

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)

**2020**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>THE SOUTH CAROLINA HISTORICAL SOCIETY</b>	<b>D</b> Employer identification number
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>100 MEETING STREET</b>	<b>E</b> Telephone number <b>(843) 723-3225</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>CHARLESTON, SC 29401</b>	<b>G</b> Gross receipts \$ <b>4,012,653.</b>
<b>F</b> Name and address of principal officer: <b>DR. FAYE JENSEN</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>SCHSONLINE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1855</b> <b>M</b> State of legal domicile: <b>SC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE SCHS MISSION IS TO EXPAND, PRESERVE, AND MAKE ACCESSIBLE OUR INVALUABLE COLLECTION, AND TO</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>20</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>14</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,016,547.</b>	<b>591,268.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>225,297.</b>	<b>56,907.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>504,143.</b>	<b>295,208.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,751.</b>	<b>4,696.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,750,738.</b>	<b>948,079.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>754,733.</b>	<b>620,306.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>173,742.</b>	<b>0.</b>	<b>0.</b>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>785,964.</b>	<b>603,857.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,540,697.</b>	<b>1,224,163.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>210,041.</b>	<b>-276,084.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>11,025,864.</b>	<b>11,020,293.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>193,056.</b>	<b>163,600.</b>
		<b>10,832,808.</b>	<b>10,856,693.</b>

**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.

<b>Sign Here</b>	Signature of officer: <i>Faye Jensen</i>	Date: <i>5/3/2021</i>			
	<b>DR. FAYE JENSEN, CHIEF EXECUTIVE OFFICER</b>	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ZOE DAVIS</b>	Preparer's signature <b>ZOE DAVIS</b>	Date <b>05/05/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>[REDACTED]</b>
	Firm's name ▶ <b>DAVIS &amp; COMPANY CPAS</b>	Firm's EIN ▶ <b>[REDACTED]</b>	Phone no. <b>843-881-3315</b>		
	Firm's address ▶ <b>P.O. BOX 1552</b> <b>MOUNT PLEASANT, SC 29465</b>				

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

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

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: THE SCHS MISSION IS TO EXPAND, PRESERVE, AND MAKE ACCESSIBLE OUR INVALUABLE COLLECTION, AND TO ENCOURAGE INTEREST AND PRIDE IN THE RICH HISTORY OF OUR STATE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [ ] No

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 \$ 391,861. including grants of \$ ) (Revenue \$ 20,832.) ARCHIVAL: THE SOCIETY HAS APPROXIMATELY 3,000 MANUSCRIPT COLLECTIONS THAT INCLUDE LETTERS, DIARIES, LEGAL PAPERS, AND OTHER DOCUMENTS DATING FROM 1670 TO THE PRESENT AND MORE THAN 10,000 OVERSIZED PLATS, MONUMENTS, MAPS AND DRAWINGS. OVER 30,000 PHOTOGRAPHS, PRINTS, AND OTHER VISUAL ITEMS ARE MAINTAINED, AS WELL AS A RESEARCH LIBRARY CONTAINING NEARLY 5,000 BOOKS SELECTED TO ADD CONTEXTUAL EVIDENCE THAT ENHANCES THE MANUSCRIPT AND OTHER ARCHIVAL HOLDINGS. THE COLLECTION ALSO INCLUDES MORE THAN 45,000 HISTORICAL PAMPHLETS AND PRINTED MATERIALS AS WELL AS HUNDREDS OF FILES AND BOOKS PERTAINING TO GENEALOGY. THE COLLECTION ALSO INCLUDES NUMEROUS ARTIFACTS RANGING FROM OVERSIZED, UNIQUE BATTLE FLAGS TO SMALL, PERSONAL ITEMS. MOST OF THE COLLECTION IS HOUSED AT THE COLLEGE OF CHARLESTON'S ADDLESTONE LIBRARY

4b (Code: ) (Expenses \$ 418,578. including grants of \$ ) (Revenue \$ 20,196.) FIREPROOF BUILDING: THE BUILDING WAS DESIGNED BY ROBERT MILLS, A NATIVE SOUTH CAROLINIAN AND THE FIRST PROFESSIONALLY TRAINED AMERICAN ARCHITECT. MILLS ALSO DESIGNED THE WASHINGTON MONUMENT-HIS MOST FAMOUS WORK-AND NUMEROUS BUILDINGS THROUGHOUT SOUTH CAROLINA AND AS FAR NORTH AS MASSACHUSETTS. THE FIREPROOF BUILDING WAS THE FIRST IN AMERICA DESIGNED TO LIMIT THE SPREAD OF FIRE. THE DRIVERS OF ARCHITECTURAL DESIGN IN CHARLESTON TODAY ARE EARTHQUAKES AND HURRICANES. IN THE EARLY NINETEENTH CENTURY, THE MAJOR CONCERN FOR URBAN ARCHITECTURE WAS FIRE. DURING THE COLONIAL PERIOD, CHARLESTON (AND MANY OTHER CITIES) EXPERIENCED NUMEROUS FIRES IN WHICH LARGE PARTS OF THE CITY WERE DESTROYED. MILLS WANTED TO CREATE A BUILDING THAT COULD CONTAIN A BLAZE AND PREVENT IT FROM SPREADING TO

4c (Code: ) (Expenses \$ 80,153. including grants of \$ ) (Revenue \$ 15,879.) MUSEUM: THE SCHS MUSEUM CONTAINS 6 GALLERIES THAT TELL THE STORY OF SOUTH CAROLINA THROUGH THE VAST COLLECTION OF THE SOCIETY. THE GALLERIES, WHICH ARE LOCATED ON THE SECOND (MAIN) FLOOR, ARE: GALLERY I: A HAVEN WITH PROSPECTS: EXPLORATION AND SETTLEMENT GALLERY II: NEW HORIZONS: BUILDING A STATE AND A NATION GALLERY III: SECESSION, WAR AND RECONSTRUCTION GALLERY IV: CHARLESTON RECOVERS GALLERY V: CELEBRATING DIVERSITY IN ART, LITERATURE, AND CULTURE GALLERY VI: THIS PLACE: FOODWAYS, AGRICULTURE, AND LAND CONSERVATION (ROTATING) GOALS OF THE EXHIBIT: TO CELEBRATE THE LIFE AND LEGACY OF SOUTH CAROLINA'S OWN ARCHITECT,

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 890,592.

