RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

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

Do not enter social security numbers on this form as it may be made public.

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

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable

C Name of organization

D Employer identification number

WACCAMAW COMMUNITY FOUNDATION

Doing business as

3655 S. HIGHWAY 17 BUSINESS

Room/suite

MURRELLS INLET, SC 29576

E Telephone number

(843) 357-4483

F Name and address of principal officer: DENNIS L. WADE

SAME AS C ABOVE

G Gross receipts

16,550,041

H(a) Is this a group return

for subordinates

Y

H(b) Are all subordinates included

Y

J Website: WWW.WACCAMAWCF.ORG

H(c) Group exemption number

K Form of organization: Corporation

M State of legal domicile: SC

I Year of formation: 1999

Part I - Summary

1 Briefly describe the organization's mission or most significant activities: WACCAMAW COMMUNITY FOUNDATION

BUILDS SUSTAINABLE PHILANTHROPY BY CONNECTING DONORS WITH CAUSES

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

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

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 38

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

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

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

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

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

13 Grants and similar amounts paid to or for members (Part IX, column (A), line 1-3)

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

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

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

b Total fundraising expenses (Part IX, column (B), line 26)

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

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

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Part II - Signature Block

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

Sign Here

DENNIS L. WADE, CHAIR

Date

6/6/2019

Type or print name and title

Signature of officer

BRANDON T. RENAUD

Preparer's signature

Date

06/04/19

Check [ ] If self-employed

PTIN

000743576

Print/Type preparer's name

Preparer's EIN

57-0381582

Firm's name

ELLIOT K. DAVIS, LLC/PLLC

Phone no. (843) 577-7040

Firm's address

100 CALHOUN STREET, SUITE 300

Charleston, SC 29401

For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

X Yes [ ] No

Form 990 (2018)

LHA

8/20/2018

This return was prepared with the help of an accountant or other professional. Use Schedule O for organization mission statement continuation.
Part III  | Statement of Program Service Accomplishments

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

1. Briefly describe the organization's mission:
   WACCAMAW COMMUNITY FOUNDATION BUILDS SUSTAINABLE PHILANTHROPY BY
   CONNECTING DONORS WITH CAUSES THEY CARE ABOUT TO STRENGTHEN OUR
   COMMUNITIES.

2. Did the organization undertake any significant program services during the year which were not listed on the
   prior Form 990 or 990-EZ? [X] No
   If "Yes," describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] No
   If "Yes," describe these changes on Schedule O.

4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
   Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
   revenue, if any, for each program service reported.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Revenues $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>2,803,211.</td>
<td>388,861.</td>
</tr>
</tbody>
</table>

GRANTMAKING - OUR GRANTMAKING SPANS THE COMMUNITY'S BROADEST AREAS,
FROM ARTS AND CULTURE TO COMMUNITY DEVELOPMENT, AND PROVIDES CRITICAL
OPERATIONAL AND PROGRAMMATIC SUPPORT FOR THE NETWORK OF NONPROFIT
ACTIVITIES IN OUR 9-COUNTY SERVICE AREA AND BEYOND.

IN 2018, THE WACCAMAW COMMUNITY FOUNDATION DISPERSED 548 GRANTS AND
SCHOLARSHIPS TOTALING $2,362,667. THESE GRANTS WERE DISTRIBUTED AS
FOLLOWS: 148 GRANTS TOTALING $775,535 SUPPORTING VARIOUS EDUCATIONAL
PURSUITS, 26 GRANTS TOTALING $54,357 SUPPORTING NEIGHBORHOOD &
COMMUNITY DEVELOPMENT, 110 GRANTS TOTALING $576,631 SUPPORTING HUMAN
NEEDS, 30 GRANTS TOTALING $75,348 SUPPORTING ENVIRONMENTAL EFFORTS, 57
GRANTS TOTALING $168,120 SUPPORTING HEALTH INITIATIVES, AND 147 GRANTS

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Revenues $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other program services (Describe in Schedule O.)

<table>
<thead>
<tr>
<th>Expenses $</th>
<th>Revenues $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>4d</td>
<td></td>
</tr>
<tr>
<td>4e Total program service expenses</td>
<td>2,803,211.</td>
</tr>
</tbody>
</table>

