

PUBLIC DISCLOSURE COPY

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer HISTORIC CHARLESTON FOUNDATION EIN or SSN 57-6000599

Name and title of officer or person subject to tax CYNTHIA ELLIS CHIEF FINANCIAL OFFICER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 3 columns: Line number (1a-10a), Description (Form 990 check here, Total revenue, Total tax, etc.), and Amount (6,777,038).

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize ELLIOTT DAVIS, LLC/PLLC to enter my PIN 00599. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Cynthia Ellis Date 9/8/2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56969981582 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature James G. Patton Date 09/06/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HISTORIC CHARLESTON FOUNDATION		D Employer identification number 57-6000599
	Doing business as		E Telephone number 843-723-1623
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code CHARLESTON, SC 29402		G Gross receipts \$ 9,233,114.
	F Name and address of principal officer: WINSLOW HASTIE PO BOX 1120, CHARLESTON, SC 29402		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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.HISTORICCHARLESTON.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1947** **M** State of legal domicile: **SC**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IN PURSUIT OF ITS MISSION OF ADVOCACY, PRESERVATION AND EDUCATION, HISTORIC CHARLESTON FOUNDATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	106
	6 Total number of volunteers (estimate if necessary)	6	88
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,077,735.	2,365,203.
	9 Program service revenue (Part VIII, line 2g)	936,487.	1,503,966.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	97,771.	1,759,676.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	549,944.	1,148,193.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,661,937.	6,777,038.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	50,500.	10,039.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,717,112.	1,212,228.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 175,404.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,801,249.	1,749,479.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,568,861.	2,971,746.	
19 Revenue less expenses. Subtract line 18 from line 12	-906,924.	3,805,292.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 29,878,375.	End of Year 32,935,368.
	21 Total liabilities (Part X, line 26)	795,686.	976,816.
	22 Net assets or fund balances. Subtract line 21 from line 20	29,082,689.	31,958,552.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	CYNTHIA ELLIS, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JANICE A RATICA	Preparer's signature <i>Janice A Ratica</i>	Date 09/06/22	Check if self-employed <input type="checkbox"/>	PTIN P00358837
	Firm's name ▶ ELLIOTT DAVIS, LLC/PLLC	Firm's EIN ▶ 57-0381582	Phone no. (704) 333-8881		
Firm's address ▶ 500 EAST MOREHEAD STREET, SUITE 700 CHARLOTTE, NC 28202					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: HISTORIC CHARLESTON FOUNDATION'S MISSION IS TO CHAMPION THE HISTORIC AUTHENTICITY, CULTURAL CHARACTER, AND LIVABILITY OF THE CHARLESTON REGION THROUGH ADVOCACY, STEWARDSHIP, AND COMMUNITY ENGAGEMENT.

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 [X] 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 [X] 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 \$ 408,342. including grants of \$ 10,039.) (Revenue \$ 3,118.) PRESERVATION SERVICES - HISTORIC CHARLESTON FOUNDATION (HCF) IS ONE OF THE NATION'S OLDEST AND MOST RESPECTED HISTORIC PRESERVATION ORGANIZATIONS. FOUNDED IN 1947 BY A GROUP OF CONCERNED LOCAL CITIZENS, THE FOUNDATION CONTINUES ITS IMPORTANT ROLE IN REVITALIZING CHARLESTON AND PRESERVING THE CITY'S HISTORIC ARCHITECTURE AND NEIGHBORHOODS. HCF IS CURRENTLY ONE OF THE MOST INNOVATIVE AND EFFECTIVE PRESERVATION ADVOCACY ORGANIZATIONS IN THE UNITED STATES.

THE FOUNDATION CREATED THE NATION'S FIRST REVOLVING FUND FOR NEIGHBORHOODS, SAVING AND PROTECTING 140 HISTORIC STRUCTURES, AND STRESSING THE IMPORTANCE OF REVITALIZING ENTIRE NEIGHBORHOODS RATHER THAN JUST INDIVIDUAL BUILDINGS. ITS ANSONBOROUGH PROJECT IS CREDITED

4b (Code:) (Expenses \$ 361,630. including grants of \$) (Revenue \$ 488,920.) PUBLIC PROGRAMS - AS PART OF HCF'S MISSION TO EDUCATE THE PUBLIC ABOUT THE BENEFITS OF HISTORIC PRESERVATION, THE FOUNDATION PROVIDES TWO SPRING EVENTS WHICH ALLOW VISITORS TO LEARN ABOUT AND VISIT THE CITY'S FINEST HISTORIC PRIVATE HOUSES AND GARDENS, AS WELL AS STUDY AND/OR PURCHASE SOME OF THE NATION'S MOST IMPRESSIVE ANTIQUES. IN 2021, WITH ONGOING CONCERNS SURROUNDING COVID, THE FOUNDATION'S LONG RENOWNED ANNUAL SPRING FESTIVAL OF HOUSES AND GARDENS WAS MODIFIED BEGINNING IN MID-MARCH WITH VIRTUAL LUNCHEON LECTURES OUTDOOR HISTORY WALKS AND TRANSITIONING TO ON-SITE LUNCHEON LECTURES BEGINNING IN APRIL AND THROUGHOUT THE SUMMER. OUTDOOR TOURS OF PIAZZA AND GARDENS WERE HELD IN MAY AND MONTHLY GULLAH SPIRITUALS WERE AVAILABLE THROUGH NOVEMBER.

4c (Code:) (Expenses \$ 888,343. including grants of \$) (Revenue \$ 937,165.) MUSEUMS - HCF FULFILLS ITS EDUCATIONAL MISSION THROUGH THE INTERPRETATION OF ITS COLLECTIONS AND TWO OUTSTANDING MUSEUM HOUSES: THE NATHANIEL RUSSELL HOUSE, C. 1808, AT 51 MEETING STREET, ONE OF AMERICA'S MOST SIGNIFICANT NEOCLASSICAL FEDERAL TOWNHOUSES; AND THE AIKEN-RHETT HOUSE, C. 1820, AT 48 ELIZABETH STREET, WHERE VISITORS CAN STEP BACK IN TIME TO EXPERIENCE LIFE IN ANTEBELLUM CHARLESTON. IN 2021 WE HAD 71,349 VISITORS TOURING THE MUSEUM PROPERTIES WHICH OPENED THE YEAR ON A REDUCED SCHEDULE BUT BEGAN FULL OPERATIONS APRIL 1.

HISTORIC CHARLESTON FOUNDATION PURCHASED THE NATHANIEL RUSSELL HOUSE, C. 1808, A NATIONAL HISTORIC LANDMARK, IN 1955. VISITORS CONTINUE TO ADMIRE THE GRAND FEDERAL-STYLE TOWNHOUSE OF PROMINENT MERCHANT,

4d Other program services (Describe on Schedule O.) (Expenses \$ 735,007. including grants of \$) (Revenue \$ 1,180,370.)

