

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **THE SOUTH CAROLINA HISTORICAL SOCIETY** EIN or SSN **57-0323800**

Name and title of officer or person subject to tax **DR. FAYE JENSEN
CHIEF EXECUTIVE OFFICER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>956,791.</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) Faye J Jensen, (EIN) 57-0323800 and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize DAVIS & COMPANY CPAS to enter my PIN 23800
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

57669757967

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ZOE DAVIS

Date 06/15/23

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. THE SOUTH CAROLINA HISTORICAL SOCIETY	Taxpayer identification number (TIN) 57-0323800
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 100 MEETING STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLESTON, SC 29401	

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

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

VIRGINIA ELLISON C/O SC HISTORICAL SOCIETY

• The books are in the care of ▶ **100 MEETING STREET - CHARLESTON, SC 29401**

Telephone No. ▶ **(843) 723-3225** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

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

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

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE SOUTH CAROLINA HISTORICAL SOCIETY		D Employer identification number 57-0323800
	Doing business as		E Telephone number (843) 723-3225
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	100 MEETING STREET		G Gross receipts \$ 3,000,905.
	City or town, state or province, country, and ZIP or foreign postal code CHARLESTON, SC 29401		
F Name and address of principal officer: DR. FAYE JENSEN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **SCHSONLINE.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1855** **M** State of legal domicile: **SC**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE SCHS MISSION IS TO EXPAND, PRESERVE, AND MAKE ACCESSIBLE OUR INVALUABLE COLLECTION, AND TO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	7
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	719,323.	608,923.
	9 Program service revenue (Part VIII, line 2g)	101,054.	107,183.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	457,474.	69,544.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,313.	171,141.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,294,164.	956,791.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	514,398.	631,805.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 191,582.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	602,455.	669,432.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,116,853.	1,301,237.	
19 Revenue less expenses. Subtract line 18 from line 12	177,311.	-344,446.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 11,265,091.	End of Year 9,788,594.
	21 Total liabilities (Part X, line 26)	173,143.	6,887.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,091,948.	9,781,707.

Part II Signature Block

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

Sign Here	Signature of officer DR. FAYE JENSEN, CHIEF EXECUTIVE OFFICER	Date	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name ZOE DAVIS	Preparer's signature ZOE DAVIS	Date 06/28/23
	Firm's name DAVIS & COMPANY CPAS	Check if self-employed <input type="checkbox"/>	PTIN P01057590
	Firm's address P.O. BOX 1552	Firm's EIN 82-4158464	
	MOUNT PLEASANT, SC 29465	Phone no. 843-881-3315	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 371,366. including grants of \$) (Revenue \$ 24,540.) 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 \$ 219,044. including grants of \$) (Revenue \$ 42,263.) OUTREACH: THE SCHS UTILIZES SEVERAL FORMATS TO EDUCATE AND ENGAGE THE PUBLIC ABOUT ITS COLLECTION AS WELL AS THE HISTORY OF THE STATE. THESE INCLUDE A VIBRANT WEBSITE (HTTPS://SCHISTORY.ORG/), SOCIAL MEDIA POSTS (INSTAGRAM AND FACEBOOK), VIRTUAL AND IN-PERSON PROGRAMS, AND TRADITIONAL PUBLICATIONS. PUBLISHING SOUTH CAROLINA'S HISTORY IS AN INTEGRAL PART OF THE HISTORICAL SOCIETY'S MISSION. THE SOCIETY 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. THE MAGAZINE PUBLISHES EIGHT ARTICLES (EITHER INTERPRETIVE ESSAYS OR ANNOTATED PRIMARY DOCUMENTS) PER YEAR, ALONG WITH APPROXIMATELY FIFTY BOOK REVIEWS AND THE ANNOUNCEMENT OF RECENTLY PROCESSED COLLECTIONS.

