337844		7,000				GENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ARTHRITIS FOUNDATION 5430 PARK ROAD STE 230 CHARLOTTE,NC 28209	80-0518955		1,200				TOURNAMENT FUND
GSSM FOUNDATION 1201 MAIN STREET COLUMBIA,SC 29201	57-0881347		20,600				GENERAL NEEDS
SAVANNAH AIRPORT COMMISSION 400 AIRWAYS AVE SAVANNAH,GA 31408			100				GENERAL FUND
ROTARY CLUB OF HILTON HEAD ISLAND PO BOX 5771 HILTON HEAD ISLAND,SC 29938	57-6036430		40,000				SCHOLARSHIP FUND
HH FIREFIGHTERS ASSOCIATION 40 SUMMIT DR HILTON HEAD ISLAND,SC 29926	27-0047377		26,572				GENERAL FUND & UNIFORMS
CROSSROADS COMMUNITY SUPPORT PO BOX 3525 CBLUFFTON,SC 29910	27-0536683		4,941				GENERAL FUND
HILTON HEAD HEROES PO BOX 3027 HILTON HEAD ISLAND,SC 29928	57-1076391		34,490				GENERAL FUND
HH HUMANE ASSOCIATION PO BOX 21790 HILTON HEAD ISLAND,SC 29925	57-0630156		104,162				GENERAL FUND
SECOND HELPINGS INC PO BOX 23621 HILTON HEAD ISLAND,SC 29925	57-0938469		20,725				GENERAL FUND
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND,SC 29928	57-1035817		171,326				GENERAL FUND AND PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ISLAND RECREATION ASSOCIATION PO BOX 22593 HILTON HEAD ISLAND,SC 29925	57-0827128		44,704				GENERAL FUND
THE SANDBOX 18-A POPE AVENUE HILTON HEAD ISLAND,SC 29928	20-0301794		6,126				GENERAL PROGRAMS
BOYS & GIRLS CLUB OF HILTON HEAD PO BOX 22267 HILTON HEAD ISLAND,SC 29925	57-0811876		117,790				GENERAL PROGRAMS
BOYS & GIRLS CLUB OF HILTON HEAD PO BOX 6176 HILTON HEAD ISLAND,SC 29928	57-0811876		34,868				SCHOLARSHIP FUND
OKATIE ELEMENTARY SCHOOL 53 CHERRY POINT RD OKATIE,SC 29909			1,000				GENERAL FUND
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON,SC 29910	57-0862658		31,886				GENERAL FUND
OPERATION R&R ONE CORPUS CHRISTI PL HILTON HEAD ISLAND,SC 29928	45-2219956		13,980				GENERAL FUND
CHILDREN'S RELIEF FUND PO BOX 22574 HILTON HEAD ISLAND,SC 29925	57-0916790		24,074				GENERAL FUND
CITIZENS OPPOSED TO DOMESTIC ABUSE PO BOX 1755 BEAUFORT,SC 29901	57-0814522		258				GENERAL FUND
COASTAL DISCOVERY MUSEUM PO BOX 23497 HILTON HEAD ISLAND,SC 29925	57-0801415		20,739				GENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN JUNIOR GOLF ASSOCIATION 1980 SPORTS CLUB DR BRAZELTON,GA 30517	58-1447686		8,600				GENERAL FUND
SC JUNIOR GOLF FOUNDATION PO BOX 286 IRMO,SC 29063	57-1021847		125,688				GENERAL FUND
NORTHWESTERN UNIVERSITY 1801 HINMAN AVE EVANSTON,IL 60208	36-2167817		5,500				SCHOLARSHIP
EMORY UNIVERSITY 300 BOISEFEUILLET JONE CENTER ATLANTA,GA 30322	58-0566256		9,000				SCHOLAR FUND
GENETICS ENDOWMENT OF SC 101 GREGOR MENDEL CIR GREENWOOD,SC 29646	57-0875678		1,200				GENERAL FUND
NATIONAL ALLIANCE FOR MENTALLY ILL PO BOX 7863 HILTON HEAD ISLAND,SC 29938	57-0920882		18,473				GENERAL FUND
BLUFFTONJASPER VOLNTEERS IN MEDICINE PO BOX 2653 BLUFFTON,SC 29910	57-0959206		5,400				GENERAL FUND