**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> ?	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 <b>Section 501(c)(3) organizations.</b> 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 Revenue Procedure 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>		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? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	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)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	20	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
8			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
15			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
16			

**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
<b>1a</b>	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.		
	24		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent .....		
	24		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	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>7b</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	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>10b</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? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>15b</b>	Other officers or key employees of the organization .....		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>16b</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 **▶**  
**JOHN TUCKER C/O SC HISTORICAL SOCIETY - (843)723-3225**  
**100 MEETING 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 instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FAYE L. JENSEN CEO & EX-OFFICIO	40.00			X			87,229.	0.	6,106.	
(2) EMILYN C. SANDERS CHAIR	5.00	X		X			0.	0.	0.	
(3) WILLIAM S. DAVIES VICE CHAIR	4.00	X		X			0.	0.	0.	
(4) KESTER FREEMAN SECRETARY	4.00	X		X			0.	0.	0.	
(5) ANDY WESTBROOK TREASURER	4.00	X		X			0.	0.	0.	
(6) R. DOUGLAS MACINTYRE BOARD MEMBER	2.00	X					0.	0.	0.	
(7) LESLIE A. COTTER, JR. BOARD MEMBER	2.00	X					0.	0.	0.	
(8) DAVID D. DOUGLAS BOARD MEMBER	2.00	X					0.	0.	0.	
(9) SAMUEL J. GALLOWAY, JR. BOARD MEMBER	2.00	X					0.	0.	0.	
(10) RUTH WALKER HODGES BOARD MEMBER	2.00	X					0.	0.	0.	
(11) BERNIE HOOD BOARD MEMBER	2.00	X					0.	0.	0.	
(12) FLAVIA HARTON BOARD MEMBER	2.00	X					0.	0.	0.	
(13) DON LEONARD BOARD MEMBER	2.00	X					0.	0.	0.	
(14) KATHERINE LAMASTER BOARD MEMBER	2.00	X					0.	0.	0.	
(15) HARRY B LIMEHOUSE, III BOARD MEMBER	2.00	X					0.	0.	0.	
(16) WILLIAM MCKINNEY BOARD MEMBER	2.00	X					0.	0.	0.	
(17) JOHN M. MCCARDELL, JR. BOARD MEMBER	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) E. RICHARD MCGEORGE BOARD MEMBER	2.00	X						0.	0.	0.
(19) BERN MEBANE BOARD MEMBER	2.00	X						0.	0.	0.
(20) GRAHAM OSTEEN BOARD MEMBER	2.00	X						0.	0.	0.
(21) BERARD POWERS BOARD MEMBER	2.00	X						0.	0.	0.
(22) GLENN OXNER BOARD MEMBER	2.00	X						0.	0.	0.
(23) DANIEL RAVENEL EX-OFFICIO	2.00	X						0.	0.	0.
(24) ALEX PAPPAS BOARD MEMBER	2.00	X						0.	0.	0.
(25) MINOR SHAW BOARD MEMBER	2.00	X						0.	0.	0.
(26) ALEC TAYLOR BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								87,229.	0.	6,106.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								87,229.	0.	6,106.

**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 **0**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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**

**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	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b> 242,824.				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 142,546.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 205,898.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f		591,268.			
Program Service Revenue	<b>2 a</b> LIBRARY FEES AND SERVICES	Business Code 541900	20,832.	20,832.		
	<b>b</b> PROGRAM FEE INCOME	519100	20,196.	20,196.		
	<b>c</b> MUSEUM TICKET SALES	519100	15,879.	15,879.		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		56,907.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		99,258.	99,258.		
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7a</b>	3,259,109.			
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	3,063,159.		
	<b>c</b> Gain or (loss)	<b>7c</b>	195,950.			
<b>d</b> Net gain or (loss)		195,950.	195,950.			
<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	3,022.				
	<b>b</b> Less: cost of goods sold	<b>10b</b>	1,415.			
	<b>c</b> Net income or (loss) from sales of inventory		1,607.	1,607.		
Miscellaneous Revenue	<b>11 a</b> OTHER REVENUE	Business Code 519100	3,089.	3,089.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		3,089.			
<b>12 Total revenue.</b> See instructions		948,079.	356,811.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 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	87,229.	66,198.	10,232.	10,799.
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	422,783.	320,851.	49,592.	52,340.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,980.	18,957.	2,930.	3,093.
9 Other employee benefits	42,425.	32,197.	4,976.	5,252.
10 Payroll taxes	42,889.	32,548.	5,031.	5,310.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,890.		33,890.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	47,725.	36,219.	5,598.	5,908.
12 Advertising and promotion	40,819.			40,819.
13 Office expenses	5,425.	4,117.	636.	672.
14 Information technology	5,833.	4,427.	684.	722.
15 Royalties				
16 Occupancy	19,036.	14,446.	2,233.	2,357.
17 Travel	5,937.	4,506.	696.	735.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	268,136.	203,489.	31,452.	33,195.
23 Insurance	50,257.	38,140.	5,895.	6,222.
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 PUBLICATIONS	47,500.	47,500.		
b PROGRAM	22,737.	22,737.		
c EXHIBIT EXPENSE	11,015.	8,359.	1,292.	1,364.
d BUILDING MAINTENANCE	9,570.	7,262.	1,123.	1,185.
e All other expenses	35,977.	28,639.	3,569.	3,769.
25 Total functional expenses. Add lines 1 through 24e	1,224,163.	890,592.	159,829.	173,742.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	793,378.	<b>1</b>	840,472.
	<b>2</b> Savings and temporary cash investments .....	518,000.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net .....	152,127.	<b>3</b>	134,601.
	<b>4</b> Accounts receivable, net .....	39.	<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	22,124.	<b>9</b>	21,502.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,738,553.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 718,282.		
	<b>11</b> Investments - publicly traded securities .....	5,287,350.	<b>10c</b>	5,020,271.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,252,846.	<b>11</b>	5,003,447.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	11,025,864.	<b>15</b>	11,020,293.	
<b>17</b> Accounts payable and accrued expenses .....	11,224.	<b>16</b>	11,020,293.	
<b>18</b> Grants payable .....	181,832.	<b>17</b>	7,041.	
<b>19</b> Deferred revenue .....		<b>18</b>	156,559.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> 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 .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> 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 .....		<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	193,056.	<b>25</b>	163,600.	
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>		
<b>27</b> Net assets without donor restrictions .....	7,873,468.	<b>27</b>	7,835,389.	
<b>28</b> Net assets with donor restrictions .....	2,959,340.	<b>28</b>	3,021,304.	
<b>29</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
<b>32</b> <b>Total net assets or fund balances</b> .....	10,832,808.	<b>32</b>	10,856,693.	
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	11,025,864.	<b>33</b>	11,020,293.	