4c (Code:) (Expenses \$ 286,336. including grants of \$) (Revenue \$ 40,380.) FIREPROOF BUILDING AND MUSEUM: 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

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

4e Total program service expenses 876,746.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	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>	7	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>	8 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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e	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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 23		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization		X
15b			X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SC
- 18** Section 6104 requires an organization to make its 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
VIRGINIA ELLISON 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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FAYE L. JENSEN CEO & EX-OFFICIO	40.00			X			94,498.	0.	6,615.	
(2) LESLIE A. COTTER, JR. BOARD MEMBER	2.00	X					0.	0.	0.	
(3) SAMUEL J. GALLOWAY, JR. BOARD MEMBER	2.00	X					0.	0.	0.	
(4) BERNIE HOOD BOARD MEMBER	2.00	X					0.	0.	0.	
(5) FLAVIA HARTON BOARD MEMBER	2.00	X					0.	0.	0.	
(6) KATHERINE LAMASTER BOARD MEMBER	2.00	X					0.	0.	0.	
(7) HARRY B LIMEHOUSE, III BOARD MEMBER	2.00	X					0.	0.	0.	
(8) WILLIAM MCKINNEY BOARD MEMBER	2.00	X					0.	0.	0.	
(9) JOHN M. MCCARDELL, JR. BOARD MEMBER	2.00	X					0.	0.	0.	
(10) E. RICHARD MCGEORGE BOARD MEMBER	2.00	X					0.	0.	0.	
(11) BERN MEBANE BOARD MEMBER	2.00	X					0.	0.	0.	
(12) BERNARD POWERS BOARD MEMBER	2.00	X					0.	0.	0.	
(13) GLENN OXNER BOARD MEMBER	2.00	X					0.	0.	0.	
(14) ALEX PAPPAS BOARD MEMBER	2.00	X					0.	0.	0.	
(15) ALEC TAYLOR BOARD MEMBER	2.00	X					0.	0.	0.	
(16) JOHN MCCABE BOARD MEMBER	2.00	X					0.	0.	0.	
(17) CATHERINE SCARBOROUGH 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) COURTNEY TOLLISON-HARTNESS BOARD MEMBER	2.00	X						0.	0.	0.
(19) DANIEL RAVENEL EX-OFFICIO	2.00	X						0.	0.	0.
(20) EMILYN C. SANDERS CHAIR	5.00	X		X				0.	0.	0.
(21) WILLIAM S. DAVIES JR VICE CHAIR	4.00	X		X				0.	0.	0.
(22) MINOR SHAW SECRETARY	4.00	X		X				0.	0.	0.
(23) KESTER FREEMAN TREASURER	4.00	X		X				0.	0.	0.
(24) STEVE OSBORNE BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								94,498.	0.	6,615.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								94,498.	0.	6,615.

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b	263,663.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	16,413.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	328,847.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			608,923.				
Program Service Revenue	2 a PROGRAM FEE INCOME	Business Code	513190	42,263.	42,263.			
	b MUSEUM TICKET SALES		513190	40,380.	40,380.			
	c LIBRARY FEES AND SERVICES		541990	24,540.	24,540.			
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			107,183.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			136,632.	136,632.			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
	b Less: rental expenses ...	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,974,900.				
			(ii) Other					
				2,041,988.				
				-67,088.				
	b Less: cost or other basis and sales expenses	7b						
c Gain or (loss)	7c							
d Net gain or (loss)			-67,088.	-67,088.				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a		7,491.					
			2,126.					
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory			5,365.	5,365.				
Miscellaneous Revenue	11 a RELEASE FROM PLEDGE OBLIGATION	Business Code	900099	162,563.	162,563.			
	b OTHER REVENUE		513190	3,213.	3,213.			
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d			165,776.				
12 Total revenue. See instructions			956,791.	347,868.	0.	0.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	94,498.	68,039.	17,955.	8,504.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	457,570.	329,450.	86,938.	41,182.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,988.	18,711.	4,939.	2,338.
9 Other employee benefits	10,607.	7,637.	2,015.	955.
10 Payroll taxes	43,142.	31,062.	8,198.	3,882.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying	34,208.			34,208.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,179.		33,179.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	17,750.	12,780.	3,372.	1,598.
12 Advertising and promotion	62,765.			62,765.
13 Office expenses	1,897.	1,366.	360.	171.
14 Information technology	12,268.	8,833.	2,331.	1,104.
15 Royalties				
16 Occupancy	18,217.	13,116.	3,461.	1,640.
17 Travel	13,123.	9,449.	2,493.	1,181.
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	265,285.	191,005.	50,404.	23,876.
23 Insurance	54,955.	39,568.	10,441.	4,946.
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 PROGRAM	67,666.	67,666.		
b PUBLICATIONS	38,735.	38,735.		
c BUILDING MAINTENANCE	14,025.	10,098.	2,665.	1,262.
d LIBRARY COLLECTIONS	7,929.	7,929.		
e All other expenses	27,430.	21,302.	4,158.	1,970.
25 Total functional expenses. Add lines 1 through 24e	1,301,237.	876,746.	232,909.	191,582.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	909,476.	1	748,791.
	2 Savings and temporary cash investments	225,000.	2	127,100.
	3 Pledges and grants receivable, net	10,039.	3	10,000.
	4 Accounts receivable, net	75,474.	4	55,219.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,127.	9	34,499.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,832,130.		
	b Less: accumulated depreciation	10b 1,249,327.	4,785,746.	10c 4,582,803.
	11 Investments - publicly traded securities	5,238,729.	11	4,230,182.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	500.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	11,265,091.	16	9,788,594.	
Liabilities	17 Accounts payable and accrued expenses	10,580.	17	6,887.
	18 Grants payable	162,563.	18	0.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	173,143.	26	6,887.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,140,942.	27	7,121,191.
	28 Net assets with donor restrictions	2,951,006.	28	2,660,516.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,091,948.	32	9,781,707.
33 Total liabilities and net assets/fund balances	11,265,091.	33	9,788,594.	