SEE SCHEDULE O FOR CONTINUATION(S)
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If &quot;Yes,&quot; complete Schedule A</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or foreign organization? If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11 Did the organization report an amount in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 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 13? If &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13 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 14? If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15 Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>16 Did the organization report an amount for other liabilities in Part X, line 26? If &quot;Yes,&quot; complete Schedule D, Part XI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17 Did the organization report an amount for other liabilities in Part X, line 27? If &quot;Yes,&quot; complete Schedule D, Part XII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18 Did the organization report an amount for endowments, or quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Parts XIII and XIV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>19 Did the organization report an amount for the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If &quot;Yes,&quot; complete Schedule D, Part XV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20 Did the organization report an amount for conservation easements or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part XVI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>21 Did the organization maintain an office, employees, or agents outside of the United States? If &quot;Yes,&quot; complete Schedule E</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22 Did the organization have aggregate revenues or expenses of more than $10,000 from other activities? If &quot;Yes,&quot; complete Schedule F, Parts I and II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>23 Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>24 Did the organization report an amount for other charitable organizations or government on Part X, line 18? If &quot;Yes,&quot; complete Schedule I, Parts I and II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25 Did the organization report an amount for other charitable organizations or government on Part X, line 19? If &quot;Yes,&quot; complete Schedule I, Parts III and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>26 Did the organization report an amount for other charitable organizations or government on Part X, line 20? If &quot;Yes,&quot; complete Schedule I, Parts V and VI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>27 Did the organization report an amount for other charitable organizations or government on Part X, line 21? If &quot;Yes,&quot; complete Schedule I, Parts VII and VIII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>28 Did the organization report an amount for other charitable organizations or government on Part X, line 22? If &quot;Yes,&quot; complete Schedule I, Parts IX and X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>29 Did the organization report an amount for other charitable organizations or government on Part X, line 23? If &quot;Yes,&quot; complete Schedule I, Parts XI and XII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30 Did the organization report an amount for other charitable organizations or government on Part X, line 24? If &quot;Yes,&quot; complete Schedule I, Parts XIII and XIV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>31 Did the organization report an amount for other charitable organizations or government on Part X, line 25? If &quot;Yes,&quot; complete Schedule I, Parts XV and XVI</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Part IV Checklist of Required Schedules (continued)

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? *Yes,* complete Schedule I, Parts I and III

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? *Yes,* complete Schedule J

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? *Yes,* answer lines 24b through 24d and complete Schedule K. *No,* go to line 25a

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? *Yes,* complete Schedule L, Part I. *No,* go to line 25b

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? *Yes,* complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *Yes,* complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *Yes,* complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? *Yes,* complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? *Yes,* complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *Yes,* complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? *Yes,* complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *Yes,* complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *Yes,* complete Schedule N, Part I

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? *Yes,* complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? *Yes,* complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)? *Yes,* complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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? *Yes,* complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  
Yes  No  
2a  0  

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  
Yes  No  
2b  

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  

3a Did the organization have unrelated business gross income of $1,000 or more during the year?  
Yes  No  
3a  X  

b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  
3b  

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
Yes  No  
4a  X  

b If "Yes," enter the name of the foreign country:  

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  
Yes  No  
5a  X  

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
Yes  No  
5b  X  

5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  
Yes  No  
6a  X  

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  
6b  

7 Organizations that may receive deductible contributions under section 170(c).  

a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?  
Yes  No  
7a  X  

b If "Yes," did the organization notify the donor of the value of the goods or services provided?  
Yes  No  
7b  

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  
Yes  No  
7c  X  

d If "Yes," indicate the number of Forms 8282 filed during the year  
7d  

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
Yes  No  
7e  X  

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
Yes  No  
7f  X  

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  
Yes  No  
7g  

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  
Yes  No  
7h  

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  
Yes  No  
8  X  

9 Sponsoring organizations maintaining donor advised funds.  

a Did the sponsoring organization make any taxable distributions under section 4966?  
Yes  No  
9a  X  

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  
Yes  No  
9b  X  

10 Section 501(c)(7) organizations. Enter:  

a Initiation fees and capital contributions included on Part VIII, line 12  
10a  

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  
10b  

11 Section 501(c)(12) organizations. Enter:  

a Gross income from members or shareholders  
11a  

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  
11b  

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  
Yes  No  
12a  

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  
12b  

13 Section 501(c)(29) qualified nonprofit health insurance issuers.  

a Is the organization licensed to issue qualified health plans in more than one state?  
Yes  No  
13a  

Note. See the instructions for additional information the organization must report on Schedule O.  

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  
13b  

c Enter the amount of reserves on hand  
13c  

14a Did the organization receive any payments for indoor tanning services during the tax year?  
Yes  No  
14a  X  

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  
14b  

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?  
Yes  No  
15  X  

If "Yes," see instructions and file Form 4720, Schedule N.  