**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	948,079.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,224,163.
3	Revenue less expenses. Subtract line 2 from line 1	3	-276,084.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,832,808.
5	Net unrealized gains (losses) on investments	5	299,969.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,856,693.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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.	X	
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? _____		X
3b	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 _____		



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,730,275.	831,129.	672,856.	1,016,545.	591,268.	4,842,073.
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 <b>Total.</b> Add lines 1 through 3 .....	1,730,275.	831,129.	672,856.	1,016,545.	591,268.	4,842,073.
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 <b>Public support.</b> Subtract line 5 from line 4.						4,842,073.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 .....	1,730,275.	831,129.	672,856.	1,016,545.	591,268.	4,842,073.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	122,679.	159,137.	145,693.	135,292.	99,258.	662,059.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....			5,154.			5,154.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			26,869.	1,901.	3,089.	31,859.
11 <b>Total support.</b> Add lines 7 through 10 .....						5,541,145.
12 Gross receipts from related activities, etc. (see instructions) .....					12	883,755.
13 <b>First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	87.38 %
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	89.73 %
16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in line 11a above?		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? 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.		
<b>2</b>	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? 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.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? 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).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	By reason of the relationship described in 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b>	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? 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.		
<b>b</b>	Did the activities described in 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? 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.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b>	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? If "Yes" or "No" provide details in Part VI.		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

Employer identification number

**THE SOUTH CAROLINA HISTORICAL SOCIETY**

**57-0323800**

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

Employer identification number

THE SOUTH CAROLINA HISTORICAL SOCIETY

57-0323800

**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
1		\$ 104,466.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 19,868.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 15,555.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 15,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE SOUTH CAROLINA HISTORICAL SOCIETY

57-0323800

**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		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 10,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE SOUTH CAROLINA HISTORICAL SOCIETY</b>	Employer identification number <b>57-0323800</b>
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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		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ <u>9,145.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ <u>6,484.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ <u>5,625.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ <u>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE SOUTH CAROLINA HISTORICAL SOCIETY</b>	Employer identification number <b>57-0323800</b>
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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	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE SOUTH CAROLINA HISTORICAL SOCIETY</b>	Employer identification number <b>57-0323800</b>
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**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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>THE SOUTH CAROLINA HISTORICAL SOCIETY</b>	Employer identification number <b>57-0323800</b>
--	---

**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 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

THE SOUTH CAROLINA HISTORICAL SOCIETY

Employer identification number

57-0323800

**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 .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 .....

▶ \$ \_\_\_\_\_

**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	4,770,846.	5,687,435.	6,527,369.	6,354,596.	6,025,542.
b Contributions	102,180.	548,000.	406,720.	266,943.	1,083,989.
c Net investment earnings, gains, and losses	595,108.	1,032,563.	-240,848.	955,801.	391,602.
d Grants or scholarships			1,875.		
e Other expenditures for facilities and programs	430,797.	2,457,911.	961,198.	1,006,803.	1,106,248.
f Administrative expenses	33,890.	39,241.	42,733.	43,167.	40,289.
g End of year balance	5,003,447.	4,770,846.	5,687,435.	6,527,369.	6,354,596.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  69.0000 %
- b Permanent endowment  8.0000 %
- c Term endowment  23.0000 %

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 checked="" type="checkbox"/>
(ii) Related organizations		<input checked="" type="checkbox"/>

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

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		800,000.		800,000.
b Buildings		3,357,141.	488,275.	2,868,866.
c Leasehold improvements				
d Equipment		199,876.	29,071.	170,805.
e Other		1,381,536.	200,936.	1,180,600.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,020,271.

**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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	1,214,158.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	299,969.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	299,969.	
3	Subtract line 2e from line 1	3	914,189.	
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	33,890.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	33,890.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	948,079.	

**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	1,190,273.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	1,190,273.	
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	33,890.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	33,890.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,224,163.	

**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 III, LINE 1A:**

THE SOCIETY FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD FASB ASC 958-310-50, COLLECTION ITEMS ACQUIRED EITHER THROUGH PURCHASE OR DONATIONS ARE NOT CAPITALIZED. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IF PURCHASED WITH FUNDS WITHOUT DONOR RESTRICTIONS AND AS DECREASES IN NET ASSETS WITH DONOR RESTRICTIONS IF PURCHASED WITH DONOR RESTRICTED FUNDS. GAINS FROM THE SALE OF COLLECTION ITEMS THAT ARE NOT REINVESTED IN THE PURCHASE OF NEW COLLECTION ITEMS ARE RECORDED AS INCREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS. CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT RECORDED IN THE STATEMENT OF ACTIVITIES. A COLLECTION INVENTORY IS MAINTAINED THAT LIST A DESCRIPTION OF THE ITEM, SOURCE, AND STORAGE LOCATION. THE ARCHIVIST KEEPS

**Part XIII** Supplemental Information (continued)

THE DETAIL LIST UP TO DATE.

## PART III, LINE 4:

SOUTH CAROLINA HISTORICAL SOCIETY (THE SOCIETY) IS A NONPROFIT CORPORATION ORGANIZED IN 1855 TO COLLECT AND PRESERVE MANUSCRIPTS, DOCUMENTS, MAPS, CHARTS, BOOKS, GENEALOGIES, WORKS OF ART AND OTHER RECORDS. THEY ALSO PUBLISH MATERIAL AND PROMOTE DISSEMINATION AND APPRECIATION OF THE STATE'S HISTORY. THE ARCHIVES, AS WELL AS RESEARCH SERVICES, ARE AVAILABLE TO MEMBERS AND THE PUBLIC.

THE BOARD OF DIRECTORS ADOPTED THE POLICY TO NOT CAPITALIZING ITS COLLECTION BECAUSE IT IS IMPRACTICABLE TO ATTEMPT TO ASSIGN VALUES TO THE COLLECTION BECAUSE EACH ITEM HAS CERTAIN ATTRIBUTES, SUCH AS AGE, PAPER QUALITY AND RELATIONSHIP TO OTHERS HISTORICAL DOCUMENTS OR EVENTS IN THE SOUTH CAROLINA HISTORY THAT MAKE IT DIFFICULT TO DETERMINE AN OBJECTIVE BASIS FOR VALUATION. THE SOCIETY DOES NOT CONSIDER THE COLLECTION A FINANCIAL ASSET, BUT RATHER AN IRREPLACEABLE TREASURE OF SOUTH CAROLINA CULTURE TO BE PRESERVED FOR FUTURE GENERATIONS.

## PART V, LINE 4:

THE SOCIETY'S ENDOWMENTS CONSIST OF 19 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING PRESERVING THE COLLECTION, PUBLISHING ARTICLES ON SOUTH CAROLINA HISTORY AND EDUCATING THE PUBLIC.