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	956,791.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,301,237.
3	Revenue less expenses. Subtract line 2 from line 1	3	-344,446.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,091,948.
5	Net unrealized gains (losses) on investments	5	-965,795.
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	9,781,707.

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	672,856.	1,016,545.	591,268.	719,323.	608,923.	3,608,915.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	672,856.	1,016,545.	591,268.	719,323.	608,923.	3,608,915.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3,608,915.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	672,856.	1,016,545.	591,268.	719,323.	608,923.	3,608,915.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	145,693.	135,292.	99,258.	124,830.	136,632.	641,705.
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.	12,166.	3,213.	47,238.
11 Total support. Add lines 7 through 10						4,303,012.
12 Gross receipts from related activities, etc. (see instructions)					12	1,090,473.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	83.87 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	84.30 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		Yes	No
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
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.			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

THE SOUTH CAROLINA HISTORICAL SOCIETY

Employer identification number

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization THE SOUTH CAROLINA HISTORICAL SOCIETY	Employer identification number 57-0323800
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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
1	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>8,913.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>5,894.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>5,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE SOUTH CAROLINA HISTORICAL SOCIETY	Employer identification number 57-0323800
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE SOUTH CAROLINA HISTORICAL SOCIETY	Employer identification number 57-0323800
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE SOUTH CAROLINA HISTORICAL SOCIETY	Employer identification number 57-0323800
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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/>	\$ 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/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 54,371.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE SOUTH CAROLINA HISTORICAL SOCIETY	Employer identification number 57-0323800
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/> <hr/>	\$ 15,000.	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.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input 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.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input 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.)
	<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 THE SOUTH CAROLINA HISTORICAL SOCIETY	Employer identification number 57-0323800
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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 THE SOUTH CAROLINA HISTORICAL SOCIETY	Employer identification number 57-0323800
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization THE SOUTH CAROLINA HISTORICAL SOCIETY	Employer identification number 57-0323800
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ **34,208.**
- 3 Volunteer hours for political campaign activities

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		34,208.
j Total. Add lines 1c through 1i			34,208.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART I-A, LINE 1:

CONSULTING SERVICES FOR THE FUNDING FOR THE 250TH ANNIVERSARY OF THE AMERICAN REVOLUTION PROJECT.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, modified easements, states, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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	5,463,729.	5,003,447.	4,770,846.	5,687,435.	6,527,369.
b Contributions	110,386.	133,700.	102,180.	548,000.	406,720.
c Net investment earnings, gains, and losses	-1,183,654.	515,418.	595,108.	1,032,563.	-240,848.
d Grants or scholarships					1,875.
e Other expenditures for facilities and programs		151,179.	430,797.	2,457,911.	961,198.
f Administrative expenses	33,179.	37,657.	33,890.	39,241.	42,733.
g End of year balance	4,357,282.	5,463,729.	5,003,447.	4,770,846.	5,687,435.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 67.0000 %
 - b Permanent endowment 9.0000 %
 - c Term endowment 24.0000 %
- 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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.	833,477.	2,523,664.
c Leasehold improvements				
d Equipment		204,334.	50,730.	153,604.
e Other		1,470,655.	365,120.	1,105,535.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,582,803.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	-42,183.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-965,795.
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	-965,795.
3	Subtract line 2e from line 1	3	923,612.
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	33,179.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	33,179.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	956,791.

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	1,268,058.
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	1,268,058.
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	33,179.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	33,179.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,301,237.

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 35 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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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 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
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

Name of the organization

THE SOUTH CAROLINA HISTORICAL SOCIETY

Employer identification number

57-0323800

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 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

A BUILDING THAT COULD CONTAIN A BLAZE AND PREVENT IT FROM SPREADING TO 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.

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THE SCHS MUSEUM, HOUSED IN THE HISTORIC FIREPROOF BUILDING, 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: AFRICA TO AMERICA: PLANTATION CULTURE IN EARLY SOUTH CAROLINA (ROTATING - OPENED APRIL 2022)

GOALS OF THE EXHIBIT:

TO CELEBRATE THE LIFE AND LEGACY OF SOUTH CAROLINA'S OWN ARCHITECT, 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

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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 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 MEETING AS NECESSARY IN ORDER TO DISCHARGE ITS RESPONSIBILITIES ABOUT THE ANNUAL AUDIT OR REVIEW 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

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

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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 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.

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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 REMAINING 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 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.

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FORM 990, PART VII

THE BY-LAWS NOTATE THE PAST CHAIR AND CHIEF EXECUTIVE OFFICER SERVE AS EX-OFFICIO ON THE BOARD OF MANAGERS, HOWEVER THE CHIEF EXECUTIVE OFFICER DOES NOT HAVE VOTING RIGHTS.

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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 HISTORI	12/31/80	NC	.000	HY		800,000.				800,000.			0.	
	* 990 PAGE 10 TOTAL BUILDINGS						800,000.				800,000.	0.		0.	0.
	MACHINERY & EQUIPMENT														
50	SHELVING	08/17/04	SL	20.00		16	57,244.				57,244.	49,609.		2,862.	52,471.
58	LIGHT TABLE	09/30/96	SL	7.00		16	314.				314.	314.		0.	314.
63	2 VICTORIAN SIDE CH	11/21/97	SL	.000		16								0.	
65	FEDERAL STYLE BOOKCASE	11/21/97	SL	.000		16								0.	
66	JARDINIERE (CHRA	11/21/97	SL	.000		16								0.	
67	FRAMED BIRD PIC	11/21/97	SL	.000		16								0.	
68	2 FRAMED FLORAL	11/21/97	SL	.000		16								0.	
69	PLANT STAND	11/21/97	SL	.000		16								0.	
70	2 BANQUET ENDS	11/21/97	SL	.000		16								0.	
71	BRONZE PLAQUE	04/13/98	SL	10.00		16	1,012.				1,012.	1,012.		0.	1,012.
92	SHELVES	12/31/01	SL	10.00		16	1,700.				1,700.	1,700.		0.	1,700.
97	SHELVING MOBILE	11/30/03	SL	20.00		16	24,553.				24,553.	22,205.		1,228.	23,433.
99	SHELVING MOBILE	05/21/04	SL	20.00		16	28,177.				28,177.	24,774.		1,409.	26,183.
109	LATERAL FILE CABINET	06/30/08	SL	10.00		16	909.				909.	909.		0.	909.