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  
Yes  No  
16  X  

If "Yes," complete Form 4720, Schedule O.
<table>
<thead>
<tr>
<th>Section A. Governing Body and Management</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number of voting members of the governing body at the end of the tax year</td>
<td>1a 9</td>
<td></td>
</tr>
<tr>
<td>b Enter the number of voting members included in line 1a, above, who are independent</td>
<td>b 9</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>2 X</td>
<td></td>
</tr>
<tr>
<td>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</td>
<td>3 X</td>
<td></td>
</tr>
<tr>
<td>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>4 X</td>
<td></td>
</tr>
<tr>
<td>5 Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td>5 X</td>
<td></td>
</tr>
<tr>
<td>6 Did the organization have members or stockholders?</td>
<td>6 X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>7a X</td>
<td></td>
</tr>
<tr>
<td>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td>8b X</td>
<td></td>
</tr>
<tr>
<td>a The governing body?</td>
<td>8a X</td>
<td></td>
</tr>
<tr>
<td>b Each committee with authority to act on behalf of the governing body?</td>
<td>8b X</td>
<td></td>
</tr>
<tr>
<td>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O.</td>
<td>9 X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B. Policies</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Did the organization have local chapters, branches, or affiliates?</td>
<td>10a X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>11a X</td>
<td></td>
</tr>
<tr>
<td>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a Did the organization have a written conflict of interest policy? If “No,” go to line 13</td>
<td>12a X</td>
<td></td>
</tr>
<tr>
<td>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>12b X</td>
<td></td>
</tr>
<tr>
<td>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done</td>
<td>12c X</td>
<td></td>
</tr>
<tr>
<td>13 Did the organization have a written whistleblower policy?</td>
<td>13 X</td>
<td></td>
</tr>
<tr>
<td>14 Did the organization have a written document retention and destruction policy?</td>
<td>14 X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C. Disclosure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>a The organization’s CEO, Executive Director, or top management official</td>
<td>15a X</td>
</tr>
<tr>
<td>b Other officers or key employees of the organization</td>
<td>15b X</td>
</tr>
<tr>
<td>If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>16a X</td>
</tr>
<tr>
<td>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?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C. Disclosure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17 List the states with which a copy of this Form 990 is required to be filed</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</td>
<td></td>
</tr>
<tr>
<td>20 State the name, address, and telephone number of the person who possesses the organization’s books and records</td>
<td></td>
</tr>
</tbody>
</table>

**WACCAMAW COMMUNITY FOUNDATION**

**56-2121992**

**635 RUTLEDGE AVENUE, CHARLESTON, SC 29403**
### Part VII: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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.
- List all of the organization’s current key employees, if any. See instructions for definition of “key employee.”
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) RUELL HICKS, JR.</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>SECRETARY/TREASURER</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) DAN STACY</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) CHRISTOPHER HANNA</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4) DENNIS L. WADE</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>CHAIR</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>5) TERRI DECENTO</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>6) G. DAVID BISHOP</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7) REV. JOSEPH E. WASHINGTON</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
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<tr>
<td>8) BRENT D. GROOME</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>9) KATHLEEN BURROUGHS</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10) CHRISTA DIVIS</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>122,971.0</td>
<td>16,212.0</td>
</tr>
<tr>
<td>CFO</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11) BRIAN HUSSAIN</td>
<td>1.00</td>
<td>X</td>
<td>0.0</td>
<td>26,184.0</td>
<td>883.0</td>
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<tr>
<td>CFO</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12) TINA JOHNSON-BREBNER</td>
<td>40.00</td>
<td>X</td>
<td>0.0</td>
<td>110,372.0</td>
<td>26,918.0</td>
</tr>
<tr>
<td>ACTING EXECUTIVE DIRECTOR</td>
<td>40.00</td>
<td>X</td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee or director</td>
<td>Institutional trustee</td>
<td>Officer</td>
<td>Key employee</td>
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</tbody>
</table>

1b Sub-total ▶ 0   259,527.  44,013.

c Total from continuation sheets to Part VII, Section A ▶ 0   0.  0.
d Total (add lines 1b and 1c) ▶ 0   259,527.  44,013.

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

3 Did the organization list any *former* officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ▶

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual ▶

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ▶

### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td>$1,790,596.</td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f: $</td>
<td></td>
<td></td>
<td></td>
<td>$75,410.</td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>$1,790,596.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
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<tbody>
<tr>
<td>2 a MANAGEMENT FEES</td>
<td>561000</td>
</tr>
<tr>
<td></td>
<td>388,681.</td>
</tr>
<tr>
<td></td>
<td>388,681.</td>
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</table>

<table>
<thead>
<tr>
<th>Royalties</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Real</td>
</tr>
<tr>
<td>(ii) Personal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 a Gross income from fundraising events (not including $_________ of contributions reported on line 1c). See Part IV, line 18</td>
</tr>
<tr>
<td>b Less: direct expenses</td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
</tr>
</tbody>
</table>

| 9 a Gross income from gaming activities. See Part IV, line 19 | a |
| 9 b Less: direct expenses | b |
| 9 c Net income or (loss) from gaming activities | c |

| 10 a Gross sales of inventory, less returns and allowances | a |
| 10 b Less: cost of goods sold | b |
| 10 c Net income or (loss) from sales of inventory | c |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

| 11 a                   |
| 11 b                   |
| 11 c                   |
| 11 d                   |
| 11 e                   |
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| 11 g                   |
| 11 h                   |
| 11 i                   |
| 11 j                   |
| 11 k                   |
| 11 l                   |
| 11 m                   |
| 11 n                   |
| 11 o                   |
| 11 p                   |
| 11 q                   |
| 11 r                   |
| 11 s                   |
| 11 t                   |
| 11 u                   |
| 11 v                   |
| 11 w                   |
| 11 x                   |
| 11 y                   |
| 11 z                   |
| 11 AA                  |
| 11 BB                  |
| 11 CC                  |
| 11 DD                  |
| 11 EE                  |
| 11 FF                  |
| 11 GG                  |
| 11 HH                  |
| 11 II                  |
| 11 JJ                  |
| 11 KK                  |
| 11 LL                  |
| 11 MM                  |
| 11 NN                  |
| 11 OO                  |
| 11 PP                  |
| 11 QQ                  |
| 11 RR                  |
| 11 SS                  |
| 11 TT                  |
| 11UU                  |
| 11VV                  |
| 11WW                  |
| 11XX                  |
| 11YY                  |
| 11ZZ                  |
| 11 AAA                 |
| 11 BBB                |
| 11 CCC               |
| 11 DDD              |
| 11 EEE              |
| 11 FFF             |
| 11 GGG            |
| 11 HHH          |
| 11 III         |
| 11 JJJ       |
| 11 KKK     |
| 11 LLL   |
| 11 MLL |
| 11 NNN |
| 11 OOO |
| 11 PPP |
| 11 QQQ |
| 11 RRR |
| 11 SSS |
| 11 TTT |
| 11 UUU |
| 11 VVV |
| 11 WWWW |
| 11 XXX |
| 11 YYYY |
| 11 ZZZ |

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<thead>
<tr>
<th>12 Total revenue. See instructions</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,745,186.</td>
<td>388,681.</td>
<td>0.</td>
<td>1,565,909.</td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>2,362,667</td>
<td>2,362,667</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>156,603</td>
<td>44,608</td>
<td>47,570</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>6,137</td>
<td>1,748</td>
<td>1,864</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>20,130</td>
<td>5,734</td>
<td>6,115</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>11,445</td>
<td>3,260</td>
<td>3,477</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>5,756</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>2,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>17,949</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>4,140</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>1,775</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>4,026</td>
<td>1,147</td>
<td>1,223</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>3,043</td>
<td>867</td>
<td>924</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>14,962</td>
<td>3,598</td>
<td>6,166</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>3,784</td>
<td>1,078</td>
<td>1,149</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>12,674</td>
<td>3,610</td>
<td>3,850</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>119,548</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>7,221</td>
<td>2,057</td>
<td>2,193</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>1,299</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>ADMINISTRATIVE FEES</td>
<td>369,960</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>PRINTING AND POSTAGE</td>
<td>8,414</td>
<td>2,397</td>
<td>2,556</td>
</tr>
<tr>
<td>c</td>
<td>DUES AND SUBSCRIPTIONS</td>
<td>1,357</td>
<td>387</td>
<td>412</td>
</tr>
<tr>
<td>d</td>
<td>GIFTS</td>
<td>93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>3,135,483</td>
<td>2,803,211</td>
<td>228,691</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 990 (2018)

WACCAMAW COMMUNITY FOUNDATION 126394_1

Part X  Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1,272,806.1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>1,793,344.4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>360.9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a 498,389.9</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>11 18,783,242</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12 12,144,265</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13 13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14 1</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>15 1</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>16 34,425,820</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>17 17,617.17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18 1</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19 1</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20 1</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21 1</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22 1</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23 1</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24 1</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>25 56,115.25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>26 73,732.26</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here (\blacksquare) and complete lines 27 through 29, and lines 33 and 34.</td>
<td>27 34,352,088.34</td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>28 1</td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td>29 1</td>
</tr>
<tr>
<td>30</td>
<td>Permanently restricted net assets</td>
<td>30 1</td>
</tr>
<tr>
<td>31</td>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here (\blacksquare) and complete lines 30 through 34.</td>
<td>31 34,352,088.33</td>
</tr>
<tr>
<td>32</td>
<td>Capital stock or trust principal, or current funds</td>
<td>32 1</td>
</tr>
<tr>
<td>33</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>33 1</td>
</tr>
<tr>
<td>34</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>34 1</td>
</tr>
<tr>
<td>35</td>
<td>Total net assets or fund balances</td>
<td>35 1</td>
</tr>
<tr>
<td>36</td>
<td>Total liabilities and net assets/fund balances</td>
<td>36 1</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>3,745,186</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>3,135,483</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>609,703</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>34,352,088</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>-2,835,968</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>-249,695</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>31,876,128</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Accounting method used to prepare the Form 990: Cash, Accrual, Other</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td>Consolidated basis</td>
<td>Both consolidated and separate basis</td>
</tr>
<tr>
<td>2c</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td>Consolidated basis</td>
<td>Both consolidated and separate basis</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WACCAMAW COMMUNITY FOUNDATION

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. An agricultural research organization described in section 170(b)(1)(A)(viii) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)


12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

   a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.

   You must complete Part IV, Sections A and B.

   b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).

   You must complete Part IV, Sections A and C.

   c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).

   You must complete Part IV, Sections A, D, and E.

   d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions).

   You must complete Part IV, Sections A and D, and Part V.

   e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

   f. Enter the number of supported organizations

   g. Provide the following information about the supported organization(s):

   (i) Name of supported organization

   (ii) EIN

   (iii) Type of organization (described on lines 1-10 above (see instructions))

   (iv) Is the organization listed in your governing document?

   Yes  No

   (v) Amount of monetary support (see instructions)

   (vi) Amount of other support (see instructions)

   COASTAL COMMUNITY FOUNDATION 23-7390313 8 X 0. 0.
## Section A. Public Support

### Calendar year (or fiscal year beginning in)

1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")
2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
3. The value of services or facilities furnished by a governmental unit to the organization without charge
4. Total. Add lines 1 through 3
5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)
6. Public support. Subtract line 5 from line 4.

### Section B. Total Support

### Calendar year (or fiscal year beginning in)

7. Amounts from line 4
8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources
9. Net income from unrelated business activities, whether or not the business is regularly carried on
10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)
11. Total support. Add lines 7 through 10
12. Gross receipts from related activities, etc. (see instructions)
13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

### Section C. Computation of Public Support Percentage

14. Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))
15. Public support percentage from 2017 Schedule A, Part II, line 14
16a 33 1/3% support test - 2018. 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
16b 33 1/3% support test - 2017. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10% -facts-and-circumstances test - 2018. 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
17b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>7b</td>
<td>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</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>7c</td>
<td>Add lines 7a and 7b</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>8</td>
<td><strong>Public support. (Subtract line 7c from line 6)</strong></td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. (Add lines 9, 10c, 11, and 12.)</strong></td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>14</td>
<td><strong>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2017 Schedule A, Part III, line 15</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2017 Schedule A, Part III, line 17</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

---

**Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))**

**Public support percentage from 2017 Schedule A, Part III, line 15**

**Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))**

**Investment income percentage from 2017 Schedule A, Part III, line 17**

---

**33 1/3% support tests - 2018.** 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.

**33 1/3% support tests - 2017.** 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.

---

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

1. Are all of the organization's supported organizations listed by name in the organization's governing documents?  
   If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  
   If "Yes," answer (b) and (c) below.

   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.

   b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

   c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

   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? If "Yes," provide detail in Part VI.

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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

   b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

   c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

   b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
Part IV. Supporting Organizations (continued)

11. Has the organization accepted a gift or contribution from any of the following persons?
   a. A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? [X]
   b. A family member of a person described in (a) above?
   c. A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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.

Section C. Type II Supporting Organizations

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 organizations.

Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2. Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If “No,” explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3. By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If “Yes,” describe in Part VI the role the organization’s supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a. The organization satisfied the Activities Test. Complete line 2 below.[X]
   b. The organization is the parent of each of its supported organizations. Complete line 3 below. [X]
   c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2. Activities Test. Answer (a) and (b) below.
   a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b. Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the 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.

3. Parent of Supported Organizations. Answer (a) and (b) below.
   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   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.
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2 Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3 Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4 Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5 Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7 Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8 <strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d <strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e <strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2 Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3 Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5 Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6 Multiply line 5 by 0.035</td>
<td>6</td>
</tr>
<tr>
<td>7 Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8 <strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

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

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>Excess Distributions</th>
<th>Underdistributions Pre-2018</th>
<th>Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distributions for 2018 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
THE ORGANIZATION MADE SEVERAL GRANTS TO CHARITABLE ORGANIZATIONS THAT ARE IN THE SAME CHARITABLE CLASS THAT RECEIVE GRANTS FROM THE SUPPORTED ORGANIZATION.
### SCHEDULE D

#### (Form 990)

**Part I**
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

<table>
<thead>
<tr>
<th>1</th>
<th>Total number at end of year</th>
<th>65</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td>1,331,726.</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td>1,806,518.</td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td>19,038,616.</td>
</tr>
</tbody>
</table>

#### Employer identification number

56-2121992

---

**Part II**
Conservation Easements.

<table>
<thead>
<tr>
<th>1</th>
<th>Purpose(s) of conservation easements held by the organization (check all that apply).</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Preservation of land for public use (e.g., recreation or education)</td>
</tr>
<tr>
<td>X</td>
<td>Preservation of a historically important land area</td>
</tr>
<tr>
<td>X</td>
<td>Protection of natural habitat</td>
</tr>
<tr>
<td>X</td>
<td>Preservation of a certified historic structure</td>
</tr>
<tr>
<td>X</td>
<td>Preservation of open space</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

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

**Part III**
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. |

| 1b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: |

| (i) | Revenue included on Form 990, Part VIII, line 1 | $ |
| (ii) | Assets included in Form 990, Part X | $ |

2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: |

| a | Revenue included on Form 990, Part VIII, line 1 | $ |
| b | Assets included in Form 990, Part X | $ |
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a Public exhibition  d Loan or exchange programs
   b Scholarly research  e Other
   c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 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:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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 □ Yes □ No

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

1a Beginning of year balance .......................................................... 22,844,892.
   b Contributions ........................................................................... 1,470,847.
   c Net investment earnings, gains, and losses ............................. -1,019,571.
   d Grants or scholarships .............................................................. 21,212,610.
   e Other expenditures for facilities and programs.................. 319,975.
   f Administrative expenses ......................................................... 10,728.
   g End of year balance ................................................................. 21,212,610.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment ► 100.00 %
   b Permanent endowment ► %
   c Temporarily restricted endowment ► %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   a (i) unrelated organizations ......................................................... Yes
   b (ii) related organizations ......................................................... No

3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? □ Yes □ No

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.

---

Total. Add lines 1a through 1e. COLUMN (d) must equal Form 990, Part X, column (B), line 10c.) ► 427,771.

---

Schedule D (Form 990) 2018 WACCAMAW COMMUNITY FOUNDATION 56-2121992 Page 2

832052 10-29-18

10520604 792811 126394 2018.03050 WACCAMAW COMMUNITY FOUNDATION 126394_1

32
### 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.

<table>
<thead>
<tr>
<th>Description of security or category (including name of security)</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) PREFERRED INTEREST</td>
<td>6,060,000.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(B) POOLED INVESTMENT SHORT</td>
<td>2,385,889.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(C) TERM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D) CHARITABLE REMAINder</td>
<td>102,711.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(E) TRUST</td>
<td>2,627,447.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(F) HEDGE FUNDS</td>
<td>3,824,571.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(G) PRIVATE CAPITAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</td>
<td>15,000,618.</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

#### Part X.1 Federal income taxes

<table>
<thead>
<tr>
<th>Description of liability</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2) CHARITABLE TRUSTS LIABILITY</td>
<td>46,356.</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</td>
<td>46,356.</td>
</tr>
</tbody>
</table>

#### Part X.2 Liability for uncertain tax positions

1. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **X**
**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.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amounts Included on Form 990, Part VIII, line 12:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amounts Included on Form 990, Part VIII, line 25:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5</td>
</tr>
</tbody>
</table>

**Part XIII | Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART II, LINE 5:**

THE FOUNDATION HOLDS 3 EASEMENTS ALL CONSIDERED TO BE PART OF ONE EASEMENT PROGRAM. WHILE THE FOUNDATION COMMITS ITSELF TO PERPETUAL STEWARDSHIP OF THE EASEMENT PROPERTIES INCLUDING REGULAR MONITORING, MAINTAINING CONTACT AND EDUCATING EASEMENT PROPERTY OWNERS OF THE RESTRICTIONS, AND ENFORCING EASEMENT REQUIREMENTS WHEN THEY ARE VIOLATED, THE FOUNDATION HAS BEEN CHALLENGED TO PERSONALLY INSPECT THE PROPERTY.

INSPECTIONS THAT ARE POSSIBLE HAVE BEEN COMPLETED INCLUDING PERIMETER INSPECTIONS AND AERIAL VIEWS WHICH INDICATE NO VIOLATIONS. THE FOUNDATION IS IN PROCESS OF TRANSFERRING THE EASEMENT TO A CONSERVATION LAND TRUST TO BE INCLUDED WITH THEIR NORMAL OPERATIONS.
PART II, LINE 9:
THE FOUNDATION'S OPERATIONS INCLUDE THE PRESERVATION OF REAL PROPERTY
THROUGH A CONSERVATION EASEMENT PROGRAM. UNDER THE PROGRAM, THE FOUNDATION
COMMENTS ITSELF TO PERPETUAL STEWARDSHIP OF THE EASEMENT PROPERTIES
INCLUDING REGULAR MONITORING OF THEIR BASEMENTS, MAINTAINING CONTACT AND
EDUCATING EASEMENT PROPERTY OWNERS OF THE RESTRICTIONS, AND ENFORCING
EASEMENT REQUIREMENTS WHEN THEY ARE VIOLATED.

PART V, LINE 4:
ENDOWMENTS HELD BY THE ORGANIZATION EXIST TO PROVIDE SUPPORT FOR A VARIETY
OF PURPOSES INCLUDING OPERATING SUPPORT, FIELDS OF INTEREST, SCHOLARSHIPS,
ETC.

PART X, LINE 2:
THE FOUNDATION DISCLOSES THE EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN
TAX POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE OF THE
FACTS OF THE FOUNDATION'S POSITION AND RECORDS UNRECOGNIZED TAX BENEFITS
OR LIABILITIES FOR KNOWN OR ANTICIPATED TAX ISSUES BASED ON THE
FOUNDATION'S ANALYSIS OF WHETHER ADDITIONAL TAXES WOULD BE DUE TO THE
AUTHORITY GIVEN THEIR FULL KNOWLEDGE OF THE TAX POSITION. THE FOUNDATION
HAS COMPLETED ITS ASSESSMENT AND DETERMINED THAT THERE WERE NO TAX
POSITIONS WHICH WOULD REQUIRE RECOGNITION FOR THE 2018 TAX YEAR.
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

Name of the organization

**WACCAMAW COMMUNITY FOUNDATION**

<table>
<thead>
<tr>
<th>Part I</th>
<th>General Information on Grants and Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</td>
</tr>
<tr>
<td>2</td>
<td>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</td>
</tr>
</tbody>
</table>

**Part II**

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

<table>
<thead>
<tr>
<th>1 (a)</th>
<th>Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 FOR HAITI</td>
<td>638 SUNNY POND LANE, AYNO, SC 29511</td>
<td>46-2589555</td>
<td>501(C)(3)</td>
<td>21,250.</td>
<td>0.</td>
<td>MULTIPLE GRANTS AWARDED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>836 INC.</td>
<td>1113 44TH AVE., N., STE #100, MYRTLE BEACH, SC 29577</td>
<td>52-2448784</td>
<td>501(C)(3)</td>
<td>33,750.</td>
<td>0.</td>
<td>MULTIPLE GRANTS AWARDED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMERICAN HEART ASSOCIATION, INC.</td>
<td>1113 44TH AVENUE NORTH, STE 200, MYRTLE BEACH, SC 29577</td>
<td>13-5613797</td>
<td>501(C)(3)</td>
<td>10,000.</td>
<td>0.</td>
<td>MULTIPLE GRANTS AWARDED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMERICAN NATIONAL RED CROSS</td>
<td>2424A CITY HALL LANE, NORTH CHARLESTON, SC 29406-6538</td>
<td>53-0196605</td>
<td>501(C)(3)</td>
<td>26,428.</td>
<td>0.</td>
<td>MULTIPLE GRANTS AWARDED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEAUTIFUL FEET MINISTRIES OF TANZANIA - PO BOX 355 - CONWAY, SC 29528</td>
<td>81-5006658</td>
<td>501(C)(3)</td>
<td>18,191.</td>
<td>0.</td>
<td>MULTIPLE GRANTS AWARDED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIBLE WAY CHURCH OF GEORGETOWN</td>
<td>P.O. BOX 38, GEORGETOWN, SC 29442</td>
<td>57-0760817</td>
<td>501(C)(3)</td>
<td>7,530.</td>
<td>0.</td>
<td>GENERAL OPERATING SUPPORT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 74 |

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

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

Schedule I (Form 990) (2018)
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>BILLY’S BOYS, INC.</td>
<td>26-3814428</td>
<td>501(C)(3)</td>
<td>18,118.</td>
<td>0.</td>
<td>MULTIPLE GRANTS AWARDED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON, INC. - 2294 TECHNOLOGY BLVD. - CONWAY, SC</td>
<td>57-0314369</td>
<td>501(C)(3)</td>
<td>78,500.</td>
<td>0.</td>
<td>MULTIPLE GRANTS AWARDED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD EVANGELISM FELLOWSHIP, INC. P.O. BOX 348</td>
<td>38-6091187</td>
<td>501(C)(3)</td>
<td>11,000.</td>
<td>0.</td>
<td>MULTIPLE GRANTS AWARDED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHRISTIAN ACADEMY</td>
<td>57-1005900</td>
<td>501(C)(3)</td>
<td>10,000.</td>
<td>0.</td>
<td>MULTIPLE GRANTS AWARDED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLEMSON UNIVERSITY FOUNDATION P.O. BOX 1889</td>
<td>57-0426335</td>
<td>501(C)(3)</td>
<td>50,500.</td>
<td>0.</td>
<td>MULTIPLE GRANTS AWARDED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COASTAL CAROLINA UNIVERSITY POST OFFICE BOX 261954</td>
<td>57-0977955</td>
<td>OTHER</td>
<td>25,196.</td>
<td>0.</td>
<td>MULTIPLE GRANTS AWARDED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COASTAL COMMUNITY CHURCH P.O. BOX 1555</td>
<td>26-1885654</td>
<td>501(C)(3)</td>
<td>42,500.</td>
<td>0.</td>
<td>MULTIPLE GRANTS AWARDED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COASTAL EDUCATIONAL FOUNDATION, INC. - P.O. BOX 261954 - CONWAY, SC 29528</td>
<td>57-0354696</td>
<td>501(C)(3)</td>
<td>167,556.</td>
<td>0.</td>
<td>MULTIPLE GRANTS AWARDED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COLUMBIA INTERNATIONAL UNIVERSITY PO BOX 3122</td>
<td>57-0352247</td>
<td>501(C)(3)</td>
<td>8,990.</td>
<td>0.</td>
<td>SPECIAL PROJECT SUPPORT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
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### Part II
Continuation of Grants and Other Assistance to Governments and Organizations in the United States

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### Part III
Grants and Other Assistance to Domestic Individuals

Complete if the organization answered “Yes” on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
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</table>

### Part IV
Supplemental Information

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

---

WACCAMAW COMMUNITY FOUNDATION
56-2121992

---

Schedule I (Form 990) (2018)
**Noncash Contributions**

<table>
<thead>
<tr>
<th>Part I</th>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
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<tr>
<td>2</td>
<td>Art - Historical treasures</td>
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<tr>
<td>3</td>
<td>Art - Fractional interests</td>
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<tr>
<td>4</td>
<td>Books and publications</td>
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<tr>
<td>5</td>
<td>Clothing and household goods</td>
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<tr>
<td>6</td>
<td>Cars and other vehicles</td>
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<tr>
<td>7</td>
<td>Boats and planes</td>
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<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td>X 1</td>
<td>75,410. HIGH LOW PRICE</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
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<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
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<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
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<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
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<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
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<tr>
<td>15</td>
<td>Real estate - Residential</td>
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<tr>
<td>16</td>
<td>Real estate - Commercial</td>
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<tr>
<td>17</td>
<td>Real estate - Other</td>
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<tr>
<td>18</td>
<td>Collectibles</td>
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<tr>
<td>19</td>
<td>Food inventory</td>
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<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
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<td>21</td>
<td>Taxidermy</td>
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<tr>
<td>22</td>
<td>Historical artifacts</td>
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<tr>
<td>23</td>
<td>Scientific specimens</td>
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<tr>
<td>24</td>
<td>Archeological artifacts</td>
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<td>25</td>
<td>Other</td>
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<td>26</td>
<td>Other</td>
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<td>27</td>
<td>Other</td>
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<tr>
<td>28</td>
<td>Other</td>
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<tr>
<td>29</td>
<td>Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement</td>
<td></td>
<td>29</td>
<td></td>
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</tbody>
</table>

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  **X**

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  **X**

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.
Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THEY CARE ABOUT TO STRENGTHEN OUR COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
TOTALING $564,688 IN SUPPORT OF RELIGIOUS ORGANIZATIONS, 14 GRANTS
TOTALING $49,498 IN SUPPORT OF THE ARTS, AND 16 GRANTS TOTALING $98,490
FOR OTHER PHILANTHROPIC EFFORTS.

FORM 990, PART VI, SECTION B, LINE 11B:
The FORM 990 IS REVIEWED AND APPROVED BY THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT
EACH YEAR. ADDITIONALLY, MEMBERS ARE ENCOURAGED TO DECLARE AND REFRAIN FROM
VOTING WHEN A CONFLICT IS PRESENT.

FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
STATEMENTS WERE AVAILABLE TO THE PUBLIC AT THE OFFICE OF WACCAMAW COMMUNITY
FOUNDATION 3655S HIGHWAY 17 BUSINESS, MURRELLS INLET, SC 29576.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
PREFERRED INTEREST DISCOUNT & TRUE UP                     -249,695.

FORM 990 PART XII LINE 2C
THE PROCESS IS OVERSEEN BY THE SUPPORTED ORGANIZATION, COASTAL
COMMUNITY FOUNDATION'S AUDIT COMMITTEE.
### Part I: Identification of Disregarded Entities

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>WCF LAND TRUST, LLC - 56-2121992</td>
<td>REAL ESTATE TITLE</td>
<td>SOUTH CAROLINA</td>
<td></td>
<td>793,344</td>
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<tr>
<td>3655 S. HIGHWAY 17 BUSINESS</td>
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<tr>
<td>MURRELLES INLET, SC 29576</td>
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<tr>
<td>WACCAMAW COMMUNITY FOUNDATION</td>
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</table>

### Part II: Identification of Related Tax-Exempt Organizations

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>COASTAL COMMUNITY FOUNDATION - 23-7390313</td>
<td>PROMOTING CHARITABLE FUNDS</td>
<td>SOUTH CAROLINA</td>
<td>501(C)(3)</td>
<td>LINE 8</td>
<td>N/A</td>
<td>X</td>
</tr>
<tr>
<td>635 RUTLEDGE AVENUE STE 201</td>
<td>&amp; GRANTMAKING</td>
<td>SOUTH CAROLINA</td>
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<tr>
<td>CHARLESTON, SC 29403</td>
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<tr>
<td>WACCAMAW COMMUNITY FOUNDATION</td>
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</table>
### Part III  Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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### Part IV  Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
<th>(j) Yes</th>
<th>(k) No</th>
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<td>Yes</td>
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</table>
**Part V  Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   - Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   - Gift, grant, or capital contribution to related organization(s)
   - Gift, grant, or capital contribution from related organization(s)
   - Loans or loan guarantees to or for related organization(s)
   - Loans or loan guarantees by related organization(s)
   - Dividends from related organization(s)
   - Sale of assets to related organization(s)
   - Purchase of assets from related organization(s)
   - Exchange of assets with related organization(s)
   - Lease of facilities, equipment, or other assets to related organization(s)
   - Lease of facilities, equipment, or other assets from related organization(s)
   - Performance of services or membership or fundraising solicitations for related organization(s)
   - Performance of services or membership or fundraising solicitations by related organization(s)
   - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - Sharing of paid employees with related organization(s)
   - Reimbursement paid to related organization(s) for expenses
   - Reimbursement paid by related organization(s) for expenses
   - Other transfer of cash or property to related organization(s)
   - Other transfer of cash or property from related organization(s)

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

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) COASTAL COMMUNITY FOUNDATION</td>
<td>M</td>
<td>100,827.00</td>
<td>FMV</td>
</tr>
<tr>
<td>(2) COASTAL COMMUNITY FOUNDATION</td>
<td>O</td>
<td>194,315.00</td>
<td>FMV</td>
</tr>
</tbody>
</table>

(3)

(4)

(5)

(6)
### Part VI Unrelated Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
<th>(j)</th>
<th>(k)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of entity</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Predominant income (related, unrelated, excluded from tax under sections 512-514)</td>
<td>Are all partners sec. 501(c)(3) orgs.?</td>
<td>Disproportionate allocations?</td>
<td>Share of total income</td>
<td>Share of end-of-year assets</td>
<td>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</td>
<td>General or managing partner?</td>
<td>Percentage ownership</td>
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Schedule R (Form 990) 2018
Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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

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.

Enter filer's identifying number

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WACCAMAW COMMUNITY FOUNDATION</td>
<td>56-2121992</td>
</tr>
</tbody>
</table>

Number, street, and room or suite no. If a P.O. box, see instructions.

3655 S. HIGHWAY 17 BUSINESS

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

MURRELLS INLET, SC 29576

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

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

CHRISTA DIVIS

• Telephone No. ► (843) 723-3635 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 ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

► calendar year 2018 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-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3b 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.

3c 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.

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

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