4e Total program service expenses 2,393,322.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.		
	1a 30		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 30		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on 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 **CYNTHIA ELLIS - 843-720-1193**
40 EAST BAY STREET, CHARLESTON, SC 29401

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) WINSLOW W. HASTIE PRESIDENT/CEO	35.00			X			170,910.	0.	32,596.	
(2) CASHION DROLET CHIEF ADVOCACY OFFICER	35.00				X		126,097.	0.	15,463.	
(3) CYNTHIA L. ELLIS CHIEF FINANCIAL OFFICER	35.00			X			104,040.	0.	14,852.	
(4) C. ROBERTSON ALLEN II MEMBER, BOARD OF TRUSTEES	2.00	X					0.	0.	0.	
(5) WILLIAM E. APPLGATE IV MEMBER, BOARD OF TRUSTEES	2.00	X					0.	0.	0.	
(6) STEVENSON B. BENNETT MEMBER, BOARD OF TRUSTEES	2.00	X					0.	0.	0.	
(7) OLIVIA M. BROCK MEMBER, BOARD OF TRUSTEES	2.00	X					0.	0.	0.	
(8) J. WILLIS CANTEY III MEMBER, BOARD OF TRUSTEES	2.00	X					0.	0.	0.	
(9) VIRGINIA W. DEERIN MEMBER, BOARD OF TRUSTEES	2.00	X					0.	0.	0.	
(10) ELIZABETH A. DIECK MEMBER, BOARD OF TRUSTEES	2.00	X					0.	0.	0.	
(11) LAWRENCE W. GILLESPIE MEMBER, BOARD OF TRUSTEES	2.00	X					0.	0.	0.	
(12) VINCENT G. GRAHAM MEMBER, BOARD OF TRUSTEES	2.00	X					0.	0.	0.	
(13) TARA P. GUERARD MEMBER, BOARD OF TRUSTEES	2.00	X					0.	0.	0.	
(14) SARAH HAMILIN HASTINGS MEMBER, BOARD OF TRUSTEES	2.00	X					0.	0.	0.	
(15) CYNTHIA H. HAYES MEMBER, BOARD OF TRUSTEES	2.00	X					0.	0.	0.	
(16) DAVID L. MORGAN MEMBER, BOARD OF TRUSTEES	2.00	X					0.	0.	0.	
(17) THOMAS J. PARSELL, JR. MEMBER, BOARD OF TRUSTEES	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ROBERT P. PRIOLEAU MEMBER, BOARD OF TRUSTEES	2.00	X						0.	0.	0.
(19) MARGARET M. RASH MEMBER, BOARD OF TRUSTEES	2.00	X						0.	0.	0.
(20) RUTH M. RAVENEL MEMBER, BOARD OF TRUSTEES	2.00	X						0.	0.	0.
(21) DAVID D. SILLIMAN MEMBER, BOARD OF TRUSTEES	2.00	X						0.	0.	0.
(22) RICHARD C. SIMONS MEMBER, BOARD OF TRUSTEES	2.00	X						0.	0.	0.
(23) MOLLY B. WARING MEMBER, BOARD OF TRUSTEES	2.00	X						0.	0.	0.
(24) SIMONS W. YOUNG MEMBER, BOARD OF TRUSTEES	2.00	X						0.	0.	0.
(25) JIMMY GALLANT MEMBER, BOARD OF TRUSTEES	2.00	X						0.	0.	0.
(26) KATHLEEN HAY HAGOOD MEMBER, BOARD OF TRUSTEES	2.00	X						0.	0.	0.
1b Subtotal								401,047.	0.	62,911.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								401,047.	0.	62,911.

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 3

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,365,203.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 134,961.				
	h Total. Add lines 1a-1f			2,365,203.			
Program Service Revenue	2 a MUSEUM ADMISSIONS	Business Code 561520	846,867.	846,867.			
	b SPECIAL TOURS/TRAV	561520	272,679.	272,679.			
	c SPONSORSHIPS/DEALER INCOME	561520	119,000.	119,000.			
	d ROYALTIES	561520	96,633.	96,633.			
	e ENHANCEMENT	561520	87,555.	87,555.			
	f All other program service revenue	561520	81,232.	81,232.			
	g Total. Add lines 2a-2f			1,503,966.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		259,987.			259,987.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,869,243.			
			(ii) Other	75.			
	b Less: cost or other basis and sales expenses	7b	1,369,611.	18.			
c Gain or (loss)	7c	1,499,632.	57.				
d Net gain or (loss)			1,499,689.		1499689.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		2,170,184.				
b Less: cost of goods sold	10b	1,086,447.					
c Net income or (loss) from sales of inventory			1,083,737.	1,083,737.			
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code 900099	64,456.	64,456.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			64,456.			
12 Total revenue. See instructions			6,777,038.	2,652,159.	0.	1759676.	

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 ...	10,039.	10,039.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	274,950.	226,539.	34,867.	13,544.
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	613,649.	505,602.	77,818.	30,229.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,894.	57,588.	8,863.	3,443.
9 Other employee benefits	131,674.	108,490.	16,698.	6,486.
10 Payroll taxes	122,061.	100,569.	15,479.	6,013.
11 Fees for services (nonemployees):				
a Management				
b Legal	24,141.	4,869.	19,272.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	66,115.		66,115.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	184,807.	87,716.	68,075.	29,016.
12 Advertising and promotion	70,252.	67,295.	800.	2,157.
13 Office expenses	96,804.	80,686.	6,226.	9,892.
14 Information technology	115,931.	86,743.	10,545.	18,643.
15 Royalties	24,451.	24,451.		
16 Occupancy	247,485.	226,859.	15,375.	5,251.
17 Travel	5,194.	5,126.	68.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	30.	14.	12.	4.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	423,460.	363,950.	34,169.	25,341.
23 Insurance	182,575.	151,049.	24,161.	7,365.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAMS & SPECIAL EVEN	176,425.	160,502.	2,558.	13,365.
b CREDIT CARD & BANK FEES	108,162.	103,511.	300.	4,351.
c GRANT EXPENDITURES	17,844.	17,844.	0.	0.
d MISCELLANEOUS	5,803.	3,880.	1,619.	304.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2,971,746.	2,393,322.	403,020.	175,404.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	6,524,981.	2	6,964,406.
	3 Pledges and grants receivable, net	190,873.	3	675,680.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	462,142.	8	414,286.
	9 Prepaid expenses and deferred charges	105,979.	9	133,455.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,144,945.		
	b Less: accumulated depreciation	10b 6,135,195.	10c	5,009,750.
	11 Investments - publicly traded securities	11,105,249.	11	13,582,902.
	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	6,096,689.	15	6,154,889.
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,878,375.	16	32,935,368.	
Liabilities	17 Accounts payable and accrued expenses	237,695.	17	375,953.
	18 Grants payable		18	
	19 Deferred revenue	99,641.	19	256,508.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,238.	23	6,340.
	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	457,112.	25	338,015.
	26 Total liabilities. Add lines 17 through 25	795,686.	26	976,816.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,384,537.	27	24,658,719.
	28 Net assets with donor restrictions	6,698,152.	28	7,299,833.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	29,082,689.	32	31,958,552.
33 Total liabilities and net assets/fund balances	29,878,375.	33	32,935,368.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,777,038.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,971,746.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,805,292.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,082,689.
5	Net unrealized gains (losses) on investments	5	-169,382.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-760,047.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	31,958,552.