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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
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.	3,390.		0.	3,390.
129	LOCKING CABINETS FOR COLLECTIONS	05/13/15	SL	5.00		16	11,834.				11,834.	12,630.		0.	12,630.
130	FIREWALL	09/09/15	SL	5.00		16	1,165.				1,165.	1,165.		0.	1,165.
131	MAC COMPUTER FOR LAUREN	02/19/16	SL	5.00		16	2,169.				2,169.	2,169.		0.	2,169.
132	DELL OPTIPLEX	03/27/17	SL	5.00		16	1,045.				1,045.	993.		52.	1,045.
133	DELL OPTIPLEX	03/27/17	SL	5.00		16	1,045.				1,045.	993.		52.	1,045.
134	DELL LATTITUDE (1)	05/31/17	SL	5.00		16	1,605.				1,605.	1,471.		134.	1,605.
135	DELL LATTITUDE (2)	05/31/17	SL	5.00		16	1,605.				1,605.	1,471.		134.	1,605.
136	DELL LATTITUDE 5580, BTX(1)	09/21/17	SL	5.00		16	1,570.				1,570.	1,335.		235.	1,570.
137	DELL LATTITUDE (3)	11/24/17	SL	5.00		16	1,993.				1,993.	1,629.		364.	1,993.
138	DELL LATTITUDE (4)	11/19/17	SL	5.00		16	1,993.				1,993.	1,629.		364.	1,993.

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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
139	DELL EXTERNAL DVD DRIVE (1)	05/31/17	SL	5.00		16	50.				50.	46.		4.	50.
140	DELL EXTERNAL DVD DRIVE (2)	11/24/17	SL	5.00		16	50.				50.	41.		9.	50.
154	DELL OPITPLEX 5070 MICRO	02/26/20	SL	5.00		16	1,058.				1,058.	388.		212.	600.
155	INGENICO CREDIT CARD READER	10/21/20	SL	5.00		16	176.				176.	41.		35.	76.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						161,410.				161,410.	146,667.		7,094.	153,761.
	OTHER														
141	CATERING KITCHEN	09/22/18	SL	10.00		16	3,560.				3,560.	1,157.		356.	1,513.
142	EXHIBITS	09/22/18	SL	10.00		16	1,205,710.				1,205,710.	391,856.		120,571.	512,427.
143	FIRE/SECURITY	09/22/18	SL	10.00		16	151,449.				151,449.	49,221.		15,145.	64,366.
144	FURNIUTRE	09/22/18	SL	10.00		16	20,817.				20,817.	6,766.		2,082.	8,848.
145	ARCHITECTURE	09/22/18	SL	30.00		16	250,000.				250,000.	27,082.		8,333.	35,415.
146	BUILDING	09/22/18	SL	30.00		16	3,023,592.				3,023,592.	327,555.		100,786.	428,341.
147	ENGINEERING	09/22/18	SL	30.00		16	3,478.				3,478.	377.		116.	493.
148	LOAN INTEREST	09/22/18	SL	30.00		16	72,867.				72,867.	7,894.		2,429.	10,323.
149	MOVING	09/22/18	SL	30.00		16	387.				387.	42.		13.	55.
150	UTILITIES	09/22/18	SL	30.00		16	6,818.				6,818.	738.		227.	965.
151	WEBSITE	10/05/18	SL	5.00		16	29,950.				29,950.	19,468.		5,990.	25,458.
152	COMPUTER	04/10/18	SL	5.00		16	1,515.				1,515.	1,136.		303.	1,439.

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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.	4,083.		1,400.	5,483.
157	MACBOOK PRO	12/21/21	SL	5.00		16	2,200.				2,200.			440.	440.
158	CONTEMPORARY ART EXHIBIT GALLERY	10/18/22	SL	10.00		16	68,519.				68,519.			1,142.	1,142.
159	EXHIBIT (EXHIBIT PANELS)	10/18/22	SL	10.00		16	20,600.				20,600.			343.	343.
160	EATON TOWER/RACK MOUNTABLE UPS	03/07/22	SL	5.00		16	1,177.				1,177.			196.	196.
161	DELL COMPUTER	05/31/22	SL	5.00		16	1,081.				1,081.			126.	126.
	* 990 PAGE 10 TOTAL OTHER						4,870,720.				4,870,720.	837,375.		259,998.	1,097,373.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,832,130.				5,832,130.	984,042.		267,092.	1,251,134.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						5,740,753.			0.	5,740,753.	984,042.			1,249,327.
	ACQUISITIONS						91,377.			0.	91,377.	0.			1,807.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						5,832,130.			0.	5,832,130.	984,042.			1,251,134.
	ENDING ACCUM DEPR											1,251,134.			
	ENDING BOOK VALUE											4,580,996.			