THE SOCIETY HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR LESS THAN FIVE PERCENT OF ITS ENDOWMENT FUNDS MOVING AVERAGE FAIR VALUE OVER THE THREE YEARS PRECEDING THE YEAR IN WHICH THE DISTRIBUTION IS PLANNED. IN ESTABLISHING THIS POLICY, THE SOCIETY CONSIDERED THE LONG-TERM EXPECTED

**Part XIII** Supplemental Information (continued)

RETURN ON ITS ENDOWMENT. ACCORDINGLY, OVER THE LONG TERM, THE SOCIETY EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF FIVE TO EIGHT PERCENT ANNUALLY. THIS IS CONSISTENT WITH THE SOCIETY OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

PART X, LINE 2:

US GAAP REQUIRES MANAGEMENT TO EVALUATE INCOME TAX POSITIONS TAKEN BY THE ORGANIZATION AND TO RECOGNIZE AN INCOME TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUBSTANTIATED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE ("IRS"). THE ORGANIZATION HAS IDENTIFIED ITS INCOME TAX STATUS AS A TAX-EXEMPT ENTITY AS ITS ONLY SIGNIFICANT INCOME TAX POSITION; HOWEVER, THE ORGANIZATION HAS DETERMINED THAT SUCH INCOME TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

THE SOUTH CAROLINA HISTORICAL SOCIETY

Employer identification number

57-0323800

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

ENCOURAGE INTEREST AND PRIDE IN THE RICH HISTORY OF OUR STATE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DUE TO COVID-19 MOST ALL IN PERSON PROGRAMMING WAS CANCELED.

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

SPECIAL COLLECTIONS AREA. WITH THE MUSEUM INSTALLATION IN 2018 SELECTED

ITEMS ARE EXHIBITED IN THE FIREPROOF BUILDING. ALSO, SOME

ADMINISTRATIVE RECORDS ARE MAINTAINED IN THE SOCIETY'S HEADQUARTERS.

THE BOARD OF DIRECTORS ADOPTED THE POLICY TO NOT CAPITALIZE ITS

COLLECTION BECAUSE IT IS IMPRACTICABLE TO ATTEMPT TO ASSIGN VALUES TO

THE COLLECTION BECAUSE EACH ITEM HAS CERTAIN ATTRIBUTES, SUCH AS AGE,

PREPARATION, TYPE OF CULTURAL MATERIAL AND RELATIONSHIP TO OTHER

HISTORICAL DOCUMENTS, PERSONS OR EVENTS IN THE SOUTH CAROLINA HISTORY

THAT MAKE IT DIFFICULT TO DETERMINE AN OBJECTIVE BASIS FOR EVALUATION.

THE SOCIETY DOES NOT CONSIDER THE COLLECTIONS A FINANCIAL ASSET, BUT

RATHER AN IRREPLACEABLE TREASURE OF SOUTH CAROLINA CULTURE TO BE

PRESERVED FOR FUTURE GENERATIONS.

PUBLISHING SOUTH CAROLINA HISTORY IS AN INTEGRAL PART OF THE HISTORICAL

SOCIETY'S MISSION. THE SOCIETY ISSUED THREE VOLUMES OF ITS COLLECTIONS

PRIOR TO THE CIVIL WAR AND TWO MORE BETWEEN 1887 AND 1897. IT FIRST

PUBLISHED THE SOUTH CAROLINA HISTORICAL MAGAZINE IN 1900. THE

MAGAZINE'S EDITORIAL BOARD, A PEER GROUP OF LEADING AUTHORITIES ON

SOUTH CAROLINA HISTORY, REVIEWS ALL MANUSCRIPT SUBMISSIONS USING THE

DOUBLE-BLIND METHOD. THE MAGAZINE PUBLISHES EIGHT ARTICLES (EITHER

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization THE SOUTH CAROLINA HISTORICAL SOCIETY	Employer identification number 57-0323800
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INTERPRETIVE ESSAYS OR ANNOTATED PRIMARY DOCUMENTS) PER YEAR, ALONG WITH APPROXIMATELY FIFTY BOOK REVIEWS AND TWENTY RECENTLY PROCESSED MANUSCRIPTS IN QUARTERLY ISSUES. THE CAROLOGUE OFFERS POPULAR ARTICLES AND PHOTO ESSAYS ABOUT THE STATE'S HISTORY, AS WELL AS INFORMATION ABOUT SOCIETY NEWS AND EVENTS. FOR MOST OF ITS EXISTENCE, CAROLOGUE IS A 32-PAGE POPULAR HISTORY MAGAZINE. ALTHOUGH THE EDITOR OCCASIONALLY ACCEPTS UNSOLICITED ARTICLES FOR PUBLICATION, THE STAFF OF THE SOCIETY PRODUCES APPROXIMATELY 90 PERCENT OF CAROLOGUE AT PRESENT.

THE SOCIETY'S LIBRARIAN AND ARCHIVISTS OPERATE OUT OF ADDLESTONE LIBRARY WHERE THEY MANAGE THE COLLECTION, PROVIDE REFERENCE SERVICE AND ASSIST PATRONS IN THE RESEARCH ROOM. THE READING ROOM THERE IS OPEN MONDAY THROUGH FRIDAY. THE STAFF PROMOTES THE USE OF THE COLLECTION THROUGH SUCH ACTIVITIES AS CLASSROOM VISITS, PRIVATE TOURS OF THE COLLECTION, AND SPEAKING ENGAGEMENTS TO COMMUNITY ORGANIZATIONS. SEVERAL SUMMER WORKSHOPS ARE HELD FOR TEACHERS TO PROMOTE THE USE OF PRIMARY DOCUMENTS IN THEIR LESSON PLANS. COLLEGE CLASSES IN PRESERVATION, CONSERVATION AND/OR FREQUENTLY VISIT THE BUILDING FOR HANDS-ON EXPERIENCE.

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

OTHER BUILDINGS IN THE CITY.

TO MAKE THE BUILDING AS "FIREPROOF" AS POSSIBLE, MILLS HAD CHALMERS STREET WIDENED TO PROVIDE A BETTER FIREBREAK. HE HAD ALL OTHER BUILDINGS ON AND AROUND THE SITE REMOVED. DURING THE 2016-2018 RENOVATION, CREWS FOUND FOUNDATIONS OF DWELLINGS THAT DATED TO CA. 1700-1720. MILLS ALSO DESIGNED WASHINGTON SQUARE, WHICH WOULD SERVE AS A FIREBREAK ON EITHER SIDE OF THE BUILDING. INDEED, THE ENTIRE SITE WAS DESIGNED TO BE FIREPROOF, NOT JUST THE BUILDING.

Name of the organization

THE SOUTH CAROLINA HISTORICAL SOCIETY

Employer identification number

57-0323800

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

ROBERT MILLS, WHO DESIGNED THIS BUILDING.

TO TELL THE STORY OF THE ENTIRE STATE.

TO REVEAL THE IMPORTANT ROLE SOUTH CAROLINA PLAYED IN THE NATION'S PAST.

TO INCLUDE PERSONAL STORIES OF ALL SOUTH CAROLINIANS IN ALL WALKS OF LIFE, AS REFLECTED THROUGH OUR COLLECTION.

TO CREATE AN EXHIBIT THAT INSPIRES VISITORS TO LEARN MORE.

WITH A COMBINATION OF PAID VISITORS AND FACILITY RENTALS, THE SCHS EXPECTS THE COLLECTIONS TO CONTRIBUTE TO THE FINANCIAL HEALTH OF THE SOCIETY.

FORM 990, PART V, LINE 13, LIST OF STATES WITH QUALIFIED HEALTH PLANS:

SC

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

DAVID DOUGLAS'S DAUGHTER IS R RUSSEL POWELL PR.

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

BY-LAWS WERE AMENDED IN 2020.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ANNUAL BUDGET IS REVIEWED AND PRESENTED BY THE FINANCE COMMITTEE TO THE BOARD OF DIRECTORS. THE BOARD REVIEWS AND APPROVES THE BUDGET.

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

IN ADDITION TO THE FINANCE COMMITTEE REGULAR DUTIES, THE CHAIR WILL CALL A

Name of the organization THE SOUTH CAROLINA HISTORICAL SOCIETY	Employer identification number 57-0323800
---	--

MEETING AS NECESSARY IN ORDER TO DISCHARGE ITS RESPONSIBILITIES ABOUT THE ANNUAL AUDIT AND APPROVAL OF FORM 990. THE MEMBERS OF THE FINANCE COMMITTEE REVIEWING THE AUDIT OR REVIEW AND 990 WILL BE PERSONS SERVING ON THE ORGANIZATION'S BOARD WHO HAVE NO EXISTING FINANCIAL, FAMILY OR OTHER PERSONAL TIES TO MANAGEMENT OF THE ORGANIZATION. NO STAFF MEMBERS OF THE ORGANIZATION WILL BE ELIGIBLE TO SERVE ON THE FINANCE COMMITTEE. THE CHIEF OPERATING OFFICER WILL SERVE AS AN ADVISOR TO SUPPORT THE ACTIONS OF THE FINANCE COMMITTEE. THE FINANCE COMMITTEE'S RESPONSIBILITIES WILL INCLUDE:

1. SELECTING THE AUDIT FIRM TO CONDUCT AN INDEPENDENT AUDIT OF THE ORGANIZATIONS FINANCIAL STATEMENTS.
2. REVIEWING AND APPROVING THE AUDIT SCOPE AND FEES.
3. REVIEWING AND APPROVING ANY PROPOSED INVOLVEMENT OF THE AUDIT FIRM IN ACTIVITIES OTHER THAN THE ANNUAL AUDIT.
4. ENSURING A DIRECT LINE OF COMMUNICATIONS WITH THE ORGANIZATION'S AUDITOR.
5. PROVIDING OVERSIGHT OF MANAGEMENT'S PERFORMANCE WITH RESPECT TO REQUIRED AND RECOMMENDED FINANCIAL RESPONSIBILITIES AND DISCLOSURES.
6. CONSIDER AND REVIEW, WITH MANAGEMENT AND THE AUDITORS, THE ADEQUACY OF THE ORGANIZATION'S RISK MANAGEMENT METHODOLOGY AND INTERNAL CONTROLS, INCLUDING COMPUTERIZED INFORMATION SYSTEM CONTROLS AND SECURITY.
7. PROVIDING OVERSIGHT OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND KEEPING THE BOARD APPRISED OF ANY CHANGES REQUIRED IN THE POLICY OR ITS IMPLEMENTATION.
8. REVIEWING THE ADEQUACY OF FINANCIAL REPORTS PROVIDED BY THE BOARD AND MAKING RECOMMENDATIONS FOR THEIR IMPROVEMENT.
9. REVIEWING AND ADDRESSING THE MANAGEMENT LETTER AND AUDITOR'S COMMENTS.
10. REVIEW ANY SERIOUS DIFFICULTIES OR DISPUTES WITH MANAGEMENT ENCOUNTERED DURING THE COURSE OF THE AUDITS.

Name of the organization THE SOUTH CAROLINA HISTORICAL SOCIETY	Employer identification number 57-0323800
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11. REVIEW OTHER MATTERS RELATED TO THE CONDUCT OF THE AUDITS THAT ARE COMMUNICATED TO THE COMMITTEE UNDER GENERALLY ACCEPTED AUDITING STANDARDS.

12. REVIEW THE FORM 990 PRIOR TO ITS SUBMISSION TO STATE AND FEDERAL OFFICES.

13. REVIEW PUBLISHED DOCUMENTS CONTAINING THE ORGANIZATION'S FINANCIAL STATEMENTS CONSIDER WHETHER THE INFORMATION CONTAINED IN THESE DOCUMENTS IS CONSISTENT WITH THE INFORMATION CONTAINED IN THE FINANCIAL STATEMENTS.

14. INITIATE AN INVESTIGATION INTO ANY MATTER BROUGHT TO ITS ATTENTION WITHIN THE SCOPE OF ITS DUTIES, WITH THE POWER TO RETAIN OUTSIDE COUNSEL FOR THIS PURPOSE IF, IN ITS JUDGMENT, THAT IS APPROPRIATE THE COMMITTEE WILL PROMPTLY REPORT ANY SUCH ACTIONS TO THE EXECUTIVE COMMITTEE.

15. MAKE RECOMMENDATIONS TO THE BOARD BASED ON THE COMMITTEE'S REVIEW ACTIVITIES.

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

TO ENSURE THE SOCIETY OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING. WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT SOCIETY'S CONFORM TO THE SOCIETY'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION WHEN CONDUCTING THE PERIODIC REVIEWS AS PROVIDED FOR IN ARTICLE VI, THE SOCIETY MAY, BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE SHALL NOT RELIEVE THE GOVERNING BOARD OF ITS RESPONSIBILITY FOR ENSURING PERIODIC REVIEWS ARE

Name of the organization

THE SOUTH CAROLINA HISTORICAL SOCIETY

Employer identification number

57-0323800

CONDUCTED.

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

THIS POLICY ON THE PROCESS OF DETERMINING COMPENSATION FOR THE SOUTH CAROLINA HISTORICAL SOCIETY (SCHS) APPLIES TO THE COMPENSATION OF THE FOLLOWING PERSONS EMPLOYED BY THE ORGANIZATION:

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER (C.E.O.):

THE C.E.O.'S COMPENSATION SHALL BE REVIEWED ANNUALLY AND APPROVED BY THE EXECUTIVE COMMITTEE WITH ASSISTANCE FROM THE FINANCE COMMITTEE AS REQUIRED. PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL. THE COMPENSATION OF THE C.E.O. IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

THE ORGANIZATION'S CHIEF OPERATING OFFICER (C.O.O), IF ANY:

THE C.O.O.'S COMPENSATION SHALL BE PROPOSED BY THE C.E.O. USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE PROPOSED COMPENSATION FOR THE C.O.O. SHALL BE REVIEWED BY THE EXECUTIVE COMMITTEE WITH ASSISTANCE FROM THE FINANCE COMMITTEE AS REQUIRED BUT THE RECOMMENDATION OF THE C.E.O. SHALL BE A SIGNIFICANT FACTOR IN ANY REVIEW.

THE COMPENSATION FOR THE REMAININ MEMBERS OF THE STAFF OF THE ORGANIZATION: THE C.E.O. DETERMINES STAFF SALARIES BASED ON JOB SKILLS NEEDED, EXPERIENCE, AND EDUCATION REQUIREMENTS IN COMPARISON WITH OTHER SIMILAR ORGANIZATIONS ' POSITIONS AND WHAT THE SCHS CAN AFFORD TO PAY. ONCE

Name of the organization <b>THE SOUTH CAROLINA HISTORICAL SOCIETY</b>	Employer identification number <b>57-0323800</b>
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SALARIES ARE DETERMINED FOR THE COMING FISCAL YEAR, THE C.E.O. SUBMITS THEM TO THE BOARD FOR REVIEW AS PART OF THE BUDGET. NO INPUT FROM PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE SHALL BE CONSIDERED.

CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING:  
THE EXECUTIVE COMMITTEE AND THE FINANCE COMMITTEE SHALL MAINTAIN APPROPRIATE MINUTES AND OTHER CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING ALL COMPENSATION ARRANGEMENTS.

FORM 990, PART VI, SECTION C, LINE 19:  
THE PUBLIC MAY ACCESS FINANCIAL INFORMATION BY REQUESTING INFORMATION FROM THE ADMINISTRATIVE OFFICE OF THE SOCIETY.

FORM 990, PART VII  
THE BY-LAWS NOTATE THE PAST CHAIR AND CHIEF EXECUTIVE OFFICER SERVE AS EX-OFFICIO ON THE BOARD OF MANAGERS.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
111	BUILDING - REVISION CLAUSE IF NOT USED TO HOUSE HISTORIC * 990 PAGE 10 TOTAL BUILDINGS	12/31/80	NC	.000	HY		800,000.				800,000.			0.	
	MACHINERY & EQUIPMENT														
50	SHELVING	08/17/04	SL	20.00			57,244.				57,244.	43,885.		2,862.	46,747.
58	LIGHT TABLE	09/30/96	SL	7.00			314.				314.	314.		0.	314.
63	2 VICTORIAN SIDE CH	11/21/97	SL	.000										0.	
65	FEDERAL STYLE BOOKCASE	11/21/97	SL	.000										0.	
66	JARDINIERE (CHRA	11/21/97	SL	.000										0.	
67	FRAMED BIRD PIC	11/21/97	SL	.000										0.	
68	2 FRAMED FLORAL	11/21/97	SL	.000										0.	
69	PLANT STAND	11/21/97	SL	.000										0.	
70	2 BANQUET ENDS	11/21/97	SL	.000										0.	
71	BRONZE PLAQUE	04/13/98	SL	10.00			1,012.				1,012.	1,012.		0.	1,012.
92	SHELVES	12/31/01	SL	10.00			1,700.				1,700.	1,700.		0.	1,700.
97	SHELVING MOBILE	11/30/03	SL	20.00			24,553.				24,553.	19,749.		1,228.	20,977.
99	SHELVING MOBILE	05/21/04	SL	20.00			28,177.				28,177.	21,956.		1,409.	23,365.
109	LATERAL FILE CABINET	06/30/08	SL	10.00			909.				909.	909.		0.	909.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec. 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
110	MICROFILM READER	08/31/09	SL	5.00		16	6,065.				6,065.	6,065.		0.	6,065.
112	4 COMPUTERS	06/15/10	SL	5.00		16	2,659.				2,659.	2,659.		0.	2,659.
113	3 LAPTOPS	06/08/11	SL	5.00		16	3,134.				3,134.	3,134.		0.	3,134.
117	SCANNER	04/04/11	SL	5.00		16	2,500.				2,500.	2,500.		0.	2,500.
118	PA SYSTEM FOR LECTURE SERIES	02/06/12	SL	5.00		16	1,366.				1,366.	1,366.		0.	1,366.
122	CONFERENCE TELEPHONE	08/06/12	SL	5.00		16	432.				432.	432.		0.	432.
123	LAPTOP - GINNY	08/12/13	SL	5.00		16	597.				597.	597.		0.	597.
127	NEW PHONE SYSTEM	06/30/15	SL	5.00		16	3,390.				3,390.	3,051.		339.	3,390.
129	LOCKING CABINETS FOR COLLECTIONS	05/13/15	SL	5.00		16	11,834.				11,834.	11,046.		1,584.	12,630.
130	FIREWALL	09/09/15	SL	5.00		16	1,165.				1,165.	1,010.		155.	1,165.
131	MAC COMPUTER FOR LAUREN	02/19/16	SL	5.00		16	2,169.				2,169.	1,664.		434.	2,098.
132	DELL OPTIPLEX	03/27/17	SL	5.00		16	1,045.				1,045.	575.		209.	784.
133	DELL OPTIPLEX	03/27/17	SL	5.00		16	1,045.				1,045.	575.		209.	784.
134	DELL LATITUDE (1)	05/31/17	SL	5.00		16	1,605.				1,605.	829.		321.	1,150.
135	DELL LATITUDE (2)	05/31/17	SL	5.00		16	1,605.				1,605.	829.		321.	1,150.
136	DELL LATITUDE 5580, BTK(1)	09/21/17	SL	5.00		16	1,570.				1,570.	707.		314.	1,021.
137	DELL LATITUDE (3)	11/24/17	SL	5.00		16	1,993.				1,993.	831.		399.	1,230.
138	DELL LATITUDE (4)	11/19/17	SL	5.00		16	1,993.				1,993.	831.		399.	1,230.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
139	DELL EXTERNAL DVD DRIVE (1)	05/31/17	SL	5.00	16	50.				50.	26.		10.	36.
140	DELL EXTERNAL DVD DRIVE (2)	11/24/17	SL	5.00	16	50.				50.	21.		10.	31.
154	DELL OPTIPLEX 5070 MICRO	02/26/20	SL	5.00	16	1,058.				1,058.			176.	176.
155	INGENICO CREDIT CARD READER	10/21/20	SL	5.00	16	176.				176.			6.	6.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					161,410.				161,410.	128,273.		10,385.	138,658.
	OTHER													
141	CATERING KITCHEN	09/22/18	SL	10.00	16	3,560.				3,560.	445.		356.	801.
142	EXHIBITS	09/22/18	SL	10.00	16	1,205,710.				1,205,710.	150,714.		120,571.	271,285.
143	FIRE/SECURITY	09/22/18	SL	10.00	16	151,449.				151,449.	18,931.		15,145.	34,076.
144	FURNITURE	09/22/18	SL	10.00	16	20,817.				20,817.	2,602.		2,082.	4,684.
145	ARCHITECTURE	09/22/18	SL	30.00	16	250,000.				250,000.	10,416.		8,333.	18,749.
146	BUILDING	09/22/18	SL	30.00	16	3,023,592.				3,023,592.	125,983.		100,786.	226,769.
147	ENGINEERING	09/22/18	SL	30.00	16	3,478.				3,478.	145.		116.	261.
148	LOAN INTEREST	09/22/18	SL	30.00	16	72,867.				72,867.	3,036.		2,429.	5,465.
149	MOVING	09/22/18	SL	30.00	16	387.				387.	16.		13.	29.
150	UTILITIES	09/22/18	SL	30.00	16	6,818.				6,818.	284.		227.	511.
151	WEBSITE	10/05/18	SL	5.00	16	29,950.				29,950.	7,488.		5,990.	13,478.
152	COMPUTER	04/10/18	SL	5.00	16	1,515.				1,515.	530.		303.	833.

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
153	WEBSITE	01/29/19	SL	5.00		16	7,000.				7,000.	1,283.		1,400.	2,683.
	* 990 PAGE 10 TOTAL OTHER						4,777,143.				4,777,143.	321,873.		257,751.	579,624.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,738,553.				5,738,553.	450,146.		268,136.	718,282.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						5,737,319.			0.	5,737,319.	450,146.			718,100.
	ACQUISITIONS						1,234.			0.	1,234.	0.			182.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						5,738,553.			0.	5,738,553.	450,146.			718,282.
	ENDING ACCUM DEPR										718,282.				
	ENDING BOOK VALUE										5,020,271.				

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE SOUTH CAROLINA HISTORICAL SOCIETY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
111	BUILDING - REVISION	123180NC		.000		800,000.			800,000.			0.
	111 CLAUSE IF NOT USED											
	* 990 PAGE 10 TOTAL											
	BUILDINGS					800,000.		0.	800,000.	0.		0.
	MACHINERY & EQUIPMENT											
50	SHELVING	081704SL		20.00	16	57,244.			57,244.	43,885.		2,862.
58	LIGHT TABLE	093096SL		7.00	16	314.			314.	314.		0.
632	VICTORIAN SIDE CHAIR	112197SL		.000	16							0.
65	FEDERAL STYLE BOOKCASE	112197SL		.000	16							0.
66	JARDINIERE (CHRA)	112197SL		.000	16							0.
67	FRAMED BIRD PIC	112197SL		.000	16							0.
682	FRAMED FLORAL	112197SL		.000	16							0.
69	PLANT STAND	112197SL		.000	16							0.
702	BANQUET ENDS	112197SL		.000	16							0.
71	BRONZE PLAQUE	041398SL		10.00	16	1,012.			1,012.	1,012.		0.
92	SHELVES	123101SL		10.00	16	1,700.			1,700.	1,700.		0.
97	SHELVING MOBILE	113003SL		20.00	16	24,553.			24,553.	19,749.		1,228.
99	SHELVING MOBILE	052104SL		20.00	16	28,177.			28,177.	21,956.		1,409.
109	LATERAL FILE CABINET	063008SL		10.00	16	909.			909.	909.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - THE SOUTH CAROLINA HISTORICAL SOCIETY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
110	MICROFILM READER	083109SL		5.00	16	6,065.			6,065.	6,065.		0.
1124	COMPUTERS	061510SL		5.00	16	2,659.			2,659.	2,659.		0.
1133	LAPTOPS	060811SL		5.00	16	3,134.			3,134.	3,134.		0.
117	SCANNER	040411SL		5.00	16	2,500.			2,500.	2,500.		0.
118	PA SYSTEM FOR LECTURE SERIES CONFERENCE	020612SL		5.00	16	1,366.			1,366.	1,366.		0.
122	TELEPHONE	080612SL		5.00	16	432.			432.	432.		0.
123	LAPTOP - GINNY	081213SL		5.00	16	597.			597.	597.		0.
127	NEW PHONE SYSTEM LOCKING CABINETS	063015SL		5.00	16	3,390.			3,390.	3,051.		339.
129	FOR COLLECTIONS	051315SL		5.00	16	11,834.			11,834.	11,046.		1,584.
130	FIREWALL	090915SL		5.00	16	1,165.			1,165.	1,010.		155.
131	MAC COMPUTER FOR LAUREN	021916SL		5.00	16	2,169.			2,169.	1,664.		434.
132	DELL OPTIPLEX	032717SL		5.00	16	1,045.			1,045.	575.		209.
133	DELL OPTIPLEX	032717SL		5.00	16	1,045.			1,045.	575.		209.
134	DELL LATTITUDE (1)	053117SL		5.00	16	1,605.			1,605.	829.		321.
135	DELL LATTITUDE (2)	053117SL		5.00	16	1,605.			1,605.	829.		321.
136	DELL LATTITUDE 5580, BTX(1)	092117SL		5.00	16	1,570.			1,570.	707.		314.
137	DELL LATTITUDE (3)	112417SL		5.00	16	1,993.			1,993.	831.		399.
138	DELL LATTITUDE (4)	111917SL		5.00	16	1,993.			1,993.	831.		399.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE SOUTH CAROLINA HISTORICAL SOCIETY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
139	DELL EXTERNAL DVD DRIVE (1)	053117SL	5.00 16SL	5.00	16	50.			50.	26.		10.
140	DELL EXTERNAL DVD DRIVE (2)	112417SL	5.00 16SL	5.00	16	50.			50.	21.		10.
154	DELL OPTIPLEX 5070 MICRO	022620SL	5.00 16SL	5.00	16	1,058.			1,058.			176.
155	INGENICO CREDIT CARD READER	102120SL	5.00 16SL	5.00	16	176.			176.			6.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					161,410.		0.	161,410.	128,273.		10,385.
	OTHER											
141	CATERING KITCHEN	092218SL	10.00 16SL	10.00	16	3,560.			3,560.	445.		356.
142	EXHIBITS	092218SL	10.00 16SL	10.00	16	1,205,710.			1,205,710.	150,714.		120,571.
143	FIRE/SECURITY	092218SL	10.00 16SL	10.00	16	151,449.			151,449.	18,931.		15,145.
144	FURNITURE	092218SL	10.00 16SL	10.00	16	20,817.			20,817.	2,602.		2,082.
145	ARCHITECTURE	092218SL	30.00 16SL	30.00	16	250,000.			250,000.	10,416.		8,333.
146	BUILDING	092218SL	30.00 16SL	30.00	16	3,023,592.			3,023,592.	125,983.		100,786.
147	ENGINEERING	092218SL	30.00 16SL	30.00	16	3,478.			3,478.	145.		116.
148	LOAN INTEREST	092218SL	30.00 16SL	30.00	16	72,867.			72,867.	3,036.		2,429.
149	MOVING	092218SL	30.00 16SL	30.00	16	387.			387.	16.		13.
150	UTILITIES	092218SL	30.00 16SL	30.00	16	6,818.			6,818.	284.		227.
151	WEBSITE	100518SL	5.00 16SL	5.00	16	29,950.			29,950.	7,488.		5,990.
152	COMPUTER	041018SL	5.00 16SL	5.00	16	1,515.			1,515.	530.		303.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE SOUTH CAROLINA HISTORICAL SOCIETY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
153	WEBSITE	012919SL		5.00	16	7,000.			7,000.	1,283.		1,400.
	* 990 PAGE 10 TOTAL OTHER					4,777,143.		0.	4,777,143.	321,873.		257,751.
	* GRAND TOTAL 990 PAGE 10 DEPR					5,738,553.		0.	5,738,553.	450,146.		268,136.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					5,737,319.		0.	5,737,319.	450,146.		
	ACQUISITIONS					1,234.		0.	1,234.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					5,738,553.		0.	5,738,553.	450,146.		