Part XII Financial Statements and Reporting

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

- 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 on 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
- 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
- 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 on 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?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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		<input type="checkbox"/>
b 33 1/3% support test - 2020. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3263941.	1334359.	1722689.	1077735.	2365203.	9763927.
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	4711374.	4560253.	4558851.	2029802.	3674150.	19534430.
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	7975315.	5894612.	6281540.	3107537.	6039353.	29298357.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	186,020.	224,231.	156,880.	232,497.	204,242.	1003870.
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	367,644.	157,871.	479,720.	44,657.	429,836.	1479728.
c Add lines 7a and 7b	553,664.	382,102.	636,600.	277,154.	634,078.	2483598.
8 Public support. (Subtract line 7c from line 6.)						26814759.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	7975315.	5894612.	6281540.	3107537.	6039353.	29298357.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	326,455.	338,085.	358,935.	303,571.	259,987.	1587033.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	326,455.	338,085.	358,935.	303,571.	259,987.	1587033.
11 Net income from unrelated business activities not included on 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.)	7,173.	2,554.	16,604.	17,013.	64,456.	107,800.
13 Total support. (Add lines 9, 10c, 11, and 12.)	8308943.	6235251.	6657079.	3428121.	6363796.	30993190.

14 First 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	86.52 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	85.26 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	5.12 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	4.92 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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>	Yes	No	
b Did the activities described on line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No" 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 (*explain in Part VI*). 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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

HISTORIC CHARLESTON FOUNDATION

Employer identification number

57-6000599

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>27,293.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>14,320.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>11,756.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>5,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 10,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 14,996.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ <u>5,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 10,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
-------------------------------------------------------------------	---------------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	 <hr/> <hr/> <hr/>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	 <hr/> <hr/> <hr/>	\$ <u>5,117.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
-------------------------------------------------------------------	---------------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	 <hr/> <hr/> <hr/>	\$ <u>5,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	 <hr/> <hr/> <hr/>	\$ <u>20,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	 <hr/> <hr/> <hr/>	\$ <u>5,225.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ <u>6,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ <u>5,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
-------------------------------------------------------------------	---------------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 49,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
-------------------------------------------------------------------	---------------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	_____ _____ _____	\$ <u>31,841.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
-------------------------------------------------------------------	---------------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
-------------------------------------------------------------------	---------------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ <u>6,750.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ <u>36,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ <u>457,112.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
-------------------------------------------------------------------	---------------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	STOCK _____ _____ _____	\$ <u>22,143.</u>	<u>07/08/21</u>
<u>6</u>	STOCK _____ _____ _____	\$ <u>9,856.</u>	<u>05/12/21</u>
<u>23</u>	STOCK _____ _____ _____	\$ <u>14,996.</u>	<u>12/31/21</u>
<u>41</u>	STOCK _____ _____ _____	\$ <u>5,017.</u>	<u>03/22/21</u>
<u>66</u>	STOCK _____ _____ _____	\$ <u>28,671.</u>	<u>11/17/21</u>
<u>73</u>	CAKES FOR ILLUMINATION PARTY _____ _____ _____	\$ <u>6,750.</u>	<u>12/14/21</u>

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
-------------------------------------------------------------------	---------------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
74	PAINTINGS TO COLLECTION _____ _____ _____	\$ 36,000.	11/17/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
-------------------------------------------------------------------	---------------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

HISTORIC CHARLESTON FOUNDATION

Employer identification number

57-6000599

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	0.													
d	Other exempt purpose expenditures	2,971,746.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	2,971,746.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	298,587.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	74,647.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	367,076.	411,301.	328,443.	298,587.	1,405,407.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,108,111.
c Total lobbying expenditures	6,458.	10,398.	6,691.		23,547.
d Grassroots nontaxable amount	91,769.	102,825.	82,111.	74,647.	351,352.
e Grassroots ceiling amount (150% of line 2d, column (e))					527,028.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization HISTORIC CHARLESTON FOUNDATION **Employer identification number** 57-6000599

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	246
b Total acreage restricted by conservation easements	2,083.00
c Number of conservation easements on a certified historic structure included in (a)	240
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	47

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

4 Number of states where property subject to conservation easement is located ▶ 1

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 ▶ 2220

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 84,996.

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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 make 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 program
 - 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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 on 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	10,367,655.	10,270,836.	8,955,445.	9,873,921.	8,265,523.
b Contributions	1,546,666.	38,025.	39,718.	21,557.	1,056,996.
c Net investment earnings, gains, and losses	1,518,406.	489,383.	1,690,780.	-547,229.	918,043.
d Grants or scholarships					
e Other expenditures for facilities and programs	254,453.	430,589.	415,107.	392,804.	366,641.
f Administrative expenses					
g End of year balance	13,178,274.	10,367,655.	10,270,836.	8,955,445.	9,873,921.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 69.6000 %
 - b Permanent endowment 14.6000 %
 - c Term endowment 15.8000 %
- 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:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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				
b Buildings		759,225.	418,980.	340,245.
c Leasehold improvements		9,450,176.	5,215,108.	4,235,068.
d Equipment		555,302.	306,445.	248,857.
e Other		380,242.	194,662.	185,580.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,009,750.

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. (Col. (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. (Col. (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) HISTORIC PROPERTIES AND COLLECTIONS	5,844,797.
(2) CONSTRUCTION IN PROGRESS	284,144.
(3) ROYALTIES RECEIVABLE	25,948.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,154,889.

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) REFUNDABLE ADVANCE	338,015.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	338,015.

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 FASB 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	6,545,948.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-169,382.	
b	Donated services and use of facilities	2b	4,407.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-164,975.	
3	Subtract line 2e from line 1	3	6,710,923.	
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	66,115.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	66,115.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,777,038.	

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	3,670,085.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	4,407.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	760,047.	
e	Add lines 2a through 2d	2e	764,454.	
3	Subtract line 2e from line 1	3	2,905,631.	
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	66,115.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	66,115.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,971,746.	

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.

PART II, LINE 9:

ORGANIZATION DOES NOT REPORT CONSERVATION EASEMENTS ON REVENUE/EXPENSE STATEMENT AS IT HAS NO FINANCIAL INTEREST IN EASEMENTS.

PART III, LINE 4:

HISTORIC CHARLESTON EFFORTS TO PRESERVE CHARLESTON'S MATERIAL CULTURE AS WELL AS BUILT ENVIRONMENT BEGAN IN 1955 WITH THE PURCHASE OF THE NATHANIEL RUSSELL HOUSE. SINCE THAT TIME, HCF HAS ASSEMBLED A COLLECTION OF OVER FOUR THOUSAND DECORATIVE AND FINE ART ITEMS (ARCHITECTURAL ELEMENTS, SILVER, CERAMICS, GLASS, FURNITURE, METALWORK, PAINTINGS, SCULPTURES, TEXTILES, ETC.), MANY OF WHICH HAVE LOCAL PROVENANCES AND WERE MADE IN THE LOWCOUNTRY. THE EARLY COLLECTION DOCUMENTS CHARLESTON'S TRANSFORMATION

Part XIII Supplemental Information (continued)

FROM A COLONIAL OUTPOST TO A GRAND COSMOPOLITAN CITY. HCF'S 19TH CENTURY ARTIFACTS, INCLUDING THE AIKEN-RHETT FAMILY COLLECTION, ENABLE HCF TO ALSO TELL THE STORY OF ANTEBELLUM AND POST-CIVIL WAR CHARLESTON. HCF REMAINS DEDICATED TO SECURING NOTABLE EXAMPLES OF FINE AND DECORATIVE ART. HCF'S ARCHIVES CONSIST OF OVER 230 LINEAR FEET OF PAPER RECORDS, LARGELY CONSISTING OF PROPERTY RESEARCH, FILES ON NUMEROUS HISTORIC PRESERVATION SUBJECTS, AND HUNDREDS OF BLUEPRINTS. THESE RECORDS ARE ENHANCED BY THOUSANDS OF PHOTOGRAPHS AND A SMALL RESEARCH LIBRARY OF ALMOST 3,000 BOOKS, REPORTS, AND OTHER PUBLICATIONS. ADDITIONALLY, TO DATE, THE ONLINE CATALOG CONTAINS RECORDS FOR 2,321 BOOKS AND 7,178 ITEMS FROM THE ARCHIVES. ACQUIRING, INTERPRETING AND PRESERVING THE COLLECTIONS IS ONE OF THE MANY WAYS HCF ACTIVELY PRESERVES THE CITY'S RICH CULTURAL HERITAGE.

PART V, LINE 4:

THE INCOME FROM DONOR RESTRICTED ENDOWMENT FUNDS IS USED AS SPECIFIED BY ORIGINAL DONOR GIFT AGREEMENTS: GARDENS, AWARDS, TRAINING, EMPLOYEE RETIREMENT, EMPLOYEE SALARIES, TRAINING AND GENERAL OPERATING FUNDS. THE BOARD DESIGNATED PORTION OF THE ENDOWMENT IS USED FOR GENERAL OPERATING SUPPORT, A LOSS RESERVE FUND FOR BUILDINGS AND SUPPORT FOR THE LONG TERM VIABILITY OF HISTORIC CHARLESTON FOUNDATION AND ITS HISTORIC PROPERTIES.

PART X, LINE 2:

MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE FOR THE YEARS ENDED DECEMBER 31, 2021 OR 2020. THE FOUNDATION'S POLICY IS TO REPORT ACCRUED INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS, WHEN APPLICABLE, AS INTEREST INCOME AND TO REPORT PENALTIES

Part XIII Supplemental Information (continued)

AS OTHER EXPENSE.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REDUCTION OF PAYROLL EXPENSES - EMPLOYEE RETENTION CREDIT 760,047.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

HISTORIC CHARLESTON FOUNDATION

Employer identification number

57-6000599

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.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the 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.

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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 section 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 nonfixed payments not described on 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	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

For each individual whose compensation must be reported 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 aren't 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 and/or 1099-NEC 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) WINSLOW W. HASTIE PRESIDENT/CEO	(i)	163,482.	7,428.	0.	9,363.	23,233.	203,506.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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
ROBERT P. PRIOLEAU	BOARD MEMBER OF THE	18,095.	WEBSITE HOS		X
DAVID HOFFMAN	BOARD MEMBER OF THE	3,825.	WALKWAY CON		X

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: ROBERT P. PRIOLEAU

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF THE ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: WEBSITE HOSTING - THE TRANSACTION WAS

NEGOTIATED AT ARM'S LENGTH AND IS AT FAIR MARKET VALUE

(A) NAME OF PERSON: DAVID HOFFMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER OF THE ORGANIZATION

(D) DESCRIPTION OF TRANSACTION: WALKWAY CONSTRUCTION - THE TRANSACTION

WAS NEGOTIATED AT ARM'S LENGTH AND IS AT FAIR MARKET VALUE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **HISTORIC CHARLESTON FOUNDATION**
Employer identification number: **57-6000599**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	4	36,000.	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		2,221.	FMV DETERMINED BY DO
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	84,192.	FMV DETERMINED BY DO
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>FOOD & BEVERA</u>)	X	3	9,710.	FMV DETERMINED BY DO
26 Other ▶ (<u>ADVERTISING</u>)	X	1	2,500.	FMV DETERMINED BY DO
27 Other ▶ (<u>TREE FERTILIZ</u>)	X	1	184.	FMV DETERMINED BY DO
28 Other ▶ (<u>PAINT</u>)	X	1	154.	FMV DETERMINED BY DO

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

HISTORIC CHARLESTON FOUNDATION

Employer identification number

57-6000599

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

HAS ACTIVELY ENGAGED THE COMMUNITY AND STAKEHOLDERS IN ISSUES OF
LIVABILITY, SUSTAINABILITY, AFFORDABLE HOUSING, AND PROTECTION OF
HISTORIC SETTLEMENT COMMUNITIES. THESE HAVE INCLUDED PHILIPS COMMUNITY
AND HIGHWAY 41 CORRIDOR PROTECTION, THE LAUNCH OF THE COMMON CAUSE LOAN
FUND AND THE NEXT PHASE OF THE ARMY CORP 3X3 SEAWALL, ET AL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH INSPIRING COMMUNITY-BASED CONSERVATION EFFORTS IN HISTORIC
NEIGHBORHOODS THROUGHOUT THE NATION.

THE FOUNDATION'S NEIGHBORHOOD IMPACT INITIATIVE IS AN ARM OF THE
REVOLVING FUND. ESTABLISHED IN 1995, THE GOAL IS TO BE A CATALYST FOR
THE PRESERVATION OF ENTIRE NEIGHBORHOODS BY CREATING COMMUNITY
GATHERING SPACES AND REHABILITATING DETERIORATED PROPERTIES WITH
ARCHITECTURAL MERIT, WHILE ALSO PREVENTING DISPLACEMENT OF RESIDENTS.

IN 2014, HCF PROVIDED FUNDING TO ESTABLISH THE ROMNEY URBAN GARDEN, A
JOINT PROJECT WITH NEW ISRAEL REFORMED EPISCOPAL CHURCH WHICH OWNED AN
ABANDONED LOT IN THE NORTH CENTRAL NEIGHBORHOOD. THE COMMUNITY GARDEN
CONTINUES TO FLOURISH AS THE SITE OF COMMUNITY EVENTS TO INCLUDE
MUSICAL PERFORMANCES, POETRY READINGS AND PIZZA PARTIES, WITH PIZZA AND
PIES MADE IN THE GARDEN'S COB OVEN. THE COMMUNITY GATHERING SPACE
CONCEPT HAS BEEN SO SUCCESSFUL THAT HCF EXPANDED THE PROGRAM TO INCLUDE
WORK WITH LOCAL PARTNERS TO ESTABLISH A BOOK NOOK READING AND
POLLINATOR GARDEN IN THE SAME NEIGHBORHOOD.

Name of the organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
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HISTORIC CHARLESTON FOUNDATION ALSO IS KNOWN AS AN INNOVATOR IN HISTORIC EASEMENT AND COVENANT PROGRAMS. THE FOUNDATION HOLDS 467 EASEMENT AND COVENANTS, WHICH PROTECT HISTORIC BUILDINGS IN THE CITY AND OUTLYING AREAS AS WELL AS 2083 ACRES OF OPEN LAND OF HISTORIC SIGNIFICANCE. PROPERTIES PROTECTED BY EASEMENTS AND COVENANTS HELD BY HCF ARE AS DIVERSE AS THE MAGNIFICENT WILLIAM GIBBES HOUSE IN CHARLESTON TO AULDBRASS NEAR BEAUFORT, SC, THE ONLY PLANTATION DESIGNED BY FRANK LLOYD WRIGHT. THROUGH ITS DEDICATED EASEMENTS MANAGER, THE FOUNDATION PROVIDES TECHNICAL OUTREACH TO ALL OF OUR EASEMENT AND COVENANT PROPERTY OWNERS, HELPING WITH APPROPRIATE CONSERVATION TECHNIQUES FOR ISSUES RANGING FROM BRICK RE-POINTING TO WINDOW RESTORATION TO THE CLEANING OF ARCHITECTURAL STONE.

HISTORIC CHARLESTON FOUNDATION ACTIVELY ADVOCATES AND CONTINUALLY MONITORS ISSUES OF PRESERVATION AND DEVELOPMENT ACROSS THE CITY OF CHARLESTON AND PROTECTS THE PUBLIC PROCESS. THE PRESERVATION DEPARTMENT MAKES SIGNIFICANT CONTRIBUTIONS AND PROVIDES INPUT AT CITY COUNCIL, ZONING AND DESIGN REVIEW HEARINGS TO PROVIDE HCF'S POSITION ON PROJECTS, AND MEETS REGULARLY WITH PROPERTY OWNERS, DEVELOPERS AND ARCHITECTS TO REVIEW THEIR PROPOSED PROJECTS. SPECIAL PROJECTS INCLUDE RESEARCH AND DOCUMENTATION OF HISTORIC PROPERTIES, NATIONAL REGISTER NOMINATIONS AND ASSISTING THE CITY WITH THE DEVELOPMENT OF NEW PRESERVATION POLICIES. AS PART OF OUR OUTREACH TO PROTECT HISTORIC AFRICAN AMERICAN RESOURCES IN THE COMMUNITY, THE FOUNDATION TOOK A STAND TO PROTECT PROPERTY RIGHTS AND THE GULLAH GEECHEE CULTURE BY SUPPORTING AN ALTERNATIVE TO THE COUNTY'S PLAN TO WIDEN HIGHWAY 41 THROUGH THE HISTORIC PHILLIPS COMMUNITY, A 150 YEAR OLD AFRICAN AMERICAN SETTLEMENT COMMUNITY. WITH SUPPORT FROM THE FOUNDATION AND

Name of the organization

HISTORIC CHARLESTON FOUNDATION

Employer identification number

57-6000599

OTHER PARTNERS, IN 2021, THE PHILLIPS COMMUNITY WAS DESIGNATED A HISTORIC AREA ON THE NATIONAL HISTORIC REGISTER TO PROTECT THE AREA FOR FUTURE GENERATIONS.

THE FOUNDATION CONTINUED TO WORK WITH LOCAL EDUCATORS TO INCORPORATE THE TANGLED ROOTS DOCUMENTARY FILMS INTO THE CURRICULUMS OF AREA SCHOOLS. BASED ON FEEDBACK FROM EDUCATORS, THE FOUNDATION COMMISSIONED A PREQUEL TO THE FILM TO PRESENT A MORE COMPLETE BACKSTORY ABOUT THE GENERAL HISTORY OF JOHNS ISLAND LEADING UP TO THE CIVIL RIGHTS MOVEMENT. TANGLED ROOTS PROVIDES POWERFUL STORIES FROM CHARLESTON'S JOHN ISLAND COMMUNITY WHICH ARE INTIMATE, AND SOMETIMES PAINFUL, REFLECTIONS OF RURAL ECONOMIES AND SOCIAL INJUSTICE ON JOHNS ISLAND.

IN 2021, THE FOUNDATION CONTINUED COMMUNITY INVOLVEMENT IN THE ARMY CORP'S 3 X 3 STUDY FOR PERIMETER PROTECTION SYSTEM FOR THE PENINSULA. HCF HOSTED VIRTUAL DISCUSSIONS AND FORUMS TO DETAIL REPORTS ON THE NEXT PHASE OF THE STUDY FINDINGS AND NEXT STEPS IN FEASIBILITY AND DESIGN. HCF CONTINUES TO COLLABORATE CLOSELY WITH CITY OF CHARLESTON AND ARMY CORPS TO PROVIDE THE HIGHEST LEVEL OF INVOLVEMENT AND EXPERTISE IN SOLUTIONS TO ADDRESS SEA-LEVEL RISE AND TIDAL- AND STORM-RELATED FLOODING CONCERNS.

WITH ACCELERATED COMMERCIAL DEVELOPMENT IN CHARLESTON, THE POPULATION INCREASE, AND RISING HOUSING COSTS, THE FOUNDATION HAS PRIORITIZED HOUSING AFFORDABILITY AS A SIGNIFICANT ADVOCACY ISSUE THAT IS ADVERSELY AFFECTING RESIDENTIAL QUALITY OF LIFE. HCF'S WORK WITH THE PALMETTO COMMUNITY LAND TRUST, AN INITIATIVE STARTED IN 2018 BY HCF WITH THE CITY OF CHARLESTON, CONTINUES. IN 2021, A VERNACULAR 1940S HOUSE IN THE

Name of the organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
------------------------------------------------------------	----------------------------------------------

HISTORIC MARYVILLE NEIGHBORHOOD, DONATED TO THE PALMETTO COMMUNITY LAND TRUST, USING HISTORIC CHARLESTON FOUNDATION GRANT FUNDING FROM THE 1772 FOUNDATION, WAS FORMALLY HANDED OVER TO ITS NEW OWNER RESIDENTS AND IS NOW PART OF THE TRUST'S PERMANENT AFFORDABLE HOUSING PORTFOLIO.

THE FOUNDATION FULLY APPLIED ITS RESOURCES TOWARDS DEFENDING THE PUBLIC PROCESS IN FILING A MOTION TO JOIN MEDIATION BETWEEN A DEVELOPER AND THE CITY OF CHARLESTON. HCF HAS CONSISTENTLY ADVOCATED TO THE BAR FOR DENIAL OF THIS PROJECT, CITING SIGNIFICANT, SPECIFIC CONCERNS WITH HEIGHT, SCALE, MASS AND ARCHITECTURAL DIRECTION. THE PROPOSAL HAS ALSO BEEN MET WITH OUTSPOKEN OPPOSITION FROM THE COMMUNITY-AT-LARGE AND HCF REMAINS A STAUNCH ADVOCATE FOR COMMON-SENSE DEVELOPMENT.

ONE OF THE MANY WAYS HISTORIC CHARLESTON FOUNDATION SEEKS TO PROTECT CHARLESTON'S ARCHITECTURAL, HISTORICAL AND CULTURAL INTEGRITY IS THROUGH SCHOLARLY RESEARCH AND DOCUMENTATION. THE MARGARETTA CHILDS ARCHIVES INCLUDE HISTORIC BUILDING DOCUMENTATION, PHOTOS, DRAWINGS, AND OTHER MATERIALS THAT ARE USEFUL TO THOSE RESEARCHING HISTORIC CHARLESTON. THE ONLINE CATALOGUE CONTAINS RECORDS FOR 2,329 BOOKS IN THE FOUNDATION'S LIBRARY AND 7,202 ITEMS FROM THE ARCHIVES, MAKING THE FOUNDATION'S ARCHIVES AND LIBRARY EVEN MORE ACCESSIBLE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DUE TO THE REDUCED TOURS AND EXPANDED TIME FRAME OF EVENTS, ONLY 3,576 VISITORS WERE ABLE TO ENJOY THE TOURS OF HISTORIC PROPERTIES, LUNCHEON LECTURES AND SPECIAL EVENTS.

IN 2021, THE FOUNDATION PIVOTED AWAY FROM THE CHARLESTON ANTIQUES SHOW,

Name of the organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
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TYPICALLY HELD IN THE SPRING TO A LATE FALL EVENT IN PARTNERSHIP WITH SOUTHERN LIVING AND THE CHARLESTON VISITORS CENTER TO ENTICE VISITORS BACK TO CHARLESTON. THE ILLUMINATION CHARLESTON EVENT WAS A WEEKEND HIGHLIGHTING OUR HISTORIC AIKEN-RHETT MUSEUM WITH VIGNETTES DESIGNED BY WELL-KNOWN DESIGNERS FROM THE SOUTH-EAST AND PROVIDING AN INTERESTING JUXTAPOSITION BETWEEN DCOR AND THE PRESERVATION AS FOUND ROOMS IN THE MUSEUM. ALSO HIGHLIGHTING THE WEEKEND WERE DESIGN IN MIND TALKS FEATURING WELL-RESPECTED AND RECOGNIZED DESIGNERS, HIGHLIGHTING THE PRESERVATION ETHOS IN CONTEMPORARY DESIGN, INCLUDING REPURPOSE AND REUSE OF HISTORICALLY SIGNIFICANT BUILDINGS AND MATERIALS.

OVER 3,300 PEOPLE FROM ALL OVER THE COUNTRY ENJOYED THE FESTIVITIES AND WERE ABLE TO SEE THE AIKEN-RHETT HOUSE IN A WHOLE NEW LIGHT.

TAKING A SCIENTIFIC, HISTORIC, AND ARTISTIC LOOK AT LOCAL FOODWAYS, THE 2022/2023 ART AND ARCHITECTURE LECTURE SERIES RETURNED TO ITS ORIGINAL FORMAT FEATURING THREE SPEAKERS AND AN EXCURSION. UNIVERSITY OF PENNSYLVANIA ARCHAEOLOGIST DR. KATHERINE MOORE SPOKE IN NOVEMBER ON HER CONTINUED ANALYTICAL ANALYSIS OF THE PLANT AND ANIMAL MATERIALS FOUND AT THE NATHANIEL RUSSELL KITCHEN HOUSE. IN DECEMBER, CHEF, HISTORIAN, AND AUTHOR MICHAEL TWITTY, SPOKE ON HIS BOOK THE COOKING GENE. IN JANUARY, THE GROUP WILL BE TRAVELLING TO LAVINGTON FARMS TO VISIT JIMMY HAGOOD, FOUNDER OF CHARLESTON'S FOOD FOR THE SOUTHERN SOUL. THE SERIES WILL CULMINATE WITH ARTIST JONATHAN GREEN DISCUSSING HIS INCORPORATION OF FOODWAYS WITHIN VARIOUS ASPECTS OF ART.

THE FOUNDATION CONTINUES TO EMPHASIZE ITS CURRICULUM-BASED FIELD TRIP OPPORTUNITIES. UNFORTUNATELY, BECAUSE OF THE LOGISTICAL AND BUDGETARY

Name of the organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
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ISSUES CAUSED BY THE ONGOING PANDEMIC, STUDENT VISITATION FROM LOCAL AND REGIONAL SCHOOLS WAS SEVERELY OBSTRUCTED. WE ARE FOCUSING ON REIMAGINING OUR EDUCATIONAL CURRICULUM AND HAVE FIELD TRIPS ALREADY SCHEDULED FOR EARLY 2022.

HCF LAID THE GROUNDWORK FOR A NEW DIGITAL PRESERVATION AND EDUCATION PROJECT TITLED "HARBORSIDE HISTORY" THIS VIDEO SERIES WILL BE ACCOMPANIED EACH MONTH BY A BLOG, AND BOTH WILL BE FEATURED ON HCF'S WEBSITE, ITS YOUTUBE, CHANNEL, AND MOST MAJOR SOCIAL MEDIA OUTLETS. THE START OF THIS DIGITAL INITIATIVE WILL LAUNCH IN JANUARY 2022 AND COINCIDE WITH HISTORIC CHARLESTON FOUNDATION'S 75TH ANNIVERSARY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NATHANIEL RUSSELL. COMPLETED IN 1808 WHEN RUSSELL WAS 70 YEARS OLD, THE LAVISHLY ORNAMENTED HOUSE SERVES AS A TESTAMENT TO THE GREAT WEALTH HE ACCUMULATED OVER HIS DISTINGUISHED LIFETIME. THEN AS NOW, THE RUSSELL HOUSE IS CONSIDERED TO BE AMONG THE FINEST DWELLINGS IN CHARLESTON. THE HOUSE ALSO STANDS IN CONTRAST TO OTHER CONTEMPORARY CHARLESTON RESIDENCES WITH A UNIQUE GEOMETRIC FLOOR PLAN AND FINE ARCHITECTURAL DETAILING. THE INTERIOR BOASTS A SPACIOUS RECEPTION ROOM WITH INTRICATE GLAZED DOORS, AN ELEGANT FREE-FLYING STAIRCASE, AND ELABORATE TROMPE-L'OEIL DECORATION FROM THE FIRST TO THE THIRD FLOORS. PAINSTAKINGLY RESTORED TO ITS 1808 APPEARANCE, THE RUSSELL HOUSE ALSO SERVES AS THE IDEAL EXHIBITION SPACE FOR HCF'S OUTSTANDING COLLECTION OF FINE AND DECORATIVE ARTS.

IN A COMMITMENT TO TELL THE STORIES OF EVERYONE WHO LIVED AND LABORED ON THE PROPERTIES OF THE FOUNDATION'S TWO HOUSE MUSEUMS, HCF WORKED

Name of the organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
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WITH MUSEUM HACK AND CUSEUM TO DEVELOP A NEW WEB-BASED AUDIO GUIDE, WHICH ALSO IS AVAILABLE AS A FREE APP. THE NEW HOUSE MUSEUM GUIDES INTERPRET THE HISTORIES OF THE HOUSES, ARCHITECTURE AND MUSEUM OBJECTS AND DISCUSS THE LIVES AND HISTORIES OF THE WHITE FAMILIES WHO OWNED THE PROPERTIES AS WELL AS THOSE ENSLAVED AT THE PROPERTIES. THE AUDIO GUIDE IS SUPPLEMENTED BY COMMENTARY FROM LOCAL EXPERTS RANGING FROM A DISCUSSION OF THE HARSH REALITIES OF SLAVE LIFE TO ENTERTAINING IN ANTE-BELLUM DAYS TO COLONIAL PAINT TECHNIQUES. THE APP ALSO FEATURES A WALKING GUIDE OF CHARLESTON WITH OVER 300 POINTS OF INTEREST AND 30 AUDIO STOPS. OFTEN MARGINALIZED HISTORY, SUCH AS THE IMPORTANT ROLE THE GIMKE SISTERS PLAYED IN THE ABOLITIONIST MOVEMENT, AND THE ROLE OF THE FREEDMAN'S COTTAGE IN POST-CIVIL WAR CHARLESTON ARE INCLUDED, ALONG WITH INTERPRETATION OF THE MORE WELL-KNOWN HISTORIC AREA SITES.

THE WORK ON THE NATHANIEL RUSSELL KITCHEN HOUSE CONTINUED IN 2021 WITH AN EXPLORATION BELOW THE SURFACE OF THE FLOOR, USING GROUND PENETRATING RADAR AND THEN AN EXCAVATION, UNCOVERING SEVERAL THOUSAND ARTIFACTS PERTAINING TO KITCHEN AND LAUNDRY ACTIVITIES. ALSO DISCOVERED WAS A DENSE CONCENTRATION OF BUTCHERED BEEF BONES AND A RARE INTACT FIRE INSURANCE MARKER, ISSUED BY THE IMPERIAL INSURANCE COMPANY IN LONDON, C. 1820. RELATED KITCHEN HOUSE WORK INCLUDED COMPLETED ARCHITECTURAL SURVEYS, MEASURED DRAWINGS AND PHOTOGRAPHY OF 12 PENINSULA URBAN OUTBUILDINGS TO BETTER UNDERSTAND THE RUSSELL HOUSE KITCHEN HOUSE IN A BROADER CONTEXT. THE FINAL REPORT INCLUDES RESEARCH AND DOCUMENTATION OF A UNIQUE ASPECT OF CHARLESTON'S HISTORIC LANDSCAPE SERVICE BUILDINGS, LAUNDRIES, KITCHENS AND ENSLAVED PEOPLE'S LIVING QUARTERS WHICH HAD PREVIOUSLY BEEN LITTLE STUDIED.

Name of the organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
------------------------------------------------------------	----------------------------------------------

ALSO OPERATED AS A MUSEUM HOUSE IS THE AIKEN-RHETT HOUSE, C. 1820, BUILT BY JOHN ROBINSON AND GREATLY EXPANDED BY GOVERNOR AND MRS. WILLIAM AIKEN JR. IN THE 1830S. THE PROPERTY, WHICH REMAINED IN THE FAMILY UNTIL 1975, HAS SURVIVED AS A UNIQUE TIME CAPSULE, VIRTUALLY UNALTERED SINCE 1858. ORIGINAL DEPENDENCIES INCLUDE THE KITCHEN, SLAVES' QUARTERS, STABLE, COACH HOUSE AND PRIVIES. TOGETHER WITH THE MAIN HOUSE THESE STRUCTURES COMBINE TO FORM A RARE AND UNIQUE 19TH CENTURY URBAN COMPLEX. THE BUILDINGS AND THE ARTIFACTS WITHIN THEM POIGNANTLY ILLUSTRATE THE CONNECTIONS AMONG ALL MEMBERS OF THE HOUSEHOLD, THOSE WHO LIVED IN THE MAIN HOUSE AS WELL AS THOSE WHO LIVED AND WORKED AS ENSLAVED AFRICAN-AMERICANS ON THE PROPERTY.

HISTORIC CHARLESTON FOUNDATION HAS ADOPTED A UNIQUE APPROACH TO ITS STEWARDSHIP OF THE HOUSE. THANKS IN GREAT PART TO A PRESTIGIOUS SAVE AMERICA'S TREASURES GRANT, HCF HAS RESTORED AND THUS PROTECTED THE BUILDING'S EXTERIOR TO ITS 1858-1860 APPEARANCE. THE PRESERVATION PLAN FOR THE ORIGINAL HISTORIC INTERIOR IS STABILIZATION AND CONSERVATION. THIS RARE APPROACH ENABLES THE INTERPRETATION OF THE HOUSE'S CONTINUED HABITATION AND ITS CHANGES OVER TIME AS NEW TECHNOLOGIES, SUCH AS GAS LIGHTING AND ELECTRICITY WERE ADOPTED. THE PERIOD FINISHES, SUCH AS ORIGINAL 19TH CENTURY WALLPAPERS, ALONE MAKE THE AIKEN-RHETT SITE ONE OF THE NATION'S MOST IMPORTANT HOUSE MUSEUMS, AND THE INTACT DECORATIVE LAYERS HELP US BETTER UNDERSTAND NINETEENTH-CENTURY CONCEPTIONS OF REFINEMENT, PATTERNS OF CONSUMPTION AND DECORATIVE PREFERENCES IN THE CAROLINA LOWCOUNTRY.

UNLIKE THE MAJORITY OF OTHER HISTORIC HOUSE MUSEUMS, ALL OBJECTS IN THE HOUSE ARE ORIGINAL TO THE HOUSE. MANY OF THE OBJECTS CURRENTLY ON

Name of the organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
------------------------------------------------------------	----------------------------------------------

DISPLAY IN THE AIKEN-RHETT HOUSE WERE PURCHASED BY GOV. AIKEN AND HIS WIFE, HARRIET LOWNDES AIKEN. DURING THEIR RESIDENCY, THE HOUSE WENT THROUGH SEVERAL DECORATIVE PERIODS AS THE COUPLE KEPT CURRENT WITH THE LATEST FASHIONS. WHILE THE MAJORITY OF THE FURNISHINGS IN THE HOUSE WERE IN THE PLAIN GRECIAN STYLE, GOTHIC-INSPIRED AND ROCOCO REVIVAL OBJECTS WERE ACQUIRED AND ADDED TO THEIR COLLECTION OVER TIME. LINKING THE INTERIOR AND EXTERIOR, IT IS NO COINCIDENCE THAT THESE ITEMS CLOSELY RELATE TO THE GOTHIC ELEMENTS FOUND IN THE OUTBUILDINGS.

A GRANT FROM THE SOUTH CAROLINA HISTORIC PRESERVATION OFFICE ALLOWED HCF TO EXECUTE A COMPLETE DIGITAL LASER SCAN OF THE AIKEN-RHETT HOUSE. THE SCANNER UTILIZED IN THIS WORK COLLECT MILLIONS OF MEASUREMENTS (EACH ACCURATE TO WITH THREE MILLIMETERS) OVER A THREE DAY PERIOD. THIS DATA WAS PUT INTO A SOFTWARE PROGRAM THAT ASSEMBLED A COMPREHENSIVE DIGITAL MODEL OF THE AIKEN-RHETT HOUSE, FROM WHICH ENGINEERING AND CONSTRUCTION EXPERTS WILL BE ABLE TO CONDUCT A CONDITIONS ANALYSIS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RETAIL/LICENSED PRODUCTS - HISTORIC CHARLESTON FOUNDATION BEGAN ITS LICENSED PRODUCTS PROGRAM IN 1972 AS AN INNOVATIVE WAY TO EXTEND THE FOUNDATION'S RESTORATION AND PRESERVATION EFFORTS BEYOND HISTORIC ARCHITECTURE AND INTERIORS TO CHARLESTON'S MATERIAL CULTURE AS WELL. THE PROGRAM STRIVES TO KEEP CHARLESTON DESIGNS ALIVE AND MAKE THOSE DESIGNS AVAILABLE TO A BROAD AUDIENCE. ITEMS SELECTED FOR INCLUSION ARE THOSE WHOSE ORIGINS ARE STEEPED IN CHARLESTON'S HISTORY, CULTURE, DECORATIVE ARTS AND ARCHITECTURE.

THE LICENSED PRODUCTS OF HISTORIC CHARLESTON FOUNDATION RANGE FROM

Name of the organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
------------------------------------------------------------	----------------------------------------------

FURNITURE, CHINA, MIRRORS, JEWELRY, PORCELAIN, DECORATIVE ACCESSORIES AND HISTORIC PAINT COLORS. MANY OF THE ORIGINAL OBJECTS, WHICH ARE REPRODUCED OR ARE USED FOR INSPIRATION, MAY BE SEEN IN THE HISTORIC MUSEUM HOUSE COLLECTIONS OF HISTORIC CHARLESTON FOUNDATION AND OTHER MUSEUM COLLECTIONS IN CHARLESTON.

THE SHOPS OF HISTORIC CHARLESTON FOUNDATION SHOWCASES THE LICENSED PRODUCTS OF THE FOUNDATION AS WELL AS AN EXTENSIVE SELECTION OF BOOKS ON CHARLESTON HISTORY, ARCHITECTURE, GARDENS AND CULTURE. WITHIN THE SHOPS OF HISTORIC CHARLESTON FOUNDATION IS THE FRANCES R. EDMUNDS BOOKSTORE, PROVIDING THE MOST COMPREHENSIVE SELECTION OF BOOKS ON CHARLESTON AND LOWCOUNTRY HISTORY IN THE CITY. IN ADDITION, THE SHOPS INCLUDE A WIDE RANGE OF DECORATIVE ARTS AND GIFT ITEMS, INCLUDING CHINA, JEWELRY, FORMAL-, CASUAL- AND GARDEN FURNITURE; LAMPS; MIRRORS AND A PALETTE OF HISTORICAL PAINT COLORS INSPIRED BY RESIDENCES IN CHARLESTON'S OLD & HISTORIC DISTRICT, AS WELL AS THE RURAL LOWCOUNTRY SEA ISLANDS.

THE MARKET SHOP OF HISTORIC CHARLESTON, WHICH OPENED IN THE SUMMER OF 2011, IS THE ANCHOR SHOP IN THE GREAT HALL OF THE HISTORIC CHARLESTON CITY MARKET. WITH DISPLAYS THAT DEMONSTRATE THE FOUNDATION'S MISSION AND A SELECTION OF THE ITEMS FOUND IN THE MAIN RETAIL LOCATION, THE SHOP ALLOWS THE FOUNDATION TO REACH A WIDER AUDIENCE WITH THE MILLIONS OF ANNUAL VISITORS WHO GO THROUGH THE MARKET EACH YEAR.

EXPENSES \$ 735,007. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,180,370.

FORM 990, PART VI, SECTION A, LINE 2:

TWO BOARD MEMBERS ARE HIRED AS INDEPENDENT CONTRACTORS.

Name of the organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
------------------------------------------------------------	----------------------------------------------

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED TO DELEGATE AUTHORITY TO THE EXECUTIVE COMMITTEE (CHAIR, VICE-CHAIR, TREASURER, SECRETARY, AND PAST-CHAIR) TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE 990 IS PROVIDED TO THE PRESIDENT/CEO AND THE CHAIR OF THE FINANCE COMMITTEE. FOLLOWING THEIR REVIEW THE DRAFT 990 IS SENT TO EACH BOARD MEMBER BEFORE IT IS FINALIZED FOR QUESTIONS, EDITS AND COMMENTS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF TRUSTEES EVALUATES ALL POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS. IN THE EVENT OF A CONFLICT, THE BOARD WILL CONSIDER THE NATURE OF THE CONFLICT, AND IF WARRANTED, THE INDIVIDUAL IS ASKED TO RECUSE HIMSELF/HERSELF FROM DISCUSSION AND VOTING. ALTERNATIVELY, IF THERE IS A POTENTIAL BUSINESS CONFLICT, THE BOARD MAY BE ASKED TO EVALUATE APPROPRIATENESS AND, IF NECESSARY, MANDATE A CHANGE TO OR DISCONTINUE THE RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE IN EXECUTIVE SESSIONS REVIEWS THE COMPENSATION OF THE PRESIDENT/CEO TAKING INTO ACCOUNT COMPARABLE SALARIES WITHIN A VARIETY OF SECTORS IN CHARLESTON AND THE BUDGET LIMITATIONS APPROVED FOR THE UPCOMING YEAR BY THE BOARD OF TRUSTEES.

THE PRESIDENT/CEO REVIEWS THE COMPENSATION OF OTHER EMPLOYEES TAKING INTO ACCOUNT COMPARABLE SALARIES WITHIN A VARIETY OF SECTORS IN CHARLESTON AND

Name of the organization HISTORIC CHARLESTON FOUNDATION	Employer identification number 57-6000599
------------------------------------------------------------	----------------------------------------------

THE BUDGET LIMITATIONS APPROVED FOR THE UPCOMING YEAR BY THE BOARD OF TRUSTEES. ALL DECISIONS RELATED TO COMPENSATION ARE DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

ALL INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REDUCTION OF PAYROLL EXPENSES - EMPLOYEE RETENTION CREDIT -760,047.

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE ACTS AS BOTH THE FINANCE COMMITTEE AND AUDIT COMMITTEE TO INTERVIEW PROSPECTIVE AUDIT FIRMS TO CONDUCT THE ANNUAL INDEPENDENT AUDIT OF THE ORGANIZATION THROUGH A PROPOSAL PROCESS, MAKING RECOMMENDATIONS FOR HIRING TO THE BOARD OF TRUSTEES.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **HISTORIC CHARLESTON FOUNDATION** Employer identification number **57-6000599**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HCF REALTY LLC 40 EAST BAY STREET CHARLESTON, SC 29401	HOLD PROPERTY FOR PRESERVATION	SOUTH CAROLINA			HISTORIC CHARLESTON FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. HISTORIC CHARLESTON FOUNDATION	Taxpayer identification number (TIN) 57-6000599
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1120	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLESTON, SC 29402	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

CYNTHIA ELLIS

- The books are in the care of ▶ **40 EAST BAY STREET - CHARLESTON, SC 29401**

Telephone No. ▶ **843-720-1193** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.