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- 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 CLAUSE IF NOT USED * 990 PAGE 10 TOTAL	123180	NC	.000		800,000.			800,000.			0.
	BUILDINGS					800,000.		0.	800,000.	0.		0.
	MACHINERY & EQUIPMENT											
50	SHELVING	081704	SL	20.00	16	57,244.			57,244.	49,609.		2,862.
58	LIGHT TABLE	093096	SL	7.00	16	314.			314.	314.		0.
63	2 VICTORIAN SIDE CH FEDERAL STYLE	112197	SL	.000	16							0.
65	BOOKCASE	112197	SL	.000	16							0.
66	JARDINIERE (CHRA	112197	SL	.000	16							0.
67	FRAMED BIRD PIC	112197	SL	.000	16							0.
68	2 FRAMED FLORAL	112197	SL	.000	16							0.
69	PLANT STAND	112197	SL	.000	16							0.
70	2 BANQUET ENDS	112197	SL	.000	16							0.
71	BRONZE PLAQUE	041398	SL	10.00	16	1,012.			1,012.	1,012.		0.
92	SHELVES	123101	SL	10.00	16	1,700.			1,700.	1,700.		0.
97	SHELVING MOBILE	113003	SL	20.00	16	24,553.			24,553.	22,205.		1,228.
99	SHELVING MOBILE LATERAL FILE	052104	SL	20.00	16	28,177.			28,177.	24,774.		1,409.
109	CABINET	063008	SL	10.00	16	909.			909.	909.		0.

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- 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	083109	SL	5.00	16	6,065.			6,065.	6,065.		0.
1124	COMPUTERS	061510	SL	5.00	16	2,659.			2,659.	2,659.		0.
1133	LAPTOPS	060811	SL	5.00	16	3,134.			3,134.	3,134.		0.
117	SCANNER	040411	SL	5.00	16	2,500.			2,500.	2,500.		0.
118	PA SYSTEM FOR LECTURE SERIES CONFERENCE	020612	SL	5.00	16	1,366.			1,366.	1,366.		0.
122	TELEPHONE	080612	SL	5.00	16	432.			432.	432.		0.
123	LAPTOP - GINNY	081213	SL	5.00	16	597.			597.	597.		0.
127	NEW PHONE SYSTEM	063015	SL	5.00	16	3,390.			3,390.	3,390.		0.
129	LOCKING CABINETS FOR COLLECTIONS	051315	SL	5.00	16	11,834.			11,834.	12,630.		0.
130	FIREWALL	090915	SL	5.00	16	1,165.			1,165.	1,165.		0.
131	MAC COMPUTER FOR LAUREN	021916	SL	5.00	16	2,169.			2,169.	2,169.		0.
132	DELL OPTIPLEX	032717	SL	5.00	16	1,045.			1,045.	993.		52.
133	DELL OPTIPLEX	032717	SL	5.00	16	1,045.			1,045.	993.		52.
134	DELL LATTITUDE (1)	053117	SL	5.00	16	1,605.			1,605.	1,471.		134.
135	DELL LATTITUDE (2)	053117	SL	5.00	16	1,605.			1,605.	1,471.		134.
136	DELL LATTITUDE 5580, BTX(1)	092117	SL	5.00	16	1,570.			1,570.	1,335.		235.
137	DELL LATTITUDE (3)	112417	SL	5.00	16	1,993.			1,993.	1,629.		364.
138	DELL LATTITUDE (4)	111917	SL	5.00	16	1,993.			1,993.	1,629.		364.

