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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ 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 \$ 11,109,807

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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE HERITAGE CLASSIC FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO DISTRIBUTE THE NET PROFITS 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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶50

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

J SIMON FRASER CHAIRMAN

Type or print name and title

2017-05-10

Date

Paid Preparer Use Only

Print/Type preparer's name

EDWARD B DOWASCHINSKI CPA

Preparer's signature

EDWARD B DOWASCHINSKI CPA

Date

2017-05-10

Check ☒ if self-employed

PTIN

P01214004

Firm's name ▶ EDWARD B DOWASCHINSKI CPA

Firm's EIN ▶ 57-0979686

Firm's address ▶ PO BOX 7137

Phone no (843) 689-6472

HILTON HEAD ISLAND, SC 29938

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck 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 SANCTIONED 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 \$ 8,929,742 including grants of \$ 558,625) (Revenue \$ 9,292,175)
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 \$ 1,616,017 including grants of \$ 1,616,017) (Revenue \$)
CHAMPIONS FORE CHARITY AND BIRDIES FOR CHARITY ARE PROGRAMS WE HAVE TO ENCOURAGE DONATIONS TO LOCAL CHARITABLE ORGANZTIONS WHEREIN OUR ORGANIZATIONS SUPPLEMENTS THOSE DONATIONS MADE TO US FOR ANOTHER SPECIFIC CHARITABLE ORGANIZATION

4c (Code) (Expenses \$ 228,844 including grants of \$ 180,000) (Revenue \$)
OUR TARTAN CLUB PROGRAM SUPPORTS OUR FOUNDATION'S SCHOLAR PROGRAM

(Code) (Expenses \$ 88,208 including grants of \$ 0) (Revenue \$)
ANNUALLY WE CONDUCT THE PLAYERS AMATEUR GOLF TOURNAMENT

4d Other program services (Describe in Schedule O)

(Expenses \$ 88,208 including grants of \$ 0) (Revenue \$)

4e Total program service expenses ► 10,862,811

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	0
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	0
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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
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	Yes
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring 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	19	
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	17	
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, address, and telephone number of the person who possesses the organization's books and records
 ▶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 ContractorsCheck 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	8 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) EDWARD B DOWASCHINSKI TRUSTEE	2 00	X						0	0	0
(9) WILLIAM G MILES SECRETARY & TRUSTEE	16 00	X		X				0	0	0
(10) AL KENNICKELL TRUSTEE	2 00	X						0	0	0
(11) DONALD F CALHOON VICE CHAIRMAN & TRUSTEE	16 00	X		X				0	0	0
(12) SCOTT H RICHARDSON TRUSTEE	8 00	X						0	0	0
(13) CHARLES H BROWN TRUSTEE	2 00	X						0	0	0
(14) TERRY A FINGER TRUSTEE	8 00	X						0	0	0
(15) CHARLES C ROUNTREE III TRUSTEE	2 00	X						0	0	0
(16) W DOUGLAS SMITH TRUSTEE	8 00	X						0	0	0
(17) DAVID J TIGGES 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) PAMELA P LACKEY TRUSTEE	2 00	X						0	0	0
(19) STEPHEN J WILMOT TRUSTEE & TOURNAMENT DIREC	40 00	X						234,328	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								252,328	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 ► 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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	1,707,132				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		1,707,132				
Program Service Revenue			Business Code				
	2a SPONSOR FEES		711300	6,143,262	6,143,262		
	b PATRON PLANS/TICKETS		711300	2,103,048	2,103,048		
	c PRO AM FEES		721310	674,677	674,677		
	d MISCELLANEOUS		711300	140,234	140,234		
	e ADVERTISING		711300	110,500		110,500	
	f All other program service revenue						
	g Total. Add lines 2a-2f		9,171,721				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,496		13,496		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	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 FOOD CONCESSIONS NET		711300	208,490	208,490			
b PRO AM MERCHANDISE SALES NET		711300	8,968	8,968			
c							
d All other revenue							
e Total. Add lines 11a-11d		217,458					
12 Total revenue. See Instructions		11,109,807		9,292,175	110,500	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 domestic organizations and domestic governments. See Part IV, line 21.	2,187,642	2,187,642		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	167,000	167,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	252,328	234,328	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.	694,660	555,380	139,280	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	26,421	22,243	4,178	
10 Payroll taxes.	69,820	58,377	11,443	
11 Fees for services (non-employees):				
a Management.				
b Legal.	2,110	2,110		
c Accounting.	10,738	10,738		
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).	50			50
12 Advertising and promotion.	46,740	46,740		
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	119,495	101,571	17,924	
17 Travel.	83,496	83,496		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	21,289	21,289		
20 Interest.	737	737		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	26,865	26,865		
23 Insurance.	170,299	168,017	2,282	
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	2,351,000	2,351,000		
b EQUIPMENT RENTAL	1,243,379	1,243,379		
c FOOD & BEVERAGE	693,852	693,852		
d FACILITIES USE	407,616	407,616		
e All other expenses	2,495,906	2,480,431	15,475	
25 Total functional expenses. Add lines 1 through 24e.	11,071,443	10,862,811	208,582	50
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		3,137,898	1	2,258,672	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		1,487,535	4	1,069,737	
	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	60,000	
	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	1,410,125			
	b	Less: accumulated depreciation	10b	852,635	584,355	10c	557,490
	11	Investments—publicly traded securities		64,386	11	74,364	
	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		265,388	15	276,238	
16	Total assets. Add lines 1 through 15 (must equal line 34)		5,629,562	16	4,296,501		
Liabilities	17	Accounts payable and accrued expenses		139,680	17	76,433	
	18	Grants payable			18		
	19	Deferred revenue		3,498,359	19	2,188,106	
	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		20,676	23	12,776	
	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		3,658,715	26	2,277,315	
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		1,970,847	30	2,019,186	
	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		1,970,847	33	2,019,186		
34	Total liabilities and net assets/fund balances		5,629,562	34	4,296,501		

Part XI Reconciliation of Net AssetsCheck 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	11,109,807
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,071,443
3	Revenue less expenses Subtract line 2 from line 1	3	38,364
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,970,847
5	Net unrealized gains (losses) on investments	5	9,978
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-3
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	2,019,186

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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?		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		

Additional Data

Software ID:

Software Version:

EIN: 57-0835114

Name: HERITAGE CLASSIC FOUNDATION

SCHEDULE A
(Form 990 or
990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
HERITAGE CLASSIC FOUNDATION

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.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10** ☐ 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.)
- 11** ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12** ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a** ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b** ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c** ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d** ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e** ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f** Enter the number of supported organizations _____
- g** Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	1,133,024	2,521,727	2,437,402	1,801,509	1,707,132	9,600,794
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	1,133,024	2,521,727	2,437,402	1,801,509	1,707,132	9,600,794
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						9,600,794
Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	1,133,024	2,521,727	2,437,402	1,801,509	1,707,132	9,600,794
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,982	5,973	5,247	3,816	13,497	34,515
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 VI.))						
11	Total support. Add lines 7 through 10						9,635,309
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	99.640 %
15	Public support percentage for 2015 Schedule A, Part II, line 14					15	99.640 %
16a	33 1/3% support test—2016. 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—2015. 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—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐						
b	10%-facts-and-circumstances test—2015. 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 VI 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493132000427											
SCHEDULE D (Form 990)		Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 .			OMB No 1545-0047 2016 Open to Public Inspection										
Department of the Treasury Internal Revenue Service		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" on Form 990, Part IV, line 6.															
		(a) Donor advised funds		(b) Funds and other accounts											
1	Total number at end of year														
2	Aggregate value of contributions to (during year)														
3	Aggregate value of 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" on 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														
a	Total number of conservation easements	<table><tr><td colspan="2">Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				Held at the End of the Year		2a		2b		2c		2d	
Held at the End of the Year															
2a															
2b															
2c															
2d															
b	Total acreage restricted by conservation easements														
c	Number of conservation easements on a certified historic structure included in (a)														
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register														
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, handling of violations, and enforcing conservation easements during the year ▶ _____														
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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	Revenue included on Form 990, Part VIII, line 1	▶ \$ _____													
b	Assets included in Form 990, Part X	▶ \$ _____													
For Paperwork Reduction Act Notice, see the Instructions for Form 990.															
			Cat No 52283D	Schedule D (Form 990) 2016											

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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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" on Form 990, Part IV, line 10.

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

2

Provide the estimated percentage of the 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 on 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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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' on 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	289,477	485,475
c Leasehold improvements		65,371	65,054	317
d Equipment		253,509	248,008	5,501
e Other		260,837	250,096	10,741
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				557,490

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on 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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) CHAMPION PAINTINGS	276,238
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	276,238

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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' on 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 (losses) 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' on 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	
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Part XIII	Supplemental Information (continued)
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Return Reference	Explanation
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As Filed Data -

DLN: 93493132000427

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
HERITAGE CLASSIC FOUNDATION

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

138

3

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

0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILTON HEAD PREPARATORY SCHOOL 8 FOX GRAPE ROAD HILTON HEAD ISLAND, SC 29928	23-7126823		38,184				GENERAL FUNDGOLF PROGRAM AND GENERAL FUND
ST ANDREW BY-THE-SEA METHODIST 20 POPE AVENUE HILTON HEAD ISLAND, SC 29928	57-0545273		2,500				GENERAL FUNDGOLF PROGRAMGENERAL FUNDGENERAL FUND
FBI EDUCATION FUND PO BOX 7183 COLUMBIA, SC 29202	13-3351127		1,000				GENERAL FUNDGOLF PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF BLUFFTON PO BOX 1908 BLUFFTON, SC 29910	57-0811876		929				GENERAL FUND
CHILD ABUSE PREVENTION PO BOX 531 BEAUFORT, SC 29901	57-0722206		28				GENERAL FUND
FAMILY PROMISE BEAUFORT PO BOX 39 BLUFFTON, SC 29910	20-5647589		31,058				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HHHS ALL SPORTS BOOSTERS PO BOX 23363 HILTON HEAD ISLAND, SC 29925	20-0153420		37,600				GENERAL FUND GENERAL FUNDS SPORTS PROGRAMS
BLUFFTON HS BOBCAT FOOTBALL 250 HE MCCRACKEN CIRCLE BLUFFTON, SC 29910	20-0337844		23,000				GENERAL FUND
ROTARY CLUB OF HILTON HEAD ISLAND PO BOX 5771 HILTON HEAD ISLAND, SC 29938	57-6036430		40,000				SCHOLAR FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HH FIREFIGHTERS ASSOCIATION 40 SUMMIT DR HILTON HEAD ISLAND, SC 29926	27-0047377		36,381				GENERAL FUND
HILTON HEAD HEROES PO BOX 3027 HILTON HEAD ISLAND, SC 29928	57-1076391		19,669				GENERAL FUND
HH HUMANE ASSOCIATION PO BOX 21790 HILTON HEAD ISLAND, SC 29925	57-0630156		76,410				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SECOND HELPINGS INC PO BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469		25,062				GENERAL FUND
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	57-1035817		229,755				GENERAL FUND
ISLAND RECREATION ASSOCIATION PO BOX 22593 HILTON HEAD ISLAND, SC 29925	57-0827128		44,236				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE SANDBOX 18-A POPE AVENUE HILTON HEAD ISLAND, SC 29928	20-0301794		18,696				GENERAL FUND
BOYS & GIRLS CLUB OF HILTON HEAD PO BOX 22267 HILTON HEAD ISLAND, SC 29925	57-0811876		65,955				GENERAL FUND
BLUFFTON SELF HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658		16,018				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OPERATION R&R ONE CORPUS CHRISTI PL HILTON HEAD ISLAND, SC 29928	45-2219956		6,115				GENERAL FUND
CHILDREN'S RELIEF FUND PO BOX 22574 HILTON HEAD ISLAND, SC 29925	57-0916790		37,442				GENERAL FUND
CITIZENS OPPOSED TO DOMESTIC ABUSE PO BOX 1755 BEAUFORT, SC 29901	57-0814522		2,242				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COASTAL DISCOVERY MUSEUM PO BOX 23497 HILTON HEAD ISLAND, SC 29925	57-0801415		42,025				GENERAL FUND
AMERICAN JUNIOR GOLF ASSOCIATION 1980 SPORTS CLUB DR BRAZELTON, GA 30517	58-1447686		5,000				GENERAL FUND
SC JUNIOR GOLF ASSOCIATION PO BOX 286 IRMO, SC 29063	57-1023916		108,045				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GENETICS ENDOWMENT OF SC 113 GREGOR MENDEL CIR GREENWOOD, SC 29646	57-0604070		1,150				GENERAL FUND
NATIONAL ALLIANCE FOR MENTALLY ILL PO BOX 7863 HILTON HEAD ISLAND, SC 29938	57-0920882		2,352				GENERAL FUND
BLUFFTONJASPER VOLNTEERS IN MEDICINE PO BOX 2653 BLUFFTON, SC 29910	57-0959206		10,362				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE LITERACY CENTER PO BOX 3725 BLUFFTON, SC 29910	57-0727884		25,481				GENERAL FUND
LOW COUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON, SC 29910	56-2202319		17,617				GENERAL FUND
MEMORY MATTERS PO BOX 22330 HILTON HEAD ISLAND, SC 29925	58-2291775		73,998				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRIENDS OF THE LIBRARY 5 MADISON LANE HILTON HEAD ISLAND, SC 29926	57-0858601		3,551				GENERAL FUND
MITCHELVILLE PRESERVATION PROJECT PO BOX 21858 HILTON HEAD ISLAND, SC 29925	27-2308109		3,163				GENERAL FUND
BOYS & GIRLS CLUB OF JASPER COUNTY 913 GRAYS HIGHWAY RIDGELAND, SC 29936	57-0811876		776				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PROGRAMS FOR EXCEPTIONAL PERSONS 10 OAK PARK DR BOX 2 HILTON HEAD ISLAND, SC 29928	57-1036680		1,826				GENERAL FUND
HHI DEEP WELL PROJECT PO BOX 5543 HILTON HEAD ISLAND, SC 29928	57-0566098		52,962				GENERAL FUND
HOSPICE CARE OF THE LOWCOUNTRY 20 PALMETTO PARKWAY 104 HILTON HEAD ISLAND, SC 29926	57-0774530		18,429				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HILTON HEAD REGIONAL HABITAT 21 BRENDAN LN BLUFFTON, SC 29910	57-0916245		4,510				GENERAL FUND
TECHNICAL COLLEGE OF THE LOWCOUNTRY PO BOX 2614 BEAUFORT, SC 29901	57-0767384		28,571				GENERAL FUND
HERITAGE LIBRARY FOUNDATION 22 OYSTER LANDING RD HILTON HEAD ISLAND, SC 29928	58-2332014		22,479				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926	57-0959206		215,084				GENERAL FUND
ROTARY CLUB OF HH-SUNSET PO BOX 22595 HILTON HEAD ISLAND, SC 29925	91-1797681		17,918				COMMUNITY PROJECTS
SEA PINES MONTESSORI SCHOOL 9 FOX GRAPE RD HILTON HEAD ISLAND, SC 29928	57-0618428		41,602				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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1ST PRESBYTERIAN DAY SCHOOL 540 WILLIAM HILTON PKWY HILTON HEAD ISLAND, SC 29928	57-0777216		11,440				GENERAL FUND
HILTON HEAD SYMPHONY ORCHESTRA 2 PARK LANE HILTON HEAD ISLAND, SC 29928	57-0761297		190,543				GENERAL FUND
CHILDREN'S CENTER 145 MATTHEWS DRIVE HILTON HEAD ISLAND, SC 29925	57-0485356		67,637				GENEARL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNIVERSITY OF SC-BEAUFORT 1 UNIVERSITY BLVD BLUFFTON, SC 29909	57-6001153		10,000				SCHOLAR FUNDSCHOLARSHIP FUND
HILTON HEAD SERTOMA PO BOX 5113 HILTON HEAD ISLAND, SC 29938	57-0928072		21,577				COMMUNITY PROGRAMS
VAN LANDINGHAM ROTARY CLUB PO BOX 5013 HILTON HEAD ISLAND, SC 29938	57-0779524		27,350				COMMUNITY SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HILTON HEAD LIONS CLUB 2 VILLAGE NORTH DR 3 HILTON HEAD ISLAND, SC 29926	23-7313391		16,845				SUMMER CAMP PROGRAM
NATIVE ISLAND BUSINESS PO BOX 23452 HILTON HEAD ISLAND, SC 29925	57-1019358		32,267				COMMUNITY PROJECTS
FAMILY HONOR 2927 DEVINE STREET SUITE 130 COLUMBIA, SC 29205	57-0879287		9,302				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEROES ON HORSEBACK PO BOX 3678 BLUFFTON, SC 29910	57-1099345		201				GENERAL FUND GENERAL FUND
PREGNANCY CENTER & CLINIC 1 CARDINAL RD SUITES 12 HILTON HEAD ISLAND, SC 29926	57-0923523		28,581				GENERAL FUND L FUND
HOPE HAVEN OF THE LOWCOUNTRY PO BOX 2502 BEAUFORT, SC 29901	57-1063332		27,204				GENERAL FUND SCHOLARSHIP FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HHI SAFE HARBOUR PO BOX 5337 HILTON HEAD ISLAND, SC 29938	27-0888431		6,140				GENERAL FUND
LOWCOUNTRY HABITAT FOR HUMANITY 616 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	57-0920920		1,150				GENERAL FUND
MEALS ON WHEELS PO BOX 23691 HILTON HEAD ISLAND, SC 29925	57-0691109		3,285				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEIGHBORHOOD OUTREACH COUNCIL 20 PALMETTO PARKWAY HILTON HEAD ISLAND, SC 29926	54-2083947		39,182				GENERAL FUND
SEA PINES FOREST PRESERVE 175 GREENWOOD DRIVE HILTON HEAD ISLAND, SC 29928	57-0985915		2,008				GENERAL FUND
BOYS & GIRLS CLUB OF THE LOW COUNTRY PO BOX 22267 HILTON HEAD ISLAND, SC 29925	57-0811876		28				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HILTON HEAD DANCE THEATRE 24 PALMETTO BUSINESS PARK RD HILTON HEAD ISLAND, SC 29926	57-0823063		6,360				GENERAL FUND
HILTON HEAD AQUATICS PO BOX 22735 HILTON HEAD ISLAND, SC 29925	57-0804903		316				GENERAL FUND
EXPERIENCE GREEN PO BOX 6792 HILTON HEAD ISLAND, SC 29938	27-3317132		4,025				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BACKPACK BUDDIES PO BOX 22738 HILTON HEAD ISLAND, SC 29925	27-3106509		9,766				GENERAL FUND
HILTON HEAD ISLAND INSTITUTE PO BOX 22616 HILTON HEAD ISLAND, SC 29925	46-4816587		5,750				GENERAL FUND
HILTON HEAD ISLAND ELEMENTARY SCHOOL 30 SCHOOL ROAD HILTON HEAD ISLAND, SC 29926	46-1019698		650				GENERAL FUND

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MARINE CORPS SCHOLARSHIP FUND PO BOX 6176 HILTON HEAD ISLAND, SC 29928	22-1905062		7,000				SCHOLAR FUND
HH & BLUFFTON YOUNG LIFE PO BOX 22614 HILTON HEAD ISLAND, SC 29925	84-0385934		288				GENERAL FUND
HILTON HEAD CHORAL SOCIETY PO BOX 22235 HILTON HEAD ISLAND, SC 29925	57-0834963		13,024				GENERAL FUND

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OSPREY VILLAGE INC PO BOX 22854 HILTON HEAD ISLAND, SC 29925	26-2967726		416				GENERAL FUND
PALMETTO ANIMAL LEAGUE 56 RIVERWALK BLVD RIDGELAND, SC 29936	57-0732733		27,260				GENERAL FUND
SOUTH COASTAL FCA PO BOX 5192 HILTON HEAD ISLAND, SC 29938	44-0610626		52,495				GENERAL FUND

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LC COALITION AGAINST HUMAN TRA 18 CRISTO DRIVE HILTON HEAD ISLAND, SC 29926	27-2967116		72				GENERAL FUND
COMMUNITY FOUNDATION OF THE LOW COUNTRY - MILES LYMPHATIC RESEARCH PO BOX 23019 HILTON HEAD ISLAND, SC 29925	57-0756987		3,114				GENERAL FUND
LOWCOUNTRY FND FOR WOUNDED MILITARY 20 TOWNE DR 199 BLUFFTON, SC 29910	35-2381056		6,000				GENERAL FUND

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HHI PROFESSIONAL GOLFERS ASSOC 10 CLUBHOUSE DR HILTON HEAD ISLAND, SC 29928	57-0896055		1,000				GENERAL FUND
BERKELEY HALL CHARITY CUP 366 GOOD HOPE ROAD BLUFFTON, SC 29909	46-4739893		5,700				GENERAL FUND GENERAL FUND
BLUFFTON HISTORICAL SOCIETY PO BOX 742 BLUFFTON, SC 29910	57-0724129		192				GENERAL FUND

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CHRIST LUTHERAN PRESCHOOL 829 WILLIAM HILTON PKWY HILTON HEAD ISLAND, SC 29928	57-0630675		6,903				GENERAL FUND
PORT ROYAL SOUND FOUNDATION 310 OKATIE HIGHWAY OKATIE, SC 29909	20-4431922		1,150				GENERAL FUND
THE FIRST TEE PO BOX 23334 HILTON HEAD ISLAND, SC 29925	46-5117877		22,722				GENERAL FUND

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BIG BROTHERS BIG SISTERS PO BOX 2559 COLUMBIA, SC 29202	57-0570422		4,370				GENERAL FUND
THE OUTSIDE FOUNDATION 50 SHELTER COVE LN HILTON HEAD ISLAND, SC 29928	46-4305638		2,572				GENERAL FUND
MENTAL HEALTH AMERICA PO BOX 1925 BLUFFTON, SC 29910	57-0670742		318				GENERAL FUND

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OPERATION HOPE 66 NORTH PORT ROYAL DR HILTON HEAD ISLAND, SC 29928	62-1870323		1,026				GENERAL FUND
ST LUKE'S BUILDING FUND 50 POPE AVENUE HILTON HEAD ISLAND, SC 29928	45-2665763		5,750				BUILDING FUND
TECHNICAL COLLEGE OF THE LOWCOUNTRY PO BOX 1260 BEAUFORT, SC 29901	57-0767384		3,000				SCHOLAR FUND

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ANERICAN RED CROSS 59 SHERIDAN PARK CIR BLUFFTON, SC 29910	53-0196605		5,000				GENERAL FUND
ART LEAGUE OF HILTON HEAD PO BOX 22834 HILTON HEAD ISLAND, SC 29925	57-1061135		7,357				GENERAL FUND
BLUFFTON ELEMENTARY 160 H E MCCRACKEN CIR BLUFFTON, SC 29910	57-6000310		150				GENERAL FUND

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CAROLINA ALUMNI ASSOCIATION 900 SENATE STREET COLUMBIA, SC 29204	57-0642395		2,150				GENERAL FUND
CENTRAL SC ALLIANCE 1201 MAIN STREET SUITE 100 COLUMBIA, SC 29201	57-1003750		1,500				GENERAL FUND
COACH BASURICO SCHOLARSHIP FUND 1 EAGLES POINT DR BLUFFTON, SC 29909	57-1093515		600				GENERAL FUND

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CROSS SCHOOLS 495 BUCKWALTER PKWY BLUFFTON, SC 29910	57-1069365		150				GENERAL FUND
GIRLS SCOUTS OF EASTERN CAROLINA 7257 CROSS COUNTY RD N CHARLESTON, SC 29418	57-0341216		4,600				GENERAL FUND
HARVEST HOPE FOOD BANK PO BOX 451 COLUMBIA, SC 29201	57-0725560		1,783				GENERAL FUND

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HILTON HEAD CHRISTIAN ACADEMY 55 GARDNER DRIVE HILTON HEAD ISLAND, SC 29926	57-0757671		1,150				GENERAL FUND
HILTON HEAD CONCURS 1 CARDINAL ROAD 16 HILTON HEAD ISLAND, SC 29926	02-0547759		7,500				GENERAL FUND
HOOTIE AT BULLS BAY 995 BULLS BAY BLVD AWENDAW, SC 29429	59-0525653		1,500				GENERAL FUND

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LOWCOUNTRY FOOD BANK 2864 AZALEA DRIVE N CHARLESTON, SC 29405	57-0751835		1,783				GENERAL FUND
MICHAEL C RILEY ELEMENTARY 200BURNT CHURCH RD BLUFFTON, SC 29910	57-6000310		150				GENERAL FUND
OKATIE ELEMENTARY 53 CHERRY POINT RD OKATIE, SC 29909	57-6000310		150				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PGA TOUR WIVES SCHOLARHIP FUND PO BOX 1065 PONTE VEDRA BEACH, FL 32004	52-0999206		5,000				SCHOLAR FUND
PGA TOUR WIVES ASSN 1733 MONROVIA AVE BLDG Y COSTA MESA, CA 92627	59-2903646		1,000				GENERAL FUND
PRITCHARDVILLE ELEMENTARY 9447 EVAN WAY BLUFFTON, SC 29910	57-6000310		150				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RED CEDAR ELEMENTARY 10 BOX ELDER STREET BLUFFTON, SC 29910	57-6000310		150				GENERAL FUND
RED CROSS WV FLOOD RELIEF 113 LAKEVIEW DRIVE CHARLESTON, WV 25313	53-1096605		5,000				GENERAL FUND
SHENKEL INVITATIONAL PO BOX 995 STATESBORO, GA 30459	58-2431321		1,000				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST FRANCIS CATHOLIC SCHOOL 45 BEACH CITY ROAD HILTON HEAD ISLAND, SC 29926	57-1096485		150				GENERAL FUND
HILTON HEAD JUNIOR GOLF ASSOCIATION PO BOX 23012 HILTON HEAD ISLAND, SC 29925	56-0903216		1,000				GENERAL FUND
PAN AFRICAN FAMILY EMPOWERMENT PO BOX 706 ST HELENA, SC 29920	46-3519895		86				GENERAL FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SC OPEN PO BOX 286 IRMO, SC 29063	56-0903216		1,000				GENERAL FUND
THE BOBBY CHAPMAN 619 CRYSTAL DRIVE SPARTANBURG, SC 29302	57-1026532		300				GENERAL FUND
WOMEN'S SC GOLF FOUNDATION PO BOX 2436 MT PLEASANT, SC 29465	65-1201480		2,123				GENERAL FUND

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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
SCHOLAR AWARDS TO STUDENTS ATTENDING CLEMSON UNIVERSITY	10	45,000			
SCHOLAR AWARDS TO STUDENTS ATTENDING THE UNIVERSITY OF SOUTH CAROLINA	4	21,000			
SCHOLAR AWARDS TO STUDENTS ATTENDING WITHTHROP UNIVERSITY	2	11,000			
SCHOLAR AWARDS TO STUDENTS ATTENDING COLLEGE OF CHARLESTON	2	10,500			
SCHOLAR AWARDS TO STUDENT ATTENING GEORGIA TECH	2	9,000			
SCHOLAR AWARDS TO STUDENTS ATTENDING EMORY UNIVERSITY	2	9,000			
SCHOLAR AWARD TO STUDENT ATTENDING COLLEGE OF WILLIAM & MARY	1	5,500			
SCHOLAR AWARD TO STUDENT ATTENDING SAVANNAK COLLEGE OF ART & DESIGN	1	5,500			
SCHOLAR AWARD TO STUDENT ATTENDING WAKE FOREST UNIVERSITY	1	5,500			
SCHOLAR AWARD TO STUDENT ATTENDING BYU	1	4,500			
SCHOLAR AWARD TO STUDENT ATTENDING DUKE UNIVERSITY	1	4,500			
SCHOLAR AWARD TO A STUDENT ATTENDING FURMAN UNIVERSITY	1	4,500			
SCHOLAR AWARD TO A STUDENT ATTENDING RENSSELEAR POLYTECH	1	4,500			
SCHOLAR AWARD TO STUDENT ATTENDING STANFORD UNIVERSITY	1	4,500			
SCHOLAR AWARD TO STUDENT ATTENDING UNIVERSITY OF ALABAMA	1	4,500			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
(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
SCHOLAR AWARD TO STUDENT ATTENDING UNIVERSITY OF MIAMI	1	4,500			
SCHOLAR AWARD TO STUDENT ATTENDING UNIVERSITY OF SOUTHERN CALIFORNIA	1	4,500			
SCHOLAR AWARD TO STUDENT ATTENDING UNIVERSITY OF NOTRE DAME	1	4,500			
SCHOLAR AWARD TO STUDENT ATTENDING UNIVERSITY OF VIRGINIA	1	4,500			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
HERITAGE CLASSIC FOUNDATION

Employer identification number
57-0835114

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes 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.

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?

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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

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

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

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

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

No

No

No

No

No

No

No

No

No

For each individual whose compensation must be reported on 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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEPHEN J WILMOT TRUSTEE & TOURNAMENT DIREC	(i)	234,328	0	0	0	0	234,328	0
	(ii)	0	0	0	0	0	0	0

See Additional Data Table

[illegible]

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

OMB No 1545-0047

2016

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), section 501(c)(4), and 501(c)(29) 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) STEPHEN J WILMOT		LIFE INSURANCE CONTRACT		X	90,000	60,000		No	Yes		Yes	
Total						▶ \$ 60,000						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Name of the organization
HERITAGE CLASSIC FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

57-0835114

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 NEE DED

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	OUTSIDE SERVICES PROGRAM SERVICE EXPENSES 344,295 MANAGEMENT AND GENERAL EXPENSES 0 FUN DRAISING EXPENSES 0 TOTAL EXPENSES 344,295 MARKETING PROGRAM SERVICE EXPENSES 338,643 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 338,643 TRANSPOR TATION PROGRAM SERVICE EXPENSES 338,171 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 338,171 PRIZES PROGRAM SERVICE EXPENSES 243,659 MANAGEMENT A ND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 243,659 SECURITY PROGRAM S ERVICE EXPENSES 204,634 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 204,634 OPERATING SUPPLIES PROGRAM SERVICE EXPENSES 194,201 MANAGEMENT AND GEN ERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 194,201 AUTO RENTAL PROGRAM SERV ICE EXPENSES 158,602 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXP ENSES 158,602 POSTAGE, TELEPHONE & OTHER PROGRAM SERVICE EXPENSES 95,218 MANAGEMENT AND GENERAL EXPENSES 9,744 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 104,962 UNIFORMS PROGRAM SERVICE EXPENSES 104,366 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTA L EXPENSES 104,366 PRINTING PROGRAM SERVICE EXPENSES 98,837 MANAGEMENT AND GENERAL EXPE NSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 98,837 CREDIT CARD CHARGES PROGRAM SERVIC E EXPENSES 87,116 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENS ES 87,116 PATRON SIGNS PROGRAM SERVICE EXPENSES 84,984 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 84,984 LODGING PROGRAM SERVICE EXPENSES 84,459 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 84,459 HERITA GE HOUSE OPERATING EXPENSES PROGRAM SERVICE EXPENSES 50,037 MANAGEMENT AND GENERAL EXPEN SES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 50,037 STORAGE RENTAL PROGRAM SERVICE EXPE NSES 42,776 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 42, 776 TRUSTEE EXPENSES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 5,731 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,731 SPECIAL ENTERTAINMENT PROGRAM SERVICE EXPEN SES 4,950 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,950 MAINTENANCE PROGRAM SERVICE EXPENSES 3,144 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAIS ING EXPENSES 0 TOTAL EXPENSES 3,144 PGA FEES PROGRAM SERVICE EXPENSES 1,490 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,490 MISCELLANEOUS PROG RAM SERVICE EXPENSES 849 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 849

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE HERITAGE CLASSIC FOUNDATION HAS AN INDEPENDENT CPA AUDIT ITS BOOKS EACH YEAR GENERALLY THE AUDIT OCCURS AFTER THE FORM 990 IS FILED