LITERACY VOLUNTEERS OF THE LOWCOUNTRY 9 TOWN CENTER COURT HILTON HEAD ISLAND,SC 29928	57-0727884		15,152				GENERAL FUND
UNIVERSITY OF NC-CHAPEL HILL 103 BYNUM CB1400 CHAPEL HILL,NC 27599	56-6001393		4,500				GENERAL FUND
LOW COUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON,SC 29910	56-2202319		23,721				GENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BORN TO READ 2201 BOUNDARY STREET STE 111 BEAUFORT,SC 29902	20-8599185		502				GENERAL FUND
MEMORY MATTERS PO BOX 22330 HILTON HEAD ISLAND,SC 29925	58-2291775		33,585				GENERAL FUND
COLUMBUS HOPE FOUNDATION PO BOX 21276 HILTON HEAD ISLAND,SC 29925			760				GENERAL FUND
FRIENDS OF THE LIBRARY 5 MADISON LANE HILTON HEAD ISLAND,SC 29926	57-0858601		3,049				GENERAL FUND
MITCHELVILLE PRESERVATION PROJECT PO BOX 21758 HILTON HEAD ISLAND,SC 29925	27-2308109		17,107				GENERAL FUND
ELS FOR AUTISM 3900 MILITARY TRAIL JUPITER,FL 33458	26-3520396		16,384				GENERAL FUND
BOYS & GIRLS CLUB OF JASPER COUNTY 913 GRAYS HIGHWAY RIDGELAND,SC 29936	57-0811876		3,200				GENERAL FUND
PROGRAMS FOR EXCEPTIONAL PERSONS 10 OAK PARK DR BOX 2 HILTON HEAD ISLAND,SC 29928	57-1036680		12,787				GENERAL FUND
HHI DEEP WELL PROJECT PO BOX 5543 HILTON HEAD ISLAND,SC 29928	57-0566098		33,356				GENERAL FUND
FASTLANE TRACK CLUB 20 WILBORN ROAD HILTON HEAD ISLAND,SC 29926	58-2325795		600				GENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
HOSPICE CARE OF THE LOWCOUNTRY 20 PALMETTO PARKWAY 104 HILTON HEAD ISLAND,SC 29926	57-0774530		16,529				GENERAL FUND
THE ROTARY FOUNDATION 1560 SHERMAN AVENUE EVANSTON,IL 60201	36-3245072		5,600				POILO PLUS CAMPAIGN
HILTON HEAD REGIONAL HABITAT 21 BRENDAN LN BLUFFTON,SC 29910	57-0916245		3,800				GENERAL FUND
TECHNICAL COLLEGE OF THE LOWCOUNTRY PO BOX 2614 BEAUFORT,SC 29901	57-0767384		27,726				GENERAL FUND
HERITAGE LIBRARY FOUNDATION 22 OYSTER LANDING RD HILTON HEAD ISLAND,SC 29928	58-2332014		17,245				GENERAL FUND
BOYS & GIRLS CLUB OF BEAUFORT 1100 BOUNDARY STREET BEAUFORT,SC 29902	57-0811876		5,000				GENERAL FUND
DUKE UNIVERSITY PO BOX 90397 DURHAM,NC 27708	56-0532129		18,000				SCHOLARSHIP FUND
VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND,SC 29926	57-0959206		171,744				GENERAL FUND
ROTARY CLUB OF HH-SUNSET PO BOX 22595 HILTON HEAD ISLAND,SC 29925	91-1797681		22,387				COMMUNITY PROJECTS
SEA PINES MONTESSORI SCHOOL 9 FOX GRAPE RD HILTON HEAD ISLAND,SC 29928	57-0618428		48,290				GENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PRESBYTERIAN DAY SCHOOL 540 WILLIAM HILTON PKWY HILTON HEAD ISLAND,SC 29928			19,505				SCHOLARSHIP FUND
VOLUNTEERS IN MEDICINE - DENTAL CLINIC 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND,SC 29926	57-0959206		7,200				GENERAL FUND
HILTON HEAD SYMPHONY ORCHESTRA 2 PARK LANE HILTON HEAD ISLAND,SC 29928	57-0761297		25,200				TRAVEL FUND
HILTON HEAD SYMPHONY ORCHESTRA 32 OFFICE PARK RD HILTON HEAD ISLAND,SC 29928	57-0761297		86,367				GENERAL FUND
CHILDREN'S CENTER 145 MATTHEWS DRIVE HILTON HEAD ISLAND,SC 29925	57-0485356		67,834				GENEARL FUND
CAROLINAS PGA SECTION PO BOX 4567 N MYRTLE BEACH,SC 29597			4,000				GENERAL FUND
RICHMOND UNIVERSITY 28 WESTHAMPTON WAY RICHMOND,VA 23713	54-0505965		4,500				SCHOLARSHIP FUND
UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING NOTRE DAME,IN 46556	35-0868188		9,000				SCHOLARSHIP FUND
COLLEGE OF CHARLESTON 66 GEORGE ST CHARLESTON,SC 29424	57-6000265		18,000				SCHOLARSHIP FUND
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE,SC 29613	57-0314395		9,000				SCHOLARSHIP FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BATES COLLEGE 23 CAMPUS AVENUE LEWISTON,ME 04240	01-0211781		4,500				SCHOLARSHIP FUND
UNIVERSITY OF SOUTH CAROLINA 1714 COLLEGE STREET COLUMBIA,SC 29208	57-6001153		23,000				SCHOLARSHIP FUND
UNIVERSITY OF SC-BEAUFORT 1 UNIVERSITY BLVD BLUFFTON,SC 29909	57-6001153		4,500				SCHOLARSHIP FUND
HILTON HEAD SERTOMA PO BOX 5113 HILTON HEAD ISLAND,SC 29938	57-0928072		15,392				COMMUNITY PROGRAMS
VAN LANDINGHAM ROTARY CLUB PO BOX 5013 HILTON HEAD ISLAND,SC 29938			17,480				COMMUNITY SERVICE
HILTON HEAD LIONS CLUB 2 VILLAGE NORTH DR 3 HILTON HEAD ISLAND,SC 29926	23-7313391		13,187				SUMMER CAMP PROGRAM
NATIVE ISLAND BUSINESS PO BOX 23452 HILTON HEAD ISLAND,SC 29925	57-1019358		22,896				COMMUNITY PROJECTS
FAMILY HONOR 2927 DEVINE STREET SUITE 130 COLUMBIA,SC 29205	57-0879287		5,824				GENERAL FUND
FRIENDS OF CALLAWASSIE 101 UTILITY CT OKATIE,SC 29909	57-1115517		14,085				CONSERVATION FUND
HEROES ON HORSEBACK PO BOX 3678 BLUFFTON,SC 29910	57-1099345		3,827				GENERAL FUNDGENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 12 HILTON HEAD ISLAND,SC 29926	57-0923523		41,132				GENERAL FUNDL FUND
CLEMSON UNIVERSITY BOX 345123 CLEMSON,SC 29634	57-6000254		64,000				SCHOLARSHIP FUND
JOHN PAUL II CATHOLIC SCHOOL PO BOX 1260 BLUFFTON,SC 29910	57-0352255		55,470				GENERAL FUND
HOPE HAVEN OF THE LOWCOUNTRY PO BOX 2502 BEAUFORT,SC 29901	57-1063332		24,321				GENERAL FUNDSCHOLARSHIP FUND
US MILITARY ACADEMY 646 SWIFT ROAD WEST POINT,NY 10996			4,500				SCHOLARSHIP FUND
BYU D-151 ASB PROVO,UT 84602	87-0217280		4,500				SCHOLARSHIP FUND
VILLANOVA UNIVERSITY 800 LANCASTER AVE VILLANOVA,PA 19085	23-1352688		10,000				SCHOLARSHIP FUND
PRINCETON UNIVERSITY 220 WEST COLLEGE BOX 591 PRINCETON,NJ 08542	21-0634501		4,500				SCHOLARSHIP FUND
BARNARD COLLEGE 3009 BROADWAY NEW YORK,NY 10027	13-1628149		4,500				SCHOLARSHIP FUND
AVE MARIA UNIVERSITY 5050 AVE MARIA BOULEVARD AVE MARIA,FL 34142	03-0482006		5,500				SCHOLARSHIP FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNC SCHOOL OF ARTS 1535 S MAIN STREET WINSTONSALEM,NC 27127	56-2035485		4,500				SCHOLARSHIP FUND
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AV NW WASHINGTON,DC 20016	53-0196549		9,000				SCHOLARSHIP FUND
UNIVERSITY OF PENNSYLVANIA 140 FRANKLIN 3451 WALNUT ST PHILADELPHIA,PA 19104	23-1352685		10,000				SCHOLARSHIP FUND
COLLEGE OF WILLIAM & MARY PO BOX 8795 WILLIAMSBURG,VA 23187	54-6001718		4,500				SCHOLARSHIP FUND
HHI SAFE HARBOUR PO BOX 5337 HILTON HEAD ISLAND,SC 29938	27-0888431		5,732				GENERAL FUND
UNIVERSITY OF TEXAS- AUSTIN PO BOX 7758 AUSTIN,TX 78713	74-6000203		5,500				SCHOLARSHIP FUND
WINTHROP UNIVERSITY 119 TILLMAN HALL ROCK HILL,SC 29733	57-6001204		5,500				SCHOLARSHIP FUND
LOWCOUNTRY HABITAT FOR HUMANITY 616 PARRIS ISLAND GATEWAY BEAUFORT,SC 29906	57-0920920		5,000				GENERAL FUND
MEALS ON WHEELS PO BOX 23691 HILTON HEAD ISLAND,SC 29925	57-0691109		3,700				GENERAL FUND
NEIGHBORHOOD OUTREACH COUNCIL 20 PALMETTO PARKWAY HILTON HEAD ISLAND,SC 29926	54-2083947		83,459				GENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WEEK OF CHAMPIONS PO BOX 7000 HILTON HEAD ISLAND,SC 29938			21,800				GENERAL FUND
HILTON HEAD BASEBALL ASSOCIATION PO BOX 7481 HILTON HEAD ISLAND,SC 29938	57-0946085		1,200				GENERAL FUND
SEA PINES FOREST PRESERVE 175 GREENWOOD DRIVE HILTON HEAD ISLAND,SC 29928	57-0985915		4,900				GENERAL FUND
BOYS & GIRLS CLUB OF THE LOW COUNTRY PO BOX 22267 HILTON HEAD ISLAND,SC 29925	57-0811876		3,000				GENERAL FUND
HILTON HEAD DANCE THEATRE 24 PALMETTO BUSINESS PARK RD HILTON HEAD ISLAND,SC 29926	57-0823063		8,336				GENERAL FUND
LOWCOUNTRY FOOD BANK 2864 AZALEA DR NORTH CHARLESTON,SC 29401	57-0751835		10,000				GENERAL FUND
COMMUNITIES IN SCHOOLS 1090 MONTAGUE AVENUE NORTH CHARLESTON,SC 29401			10,016				GENERAL FUND
CAROLINA PARKINSONS DISEASE PO BOX 32861 CHARLOTTE,NC 28232	30-0064156		100				GENERAL FUND
DAVID CARMINES CANCER FUND 1 HUDSON ROAD HILTON HEAD ISLAND,SC 29926	42-2454608		50				GENERAL FUND
HILTON HEAD AQUATICS PO BOX 22735 HILTON HEAD ISLAND,SC 29925	57-0804903		13,812				GENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EXPERIENCE GREEN PO BOX 6792 HILTON HEAD ISLAND,SC 29938	27-3317132		2,950				GENERAL FUND
PARRIS ISLAND YOUNG MARINES 16 HILDA AVE BEAUFORT,SC 29907			420				GENERAL FUND
BACKPACK BUDDIES PO BOX 22738 HILTON HEAD ISLAND,SC 29925	27-3106509		6,137				GENERAL FUND
USCB ATHLETICS 1 UNIVERSITY BLVD BLUFFTON,SC 29909	57-6001153		5,000				ATHLETIC PROGRAMS
HILTON HEAD ISLAND INSTITUTE PO BOX 22616 HILTON HEAD ISLAND,SC 29925			99,200				GENERAL FUND
HOSPICE SAVANNAH 1674 CHATHAM PKWY SAVANNAH,GA 31405	58-1393820		100				GENERAL FUND
W EVANS BANGLADESH FUND CO HOLY CROSS PO BOX 543 NOTRE DAME,IN 46556	52-6044122		100				GENERAL FUND
SC PRT 1205 PENDLETON ST COLUMBIA,SC 29201			100				GENERAL FUND
HILTON HEAD PARADE FUND 7D GREENWOOD DR HILTON HEAD ISLAND,SC 29928			2,500				GENERAL FUND
AMERICAN CANCER SOCIETY 128 STONEMARK LN COLUMBIA,SC 29210	13-1788491		700				GENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BLUFFTON ELEMENTARY SCHOOL 160 HE MCCRACKEN CIR BLUFFTON,SC 29910			250				GENERAL FUND
HILTON HEAD ISLAND ELEMENTARY SCHOOL 30 SCHOOL ROAD HILTON HEAD ISLAND,SC 29926			250				GENERAL FUND
MICHAEL C RILEY ELEMENTARY SCHOOL 200 BURNT CHURCH ROAD BLUFFTON,SC 29910	20-2022144		250				GENERAL FUND
WHALE BRANCH ELEMENTARY SCHOOL 15 STUART POINT RD SEABROOK,SC 29940			250				GENERAL FUND
HILTON HEAD CHRISTIAN ACADEMY 55 GARDNER DRIVE HILTON HEAD ISLAND,SC 29926	57-0757671		16,516				GENERAL FUND
LADY'S ISLAND MIDDLE SCHOOL 30 COUGAR DRIVE BEAUFORT,SC 29907			500				GENERAL FUND
RED CEDAR ELEMENTARY SCHOOL 10 BOX ELDER ST BLUFFTON,SC 29910			250				GENERAL FUND
ST FRANCIS CATHOLIC SCHOOL 45 BEACH CITY ROAD HILTON HEAD ISLAND,SC 29926			250				GENERAL FUND
BASIRICO SCHOLARSHIP FUND 8 FOX GRAPE ROAD HILTON HEAD ISLAND,SC 29928			460				SCHOLARSHIP FUND
COASTAL CAROLINA BSA 1025 SAM RITTENBERG BLVD CHARLESTON,SC 29407	57-0327870		300				GENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TOWN OF HILTON HEAD ISLAND FIRE & RESCUE PO BOX 23107 HILTON HEAD ISLAND,SC 29925	27-0047337		14,260				GENERAL FUND
REILLEY'S MORTGAGE NETWORK 7 D GREENWOOD DR HILTON HEAD ISLAND,SC 29928			500				GENERAL FUND
RONALD MCDONALD HOUSE 81 GADSDEN STREET CHARLESTON,SC 29401	57-0724845		10,000				GENERAL FUND
DORCHESTER HABITAT FOR HUMANITY PO BOX 1685 SUMMERVILLE,SC 29484	57-0978123		10,000				GENERAL FUND
CHARLESTON TRIDENT URBAN LEAGUE 729 EAST BAY STREET CHARLESTON,SC 29455	57-0961628		10,000				GENERAL FUND
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD WINSTONSALEM,NC 27106	56-0532138		7,750				SCHOLAR FUND
RENSEERLAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY,NY 12180	14-1340095		4,500				SCHOLAR FUND
STANFORD UNIVERSITY 450 SERRA MALL STANFORD,CA 94305	94-1156365		4,500				SCHOLAR FUND
UNIVERSITY OF ALABAMA BOX 870104 TUSCALOOSA,AL 35487	63-6001138		4,500				SCHOLAR FUND
UNC CHARLOTTE 9201 UNIVERSITY CITY BLVD CHARLOTTE,NC 28223	56-0791228		4,500				SCHOLAR FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF LOUISVILLE 580 S PRESTON ST LOUISVILLE,KY 40202	61-1014882		500				SCHOLAR FUND
HIGH POINT UNIVERSITY DRAWER 66 350 ROBERTS HALL HIGH POINT,NC 27262	56-0529999		500				SCHOLAR FUND
UNIVERSITY OF MICHIGAN 500 S STATE ST ANN ARBOR,MI 48109	38-6006309		500				SCHOLAR FUND
MARINE CORPS SCHOLARSHIP FUND PO BOX 6176 HILTON HEAD ISLAND,SC 29928	22-1905062		1,000				SCHOLARSHIP FUND
BEAUFORT COUNTY FIRST STEPS PO BOX 6421 BEAUFORT,SC 29902	57-1097779		250				GENERAL FUND
ALZHEIMER'S FAMILY SERVICES PO BOX 1514 BEAUFORT,SC 29901	57-0879175		30				GENERAL FUND
DARKNESS TO LIGHT 7 RADCLIFFE ST STE 200 CHARLESTON,SC 29403	57-1095108		349				GENERAL FUND
HH & BLUFFTON YOUNG LIFE PO BOX 22614 HILTON HEAD ISLAND,SC 29925			19,152				GENRAL FUND
HILTON HEAD CHORAL SOCIETY PO BOX 22235 HILTON HEAD ISLAND,SC 29925	57-0834963		10,550				GENERAL FUND
HH REGIONAL HABITAT FOR HUMANITY 21 BRENDAN LN BLUFFTON,SC 29910	57-0916245		11,969				GENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HILTON HEAD SYMPHONY ORCHESTRA 2 PARK LANE HILTON HEAD ISLAND,SC 29928	57-0761297		10,800				GENERAL FUND
LIVE TO GIVE A GOD THING 130 ARROW ROAD HILTON HEAD ISLAND,SC 29928	27-3584301		24,240				GENERAL FUND
MAIN STREET YOUTH THEATER 3000 MAIN STREET HILTON HEAD ISLAND,SC 29926	58-2325670		318				GENERAL FUND
OSPREY VILLAGE INC PO BOX 22854 HILTON HEAD ISLAND,SC 29925	26-2967726		1,176				GENERAL FUND
PALMETTO ANIMAL LEAGUE 56 RIVERWALK BLVD RIDGELAND,SC 29936	57-0732733		43,606				GENERAL FUND
PENN CENTER INC 16 PENN CENTER CIR W ST HELENA ISLAND,SC 29920	57-0324930		286				GENERAL FUND
SOUTH COASTAL FCA PO BOX 5192 HILTON HEAD ISLAND,SC 29938	44-0610626		159,333				GENERAL FUND
ASHLEY G CHARITABLE FOUNDATION PO BOX 14 PAWLEYS ISLAND,SC 29585	26-2115367		1,077				GENERAL FUND
THOMAS HEYWARD ACADEMY 1727 MALPHRUS ROAD RIDGELAND,SC 29936			2,548				GENERAL FUND
MILES LYMPHATIC RESEARCH FOUNDATION-COMMUNITYB FOUNDATION OF LOW COUNTRY PO BOX 23019 HILTON HEAD ISLAND,SC 29925	57-0756987		5,288				GENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WISH UPON A HORSE 190 GREENWOOD DRIVE HILTON HEAD ISLAND,SC 29928	45-1538355		8,493				GENERAL FUND
BOY SCOUTS LOWCOUNTRY DISTRICT 1025 SAM RITTENBERG BLVD CHARLESTON,SC 29407	22-1576300		572				GENERAL FUND
LC COALITION AGAINST HUMAN TRA 18 CRISTO DRIVE HILTON HEAD ISLAND,SC 29926	27-2967116		619				GENERAL FUND
COMMUNITY FOUNDATION OF THE LOW COUNTRY PO BOX 23019 HILTON HEAD ISLAND,SC 29925	57-0756987		12,869				GENERAL FUND
ST VICENT DEPAUL SOCIETY 333 FORDING ISLAND RD BLUFFTON,SC 29909			1,200				GENERAL FUND
TEE OFF FOR YOUNG MENS GOLF PROGRAM PO BOX 244 GREENWOOD,SC 29648			11,886				GENERAL FUND
SPARTANBURG COUNTY FOUNDATION 424 EAST KENNEDY ST SPARTANBURG,SC 29302	57-0351398		1,200				GENERAL FUND
FCA GOLF MINISTRY PO BOX 664 PONTE VEDRA,FL 32004	44-0610626		300				GENERAL FUND
GOVERNOR'S SCHOOL FOR THE ARTS PO BOX 8458 GREENVILLE,SC 29604	57-0794878		18,900				GENERAL FUND
EOF COMMUNITY OUTREACH MINISTRY 146 COLONIAL THOMAS HEYWARD RD OKATIE,SC 29909			3,600				GENERAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF SC-BEAUFORT 1 UNIVERSITY BLVD BLUFFTON,SC 29909	57-6001153		600				GENERAL FUND
SC REPERTORY COMPANY PO BOX 10796 GREENVILLE,SC 29603	57-0964447		1,800				GENERAL FUND
LONG COVE ENDOWMENT FUND 399 LONG COVE DRIVE HILTON HEAD ISLAND,SC 29928			4,200				GENERAL FUND
AIKEN JR SPORTS ASSOCIATION 1677 HUNTSMAN DR AIKEN,SC 29803	14-1884280		5,040				GENERAL FUND
ROOM AT THE INN PO BOX 484 COLFAX,NC 27235	56-2152520		1,200				GENERAL FUND
LOWCOUNTRY AUTISM FOUNDATION 66 STREET STE H HILTON HEAD ISLAND,SC 29926	26-0805420		1,200				GENERAL FUND
SC COALITION AGAINST DOMESTIC ABUSE PO BOX 7776 COLUMBIA,SC 29202	57-0760811		600				GENERAL FUND
ST LUKE'S YOUTH OUTREACH PO DRAWER 3 HILTON HEAD ISLAND,SC 29938	45-2665763		1,200				GENERAL FUND
VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND,SC 29926	57-0959206		17,165				GENERAL FUND

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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.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 appropiate 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 idemnification 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 in 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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**		No
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)STEVEN J WILMOT TOURNAMENT DIRECTOR	(i) (ii)	151,015 0	0 0	0 0	0 0	0 0	151,015 0	0 0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) STEPHEN J WILMOT		LIFE INSURANCE CONTRACT		X		90,000		No	Yes		Yes	
Total		▶ $				90,000						

Part III Grants or Assistance Benefitting 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 of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(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

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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Name of the organization
HERITAGE CLASSIC FOUNDATION

Employer identification number
57-0835114

990 Schedule O, Supplemental Information

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
FORM 990, PART IX, LINE 24E	FACILITIES USE PROGRAM SERVICE EXPENSES 344,814 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 344,814 PRIZES PROGRAM SERVICE EXPENSES 292,717 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 292,717 OUTSIDE SERVICES PROGRAM SERVICE EXPENSES 221,113 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 221,113 TRANSPORTATION PROGRAM SERVICE EXPENSES 216,774 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 216,774 OPERATING SUPPLIES PROGRAM SERVICE EXPENSES 201,276 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 201,276 COMMISSARY EXPENSES PROGRAM SERVICE EXPENSES 166,600 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 166,600 SECURITY PROGRAM SERVICE EXPENSES 144,528 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 144,528 PRINTING PROGRAM SERVICE EXPENSES 127,943 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 127,943 UNIFORMS PROGRAM SERVICE EXPENSES 107,053 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 107,053 LODGING PROGRAM SERVICE EXPENSES 62,072 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 62,072 POSTAGE, TELEPHONE & OTHER PROGRAM SERVICE EXPENSES 48,036 MANAGEMENT AND GENERAL EXPENSES 8,476 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 56,512 CREDIT CARD CHARGES PROGRAM SERVICE EXPENSES 53,534 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 53,534 PATRON SIGNS PROGRAM SERVICE EXPENSES 51,689 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 51,689 STORAGE RENTAL PROGRAM SERVICE EXPENSES 43,231 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 43,231 HERITAGE HOUSE OPERATING EXPENSES PROGRAM SERVICE EXPENSES 31,122 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 31,122 MISCELLANEOUS PROGRAM SERVICE EXPENSES 26,719 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 26,719 AUTO RENTAL PROGRAM SERVICE EXPENSES 18,756 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 18,756 PROFESSIONAL, SECRETARIAL & OTHER PROGRAM SERVICE EXPENSES 16,732 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,732 PGA FEES PROGRAM SERVICE EXPENSES 3,897 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,897 MAINTENANCE PROGRAM SERVICE EXPENSES 3,871 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,871 SPECIAL ENTERTAINMENT PROGRAM SERVICE EXPENSES 3,850 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,850 TRUSTEE EXPENSES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 884 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 884

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Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2013

Attachment Sequence No **179**

Name(s) shown on return
HERITAGE CLASSIC FOUNDATION

Business or activity to which this form relates
FORM 990 PAGE 10

Identifying number
57-0835114

Part I **Election To Expense Certain Property Under Section 179**
Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	2,928
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	23,149

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	11,950
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		See Add'l Data				
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs	S/L	
c	40-year			40 yrs	MM	S/L

Part IV **Summary** (see instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	38,981
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					
43 Amortization of costs that began before your 2013 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

Software ID:
Software Version:
EIN: 57-0835114
Name: HERITAGE CLASSIC FOUNDATION

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 5-year property		885	5 0	HY	200 DB	310
b 5-year property		1,335	5 0	HY	200 DB	467
b 5-year property		706	5 0	HY	200 DB	177