2022 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)	053117	SL	5.00	16	50.			50.	46.		4.
140	DELL EXTERNAL DVD DRIVE (2)	112417	SL	5.00	16	50.			50.	41.		9.
154	DELL OPITPLEX 5070 MICRO	022620	SL	5.00	16	1,058.			1,058.	388.		212.
155	INGENICO CREDIT CARD READER	102120	SL	5.00	16	176.			176.	41.		35.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					161,410.		0.	161,410.	146,667.		7,094.
	OTHER											
141	CATERING KITCHEN	092218	SL	10.00	16	3,560.			3,560.	1,157.		356.
142	EXHIBITS	092218	SL	10.00	16	1,205,710.			1,205,710.	391,856.		120,571.
143	FIRE/SECURITY	092218	SL	10.00	16	151,449.			151,449.	49,221.		15,145.
144	FURNIUTRE	092218	SL	10.00	16	20,817.			20,817.	6,766.		2,082.
145	ARCHITECTURE	092218	SL	30.00	16	250,000.			250,000.	27,082.		8,333.
146	BUILDING	092218	SL	30.00	16	3,023,592.			3,023,592.	327,555.		100,786.
147	ENGINEERING	092218	SL	30.00	16	3,478.			3,478.	377.		116.
148	LOAN INTEREST	092218	SL	30.00	16	72,867.			72,867.	7,894.		2,429.
149	MOVING	092218	SL	30.00	16	387.			387.	42.		13.
150	UTILITIES	092218	SL	30.00	16	6,818.			6,818.	738.		227.
151	WEBSITE	100518	SL	5.00	16	29,950.			29,950.	19,468.		5,990.
152	COMPUTER	041018	SL	5.00	16	1,515.			1,515.	1,136.		303.

2022 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	012919	SL	5.00	16	7,000.			7,000.	4,083.		1,400.
157	MACBOOK PRO	122121	SL	5.00	16	2,200.			2,200.			440.
158	CONTEMPORARY ART EXHIBIT GALLERY	101822	SL	10.00	16	68,519.			68,519.			1,142.
159	EXHIBIT (EXHIBIT PANELS)	101822	SL	10.00	16	20,600.			20,600.			343.
160	EATON TOWER/RACK MOUNTABLE UPS	030722	SL	5.00	16	1,177.			1,177.			196.
161	DELL COMPUTER	053122	SL	5.00	16	1,081.			1,081.			126.
	* 990 PAGE 10 TOTAL OTHER					4,870,720.		0.	4,870,720.	837,375.		259,998.
	* GRAND TOTAL 990 PAGE 10 DEPR					5,832,130.		0.	5,832,130.	984,042.		267,092.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					5,740,753.		0.	5,740,753.	984,042.		
	ACQUISITIONS					91,377.		0.	91,377.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					5,832,130.		0.	5,832,130.	984,042.		