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - THE SOUTH CAROLINA HISTORICAL SOCIETY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	<b>BUILDINGS</b>								
111	BUILDING - REVISION CLAUSE IF NOT USED TO HOUSE HISTORIC COLLECTION	123180NC		.000	800,000.		800,000.		0.
	* 990 PAGE 10 TOTAL BUILDINGS				800,000.		800,000.	0.	0.
	<b>MACHINERY &amp; EQUIPMENT</b>								
50	SHELVING	081704SL		20.00	57,244.		57,244.	46,747.	2,862.
58	LIGHT TABLE	093096SL		7.00	314.		314.	314.	0.
632	VICTORIAN SIDE CH	112197SL		.000					0.
65	FEDERAL STYLE BOOKCASE	112197SL		.000					0.
66	JARDINIERE (CHRA	112197SL		.000					0.
67	FRAMED BIRD PIC	112197SL		.000					0.
682	FRAMED FLORAL	112197SL		.000					0.
69	PLANT STAND	112197SL		.000					0.
702	BANQUET ENDS	112197SL		.000					0.
71	BRONZE PLAQUE	041398SL		10.00	1,012.		1,012.	1,012.	0.
92	SHELVES	123101SL		10.00	1,700.		1,700.	1,700.	0.
97	SHELVING MOBILE	113003SL		20.00	24,553.		24,553.	20,977.	1,228.
99	SHELVING MOBILE	052104SL		20.00	28,177.		28,177.	23,365.	1,409.
109	LATERAL FILE CABINET	063008SL		10.00	909.		909.	909.	0.
110	MICROFILM READER	083109SL		5.00	6,065.		6,065.	6,065.	0.
1124	COMPUTERS	061510SL		5.00	2,659.		2,659.	2,659.	0.
1133	LAPTOPS	060811SL		5.00	3,134.		3,134.	3,134.	0.
117	SCANNER	040411SL		5.00	2,500.		2,500.	2,500.	0.
118	PA SYSTEM FOR LECTURE SERIES	020612SL		5.00	1,366.		1,366.	1,366.	0.
122	CONFERENCE TELEPHONE	080612SL		5.00	432.		432.	432.	0.
123	LAPTOP - GINNY	081213SL		5.00	597.		597.	597.	0.
127	NEW PHONE SYSTEM	063015SL		5.00	3,390.		3,390.	3,390.	0.
129	LOCKING CABINETS FOR COLLECTIONS	051315SL		5.00	11,834.		11,834.	12,630.	-796.
130	FIREWALL	090915SL		5.00	1,165.		1,165.	1,165.	0.
131	MAC COMPUTER FOR LAUREN	021916SL		5.00	2,169.		2,169.	2,098.	71.
132	DELL OPTIPLEX	032717SL		5.00	1,045.		1,045.	784.	209.
133	DELL OPTIPLEX	032717SL		5.00	1,045.		1,045.	784.	209.
134	DELL LATITUDE (1)	053117SL		5.00	1,605.		1,605.	1,150.	321.
135	DELL LATITUDE (2)	053117SL		5.00	1,605.		1,605.	1,150.	321.

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - THE SOUTH CAROLINA HISTORICAL SOCIETY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
136	DELL LATTITUDE 5580, BTX(1)	0922117SL		5.00	1,570.		1,570.	1,021.	314.
137	DELL LATTITUDE (3)	112417SL		5.00	1,993.		1,993.	1,230.	399.
138	DELL LATTITUDE (4)	111917SL		5.00	1,993.		1,993.	1,230.	399.
139	DELL EXTERNAL DVD DRIVE (1)	053117SL		5.00	50.		50.	36.	10.
140	DELL EXTERNAL DVD DRIVE (2)	112417SL		5.00	50.		50.	31.	10.
154	DELL OPTIPLEX 5070 MICRO	022620SL		5.00	1,058.		1,058.	176.	212.
155	INGENICO CREDIT CARD READER	102120SL		5.00	176.		176.	6.	35.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				161,410.		161,410.	138,658.	7,213.
	OTHER								
141	CATERING KITCHEN	092218SL		10.00	3,560.		3,560.	801.	356.
142	EXHIBITS	092218SL		10.00	1,205,710.		1,205,710.	271,285.	120,571.
143	FIRE/SECURITY	092218SL		10.00	151,449.		151,449.	34,076.	15,145.
144	FURNITURE	092218SL		10.00	20,817.		20,817.	4,684.	2,082.
145	ARCHITECTURE	092218SL		30.00	250,000.		250,000.	18,749.	8,333.
146	BUILDING	092218SL		30.00	3,023,592.		3,023,592.	226,769.	100,786.
147	ENGINEERING	092218SL		30.00	3,478.		3,478.	261.	116.
148	LOAN INTEREST	092218SL		30.00	72,867.		72,867.	5,465.	2,429.
149	MOVING	092218SL		30.00	387.		387.	29.	13.
150	UTILITIES	092218SL		30.00	6,818.		6,818.	511.	227.
151	WEBSITE	100518SL		5.00	29,950.		29,950.	13,478.	5,990.
152	COMPUTER	041018SL		5.00	1,515.		1,515.	833.	303.
153	WEBSITE	012919SL		5.00	7,000.		7,000.	2,683.	1,400.
	* 990 PAGE 10 TOTAL OTHER				4,777,143.		4,777,143.	579,624.	257,751.
	* GRAND TOTAL 990 PAGE 10 DEPR				5,738,553.		5,738,553.	718,282.	264,964.