2023 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
	BUILDINGS								
111	BUILDING - REVISION CLAUSE IF NOT USED TO HOUSE HISTORIC COLLECTION	123180	NC	.000	800,000.		800,000.		0.
	* 990 PAGE 10 TOTAL BUILDINGS				800,000.		800,000.	0.	0.
	MACHINERY & EQUIPMENT								
50	SHELVING	081704	SL	20.00	57,244.		57,244.	52,471.	2,862.
58	LIGHT TABLE	093096	SL	7.00	314.		314.	314.	0.
63	2 VICTORIAN SIDE CH	112197	SL	.000					0.
65	FEDERAL STYLE BOOKCASE	112197	SL	.000					0.
66	JARDINIERE (CHRA	112197	SL	.000					0.
67	FRAMED BIRD PIC	112197	SL	.000					0.
68	2 FRAMED FLORAL	112197	SL	.000					0.
69	PLANT STAND	112197	SL	.000					0.
70	2 BANQUET ENDS	112197	SL	.000					0.
71	BRONZE PLAQUE	041398	SL	10.00	1,012.		1,012.	1,012.	0.
92	SHELVES	123101	SL	10.00	1,700.		1,700.	1,700.	0.
97	SHELVING MOBILE	113003	SL	20.00	24,553.		24,553.	23,433.	1,120.
99	SHELVING MOBILE	052104	SL	20.00	28,177.		28,177.	26,183.	1,409.
109	LATERAL FILE CABINET	063008	SL	10.00	909.		909.	909.	0.
110	MICROFILM READER	083109	SL	5.00	6,065.		6,065.	6,065.	0.
112	4 COMPUTERS	061510	SL	5.00	2,659.		2,659.	2,659.	0.
113	3 LAPTOPS	060811	SL	5.00	3,134.		3,134.	3,134.	0.
117	SCANNER	040411	SL	5.00	2,500.		2,500.	2,500.	0.
118	PA SYSTEM FOR LECTURE SERIES	020612	SL	5.00	1,366.		1,366.	1,366.	0.
122	CONFERENCE TELEPHONE	080612	SL	5.00	432.		432.	432.	0.
123	LAPTOP - GINNY	081213	SL	5.00	597.		597.	597.	0.
127	NEW PHONE SYSTEM	063015	SL	5.00	3,390.		3,390.	3,390.	0.
129	LOCKING CABINETS FOR COLLECTIONS	051315	SL	5.00	11,834.		11,834.	12,630.	0.
130	FIREWALL	090915	SL	5.00	1,165.		1,165.	1,165.	0.
131	MAC COMPUTER FOR LAUREN	021916	SL	5.00	2,169.		2,169.	2,169.	0.
132	DELL OPTIPLEX	032717	SL	5.00	1,045.		1,045.	1,045.	0.
133	DELL OPTIPLEX	032717	SL	5.00	1,045.		1,045.	1,045.	0.
134	DELL LATTITUDE (1)	053117	SL	5.00	1,605.		1,605.	1,605.	0.
135	DELL LATTITUDE (2)	053117	SL	5.00	1,605.		1,605.	1,605.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 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)	092117	SL	5.00	1,570.		1,570.	1,570.	0.
137	DELL LATTITUDE (3)	112417	SL	5.00	1,993.		1,993.	1,993.	0.
138	DELL LATTITUDE (4)	111917	SL	5.00	1,993.		1,993.	1,993.	0.
139	DELL EXTERNAL DVD DRIVE (1)	053117	SL	5.00	50.		50.	50.	0.
140	DELL EXTERNAL DVD DRIVE (2)	112417	SL	5.00	50.		50.	50.	0.
154	DELL OPITPLEX 5070 MICRO	022620	SL	5.00	1,058.		1,058.	600.	212.
155	INGENICO CREDIT CARD READER	102120	SL	5.00	176.		176.	76.	35.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				161,410.		161,410.	153,761.	5,638.
	OTHER								
141	CATERING KITCHEN	092218	SL	10.00	3,560.		3,560.	1,513.	356.
142	EXHIBITS	092218	SL	10.00	1,205,710.		1,205,710.	512,427.	120,571.
143	FIRE/SECURITY	092218	SL	10.00	151,449.		151,449.	64,366.	15,145.
144	FURNIUTRE	092218	SL	10.00	20,817.		20,817.	8,848.	2,082.
145	ARCHITECTURE	092218	SL	30.00	250,000.		250,000.	35,415.	8,333.
146	BUILDING	092218	SL	30.00	3,023,592.		3,023,592.	428,341.	100,786.
147	ENGINEERING	092218	SL	30.00	3,478.		3,478.	493.	116.
148	LOAN INTEREST	092218	SL	30.00	72,867.		72,867.	10,323.	2,429.
149	MOVING	092218	SL	30.00	387.		387.	55.	13.
150	UTILITIES	092218	SL	30.00	6,818.		6,818.	965.	227.
151	WEBSITE	100518	SL	5.00	29,950.		29,950.	25,458.	4,492.
152	COMPUTER	041018	SL	5.00	1,515.		1,515.	1,439.	76.
153	WEBSITE	012919	SL	5.00	7,000.		7,000.	5,483.	1,400.
157	MACBOOK PRO	122121	SL	5.00	2,200.		2,200.	440.	440.
158	CONTEMPORARY ART EXHIBIT GALLERY	101822	SL	10.00	68,519.		68,519.	1,142.	6,852.
159	EXHIBIT (EXHIBIT PANELS)	101822	SL	10.00	20,600.		20,600.	343.	2,060.
160	EATON TOWER/RACK MOUNTABLE UPS	030722	SL	5.00	1,177.		1,177.	196.	235.
161	DELL COMPUTER	053122	SL	5.00	1,081.		1,081.	126.	216.
	* 990 PAGE 10 TOTAL OTHER				4,870,720.		4,870,720.	1,097,373.	265,829.
	* GRAND TOTAL 990 PAGE 10 DEPR				5,832,130.		5,832,130.	1,251,134.	271,467.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone