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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply Initial Return of a former public charity Final return Initial return Amended return Address change Name change Name of foundation Employer identification number WATEREE DREAMS FOUNDATION 56-2112579 Number and street (or P O box number if mail is not delivered to street address) Room/suite R Telephone number (see the instructions) (803) 327-9107 273 BLUE HERON DRIVE State ZIP code City or town If exemption application is pending, check here ROCK HILL SC 29732 D 1 Foreign organizations, check here |X| Section 501(c)(3) exempt private foundation Check type of organization: 2 Foreign organizations meeting the 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year Accounting method: |X| Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination **►**\$ 1,307,393. (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books for charitable income income purposes (cash basis only) (see the instructions)) 100 ٠.44 Contributions, gifts, grants, etc, received (att sch) 200 ₩. Ck ► X if the foundn is not req to att Sch B Interest on savings and temporary N cash investments 29,983 29,983 29,983 **8** Dividends and interest from securities 10,299 10,299 10,299. 44**00**0 SEP 5a Gross rents **b** Net rental income or (loss) L-6a Stmt -1,1176a Net gain/(loss) from sale of assets not on line 10 A. **b** Gross sales price for all assets on line 6a 60 AX*** a di Parisa 365,247. 30.15A 0. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances 150 Źį b Less Cost of c Gross profite (loss) (att sch) Š. *3 11 Other in compe (attach Schedule) 1 10 m 40,282 Total. Add Itnes_1 through 11 39,165. 40,282 Compensation of difficers, directors, virustees lefc.

Other employee-safaries and wages 13 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 8,450. b Accounting fees (attach sch) L-16b Stmt 9,013. c Other prof fees (attach sch) L-16c Stmt 17 Interest 18 Taxes (attach schedule)(see instr.) See Line 18 Stmt 164 164 164 Depreciation (attach sch) and depletion į V E Occupancy Travel, conferences, and meetings 21 Printing and publications 23 Other expenses (attach schedule) Total operating and administrative expenses. Add lines 13 through 23 24 <u>17,</u>627 164 164 Contributions, gifts, grants paid 81,800. 25 81,800. Total expenses and disbursements. Add lines 24 and 25 99,427 164 164 81,800. Subtract line 26 from line 12: a Excess of revenue over expenses -60,262 and disbursements 40,118. b Net investment income (if negative, enter -0-) 40,118. C Adjusted net income (if negative, enter -0-)

Page 2

Dar	· II]	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	of year
Par		Column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	123,499.	119,576.	119,576.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less. allowance for doubtful accounts ▶			
	4	Pledges receivable		·····	
		Less: allowance for doubtful accounts			
	5	Grants receivable .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch)			
A S E T		Less allowance for doubtful accounts ▶			
Š	8	Inventories for sale or use			
Ť	9	Prepaid expenses and deferred charges		·	
S	10 a	a Investments – US and state government obligations (attach schedule) L-10a Stmt	203,101.	253,006.	257,668.
	t	b Investments — corporate stock (attach schedule) L-10b Stmt	595,634.	468,757.	529,100.
	(c Investments — corporate bonds (attach schedule) L $-10c$ Stmt .	371,471.	392,770.	401,049.
	11	Investments – land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments — other (attach schedule)			
	14	Land, buildings, and equipment basis ▶		· · · · · · · · · · · · · · · · · · ·	1,
		Less. accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	1,293,705.	1,234,109.	1,307,393.
L	17				* .
A	18	Grants payable .			1
B	19	Deferred revenue			
L	20	Loans from officers, directors, trustees, & other disqualified persons		<u>-,</u>	
1	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe ►)]
E S	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here		· · · · · · · · · · · · · · · · · · ·	
N =		and complete lines 24 through 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted			1 3 1
TND	25	Temporarily restricted			- ',"
	26	Permanently restricted Foundations that do not follow SFAS 117, check here			- X
SBSA		and complete lines 27 through 31.			*
A B A L T A	27	Capital stock, trust principal, or current funds			, *
SN	28	Paid-in or capital surplus, or land, building, and equipment fund	1,293,705.	1,234,109.	
O E	29	Retained earnings, accumulated income, endowment, or other funds			_
RS	30	Total net assets or fund balances (see the instructions)	1,293,705.	1,234,109.	
	31	Total liabilities and net assets/fund balances (see the instructions)	1,293,705.	1,234,109.	
Par	<u> </u>	Analysis of Changes in Net Assets or Fund Balance	25 1/233/703.1	1/254/105.	<u></u>
					
,	end-	l net assets or fund balances at beginning of year – Part II, colum of-year figure reported on prior year's return)	ii (a), iiile 30 (must agre	ee with 1	1,293,705.
2		r amount from Part I, line 27a		2	-60,262.
3		increases not included in line 2 (itemize) See Other Increases St	<u>mt</u>	3	666.
4	Add	lines 1, 2, and 3		. 4	1,234,109.
5	Decrea	ases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) -	- Part II, column (b), line	30 6	1,234,109.

Part IV	V Capital Gains and L				(h) How acc	uured	(C) Date acquired	(d) Date sold
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) (b) How acquire P — Purcha D — Donat						nase	(month, day, year)	(month, day, year)
1a Alliance Data System Corp P Accolormittal							02/26/10	12/07/10
b Arcelormittal P							11/04/09	06/17/10
c B	P PLC Sponsored AD	R			P		12/10/09	05/03/10
d B	axter Intl Com				P		09/24/09	06/17/10
e Se	ee Columns (a) thru (d)		_					
	(e) Gross sales price	(f) Depreciation (or allowab		(g) Cost or other bas plus expense of sal			(h) Gain or (e) plus (f) m	
а	3,413.				2,787.	_		626.
b	3,064.				3,507.		<u> </u>	-443.
С	2,522.				2,821.			-299.
d	3,176.				4,303.			-1,127.
e	See Columns (e) thru (h)			35	2,950.			-2,132.
Co	omplete only for assets showing	ng gain in column (h) a	and owned by	the foundation on 12/31/69			(I) Gains (Col	ımn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted to as of T2/31		(k) Excess of column over column (j), if a			gain minus column (an -0-) or Losses (fi	<), but not less
<u>a</u>								626.
b								-443.
<u>c</u>								-299.
d								-1,127.
<u>e</u>	See Columns (i) thru (l)							-2,132.
2 Ca	apital gain net income or (net	capital loss) —	If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7		2		-3,375.
3 Ne	et short-term capital gain or (l	oss) as defined in sect	tions 1222(5) a	and (6)				
If	gain, also enter in Part I, line	8. column (c) (see the	e instructions).	If (loss), enter -0-				
ın	Part I, line 8			<u>` </u>		3		
Part V	/ Qualification Under	Section 4940(e)	for Reduce	d Tax on Net Investme	ent Inco	me		
If 'Yes,'	the foundation liable for the sect	fy under section 4940(e) Do not con	plete this part.	_	·	Yes	☐ No
1 Er	nter the appropriate amount in		n year, see the		any entrie	s		
Ca	(a) Base period years alendar year (or tax year beginning in)	(b) Adjusted qualifying	distributions	(c) Net value of noncharitable-use ass	sets	(col	(d) Distribution umn (b) divided	
	2009		78,750.	1,29	3,705.			0.060872
	2008		76,350.		5,959.			0.054694
	2007		80,800.	1,52	9,329.			0.052834
	2006		100,031.	1,52	2,487.			0.065702
	2005		87,153.		9,522.	•		0.055177
			······································		-			
2 To	otal of line 1, column (d)					2		0.289279
3 A	verage distribution ratio for the umber of years the foundation	e 5-year base period – has been in existence	- divide the tot e if less than 5	al on line 2 by 5, or by the years		3		0.057856
	nter the net value of noncharit			•		4		0.
→ ĽI	mo, the net value of honellant	.upic-upc appets 101 20	ייס ווטווו רמונ /	ų mio J			 	
5 M	ultiply line 4 by line 3					5		0.
6 Er	nter 1% of net investment inco	ome (1% of Part I, line	e 27b)			6		401.
7 Ac	dd lines 5 and 6					7		401.
8 Er	nter qualifying distributions fro	om Part XII, line 4				8		81,800.
If	line 8 is equal to or greater th		5			. 10/	tay rata Saa th	

	If 'Yes,' attach a detailed description of the activities	. 49	· 🍖 · ś	1 1/9
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		- Š	- ☆-
	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? .	5		Х
	If 'Yes,' attach the statement required by General Instruction T	*	, ,	, '**
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	. #	ب _ب سرة	- FL
	By language in the governing instrument, or		1 1	- **
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	<u>À</u>	3 4	
	with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	
88	Enter the states to which the foundation reports or with which it is registered (see the instructions)			
	SC - South Carolina			
Ŀ	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G^{2} if 'No,' attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	L		
	for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV.	9	Х	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			
	and addresses	10		X
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r ai	t VII-A Statements Regarding Activities (Continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ► N/A		•••	
14	The books are in care of ► RICHARD K. CARLISLE Telephone no ► (803)	327	-910	7
	Located at ► 273 BLUE HERON DR, ROCK HILL, SC ZIP+4 ► 29732			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	 		Π-
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	, • 🕬	Yes	No
1:	a During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? [] Yes [X] No	*,	٠,	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No		× 1	*
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		<i>,</i>	J
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			_]
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No			į į
	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1 b		
	Organizations relying on a current notice regarding disaster assistance check here	* *		-
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	₹		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			? #**
i	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	·* ·**	44	· 4.
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	K	- 17.5	
	all years listed, answer 'No' and attach statement — see the instructions)	2b		X
,	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20, 20, 20	**	(*
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No	3.5		
	b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to			
	determine if the foundation had excess business holdings in 2010)	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	· · · · · · · · · · · · · · · · · · ·	74		
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X
BAA	<u> </u>	rm 9 9	0-PF (
			- • • (,-/

2	Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'									
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances					
NOI	NE									
0_										
0_										
0_										
0_										
Tota	I number of other employees paid over \$50,000			>	None					
BA/		TEEA0306 0	7/23/10		Form 990-PF (2010)					

Form 990-PF (2010) WATEREE DREAMS FOUNDATION 56-211 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E	
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Tabel and the fall	
Total number of others receiving over \$50,000 for professional services ▶	None
Part IX Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 Westminster Presbyterian Church	
<u>1300 India Hook Road</u> Rock Hill, SC 29732	30,000.
2 Reformed Theological Seminary	33,333
2101 Carmel Road Charlotte, NC 28226	20.000
3 MUSC Foundation	20,000.
18 Bee Street MSC 240450	
Rock Hill Parks Foundation	3,000.
4 Rock Hill Parks Foundation 217 S. Tryon Street	
Charlotte, NC 28202	20,000.
Partix:B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3 ▶	
BAA	Form 990-PF (2010)

see instructions.)	t. Foreign fou	ındations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes. a Average monthly fair market value of securities	1a	
b Average of monthly cash balances .	1 b	
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	. 1d	
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	0.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of	perating fou	ndations
and certain foreign organizations check here ► x and do not complete this		
1 Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2010 from Part VI, line 5		
b Income tax for 2010. (This does not include the tax from Part VI.)	n	
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	·····
4 Recoveries of amounts treated as qualifying distributions .	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	81,800.
b Program-related investments — total from Part IX-B	1b	01,000.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
	-	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3ь	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	81,800.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	401.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	81,399.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet qualifies for the section 4940(e) reduction of tax in those years.	her the foundati	on

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Part XIII Undistributed Income (see instructions)

	c	(a) Corpus		Years p	(b) prior to 2	:009		(c) 2009			(d) 2010	
1 Distributable amount for 2010 from Part XI, line 7		,									•	
2 Undistributed income, if any, as of the end of 2010:												
a Enter amount for 2009 only									0.			
b Total for prior years 20, 20, 20												
3 Excess distributions carryover, if any, to 2010:					* ,							
a From 2005	1											
b From 2006 . 100,650.	1				.	1						
c From 2007 81,780.	1		1	,		1		*			•	
d From 2008 . 76, 350.	1		1		<u> </u>	[
e From 2009 . 78,750.				^ <i>9</i> 67	·	l		\$ &			*	
f Total of lines 3a through e		425,3	30.		233							
4 Qualifying distributions for 2010 from Part	-3	~	- 1	4.				~^3	۶۰.		₩-	
XII, line 4 ► \$ 81,800.	,					-					**	-
a Applied to 2009, but not more than line 2a	ļ				*				- 4			
 Applied to undistributed income of prior years (Election required — see instructions) 	* 1985-8	**************************************						: *			1.	
c Treated as distributions out of corpus (Election required – see instructions)				•	ं ।	\$:	5		*	å. å.	•	*
d Applied to 2010 distributable amount								•				
e Remaining amount distributed out of corpus		81,8	00.	ž.°	~ °,	##C			90.81	1 -30%	,,	19,00
5 Excess distributions carryover applied to 2010												
(If an amount appears in column (d), the same amount must be shown in column (a).)	× 海德省		, \$,	1	· 26 Mg/m	ą.	À	******	a di sa		***	
Same amount must be shown in column (a).)	7 "	>		₩, , ,,,				*	7		. 7	
6 Enter the net total of each column as	-)		» (₉₀	, ,	. Å .		An		4	· ****	_	- 3.5 . 30
indicated below:			<u>```</u> *		P		4		7.3	1	•	of American
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5		507,1	30.				M2 4		'	s.Ar.	229/	
b Prior years' undistributed income. Subtract line 4b from line 2b		,	*****			0.		,5,7×	5s >	Мя,		
c Enter the amount of prior years' undistribut-	352 7							Z+				
ed income for which a notice of deficiency has been issued, or on which the section	1 8645 3							Ĩ,		×,';		(7.9
4942(a) tax has been previously assessed			35.			ŀ			1	έ,		,
d Subtract line 6c from line 6b Taxable	>	, 3	4497	•			4.69**		*	1	*/	e4 ·
amount - see instructions			*			0.						
e Undistributed income for 2009 Subtract line 4a from	* 164		1	100	sally "	er.					· 1	
line 2a. Taxable amount — see instructions .									0.		*	
f Undistributed income for 2010 Subtract lines	(E)		15	54°	4	,		€a	Ans:			
4d and 5 from line 1. This amount must be	79'		1		3.4	1		0.09				
distributed in 2011	ļ			,	1							0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				venik	ζζς ·	İ		344	*	,	astr.	
by section 170(b)(1)(F) or 4942(g)(3)					•							
(see instructions)					* *	- Öir					~	
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)		87,8	00.									
9 Excess distributions carryover to 2011.					*	ĺ			*	,		
Subtract lines 7 and 8 from line 6a	ļ	419,3	30.		*							
10 Analysis of line 9		,			3							
a Excess from 2006 100, 650.	7					ŀ			1			
b Excess from 2007 81,780.	-											
c Excess from 2008 76, 350.	-											
d Excess from 2009 78,750.	-					_ ,						
e Excess from 2010 81,800.												

1a If the foundation has received a ruling or d is effective for 2010, enter the date of the	letermination letter th			<u> </u>	
b Check box to indicate whether the foundati	5	ating foundation des	cribed in section	X 4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years	925-7	1 2- 2- 47(-7
income from Part I or the minimum investment return from Part X for	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
each year listed .	0.	0.	0.	0.	N/A
b 85% of line 2a	0.	0.	0.	0.	N/A
c Qualifying distributions from Part XII, line 4 for each year listed	81,800.	78,750.	76,350.	81,780.	318,680.
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 	81,800.	78 , 750.	76,350.	81,780.	318,680.
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter:					
(1) Value of all assets	1,234,109.	1,293,705.	1,395,959.	1,436,639.	5,360,412.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	1,234,109.	1,293,705.	1,395,959.	1,436,639.	5,360,412.
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					·
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information	(Complete this	part only if the	organization ha	ıd \$5,000 or moı	re in
assets at any time during th	-	structions.)			<u> </u>
Information Regarding Foundation Managers a List any managers of the foundation who have close of any tax year (but only if they have RICHARD AND KAY CARLISLE	ave contributed mor	e than 2% of the tol an \$5,000) (See se	al contributions receetion 507(d)(2))	eived by the foundat	ion before the
KICHAKD AND KAI CAKHISHE					
b List any managers of the foundation who ca partnership or other entity) of which the NONE	own 10% or more of foundation has a 10°	the stock of a corpo % or greater interes	ration (or an equally t	y large portion of the	e ownership of
2 Information Regarding Contribution, Gran	t Gift Loan Schola	archin etc Program	ne:		-
Check here \(\overline{X} \) if the foundation only n requests for funds. If the foundation makes complete items 2a, b, c, and d	nakes contributions t	to preselected chard	table organizations	and does not accept izations under other	unsolicited conditions,
a The name, address, and telephone numbe	r of the nerson to wh	nom applications sh	ould be addressed		
NOT APPLICABLE	. • • • • • • • • • • • • • • • • • • •				
b The form in which applications should be s NOT APPLICABLE	submitted and inform	nation and materials	they should include	:	
c Any submission deadlines. NOT APPLICABLE			,		
d Any restrictions or limitations on awards, s NOT APPLICABLE	such as by geograph	ical areas, charitabl	e fields, kinds of ins	stitutions, or other fa	ctors.

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Paid During the Ye				
Recipient	If recipient is an individual, show any relationship to any foundation manager or	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	00111110011011	
a Paid during the year	-			
Reformed Theological Seminary				
2101 Carmel Road				
harlotte NC 28220	None	Exempt	Scholarships	20,000.
Wofford			Expenses	
429 North Church St	NONE	EXEMPT		
Spartanburg SC 29303	3			2,000.
Winthrop University			EXPENSES	
120 Tillman Hall	NONE	EXEMPT		
Rock Hill SC 29733	3			1,000.
McClellanville Arts Council			EXPENSES	
P.O. Box 594	NONE	EXEMPT		
McClellanville SC 29458	3			250.
The Village Museum			EXPENSES	
405 Pinckney St	NONE	EXEMPT		
Mcclellanville SC 29458	3			250.
Archibald Rutledge Academy			EXPENSES	
1011 Old Cemetery Rd	NONE	EXEMPT		_
McClellanville SC 29458	3			0.
Westminster Presbyterian			Expenses	
1300 India Hook Road	NONE	EXEMPT		
Rock Hill SC 2973	²			30,000.
MWE School of Ministry			EXPENSES	
P.O. Box 870523	NONE	EXEMPT		1 000
Stone Mountain GA 3008	1		EVERNOEC	1,000.
Rock Hill Parks Foundation Fund		EVENDE	EXPENSES	
217 S. Tryon St Charlotte NC 2820:	NONE	EXEMPT		20 000
See Line 3a statement	²			20,000.
See Line 3a statement				
				7,300.
				7,500.
Total	'		► 3a	81,800.
b Approved for future payment		1		•
]	
	<u> </u>	<u> </u>		
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelate	ed business income	Excluded	d by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (see the instructions)
a					
b					
С					
d					
e					
f					
g Fees and contracts from government agencies 2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			3	29,983.	
4 Dividends and interest from securities			4	10,299.	
5 Net rental income or (loss) from real estate	2\$		\$5.4	(\$50);	24 May 11 12 11 11 11 11 11 11 11 11 11 11 11
a Debt-financed property .					
b Not debt-financed property					
6 Net rental income or (loss) from personal property	-				
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			8	-1,117.	-1,117.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	λ,		₹ ³
a					
b					
c					
d					
e	<u> </u>				
12 Subtotal. Add columns (b), (d), and (e)			ه تو بد	39,165.	
13 Total. Add line 12, columns (b), (d), and (e)				13	38,048.
See worksheet in line 13 instructions to verify calculation	ons.)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes						
Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions)					
3	Interest On Savings Account					
3 4	Dividends from Investments					
8	Realized LOSS from Sale of Investments					

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								Te a memoria (a 1		
describe relating	organization directly of in section 501(c) of to political organization.	of the Code (oth ions?	ier than section 5	01(c)(3) organi	zations) o	r organization or in section 527	7,		Yes	No
a Transfer	s from the reporting	foundation to a	noncharitable ex	empt organiza	tion of:				, 3°	
(1) Casl	h							1 a (1)		<u>X</u>
(2) Othe	er assets .						•	1 a (2)		Χ
b Other tra	ansactions			_						
(1) Sale	es of assets to a none	charitable exen	npt organization					1 b (1)		X
(2) Purd	chases of assets from	n a noncharitat	ole exempt organi	zation				1 b (2)		X
(3) Ren	tal of facilities, equip	ment, or other	assets					1 b (3)		X
(4) Rein	nbursement arranger	ments						1 b (4)		X
(5) Loar	ns or loan guarantee:	s .		_				1 b (5)		X
• •	ormance of services		or fundraising s	olicitations				1b (6)		Х
	of facilities, equipme	•	•		20	·		1c		<u>x</u>
Condining	or idomitios, equiprine	one, maning noe	o, ou lor associo, o	, paid ciliploye					l J	
d If the an the good any tran	swer to any of the at ds, other assets, or so saction or sharing ar	oove is 'Yes,' c ervices given b rangement, sh	omplete the follow by the reporting for ow in column (d)	ving schedule undation If the the value of the	Column (to foundation and column)	b) should alway on received less other assets, or	s show the fair ma than fair market services received	arket value value in	of	
(a) Line no.	(b) Amount involved	T -	f noncharitable exemp		T -		sfers, transactions, and		nement	
(1) 110 1101	Commence and the second	(o) name o		ga <u>.</u>	\ <u>\-</u>	, , , , , , , , , , , , , , , , , , ,	,,	onaring arrar	1901110110	
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					1					
				•	1					
					<u> </u>					
		<u> </u>			<u> </u>					
describe	undation directly or i ed in section 501(c) o complete the following	of the Code (oth	ner than section 5	01(c)(3)) or in	section 52	27?		Yes	s X	No
(a	i) Name of organizati	on	(b) Type	of organization	1	(с) Description of re	lationship		
										
					i					
Sign Here	penalties of perjury, I declar and complete Declaration	re that I have exami of preparer (other I	ined this return, including than taxpayer or fiducial	ng accompanying s ary) is based on all 7	chedules and information o	statements, and to of which preparer ha	the best of my knowledd any knowledge	ge and belief, i	it is true	
* * 5/0	gnature of officer or trustee				Date		Title			
	Print/Type preparer's nar	me	Preparer's si	gnature		Date	Check if if	PTIN		
Paid	Jason P. Rob	inson CPA	/ABV ~	on Klim	<u>-</u>	09/06/11	self-employed			
Preparer	Firm's name A	nthony &	Robinson,	CPA's, PA	1		Firm's EIN ►			
Use Only	Firm's address	525 Hedge	more Drive						_	
	C	harlotte			NC 282	209	Phone no (704	1) 522-	<u>655</u> 4	:
ВАА			-					Form 99	0-PF	(2010)
										,

Form 990-PF Part I, Line 6a

Net Gain or Loss From Sale of Assets

2010

lame		Employer Identification Number
WATEREE DREAMS FOUNDATION	ON	56-2112579
Asset Information:		
	Corporate Stocks	
Date Acquired 01/01/10	How Acquired Purchased	
Date Sold: . 12/31/10	Name of Buyer	_
	47. Cost or other basis (do not reduce by depreciation)	366,364.
Sales Expense:	Valuation Method	300,304.
	-1,117 . Accumulation Depreciation.	
Description of Property	1,117. Accumulation Depreciation.	· · · ·
Date Acquired:	How Acquired .	
Date Sold:	Name of Buyer	
Sales Price.	Cost or other basis (do not reduce by depreciation)	
Sales Expense.	Valuation Method:	
Total Gain (Loss):	Accumulation Depreciation:	
Description of Property: .	Accumulation Depreciation.	
Date Acquired	How Acquired	
Date Sold:	Name of Buyer	
Sales Price	•	
	Cost or other basis (do not reduce by depreciation) Valuation Method	
Sales Expense Total Gain (Loss)		
` '	Accumulation Depreciation	
Description of Property Date Acquired.	How Agguered	
Date Sold.	How Acquired Name of Buyer:	
Sales Price:	Cost or other basis (do not reduce by depreciation)	
Sales Expense		
Total Gain (Loss)	Valuation Method . Accumulation Depreciation	
Description of Property	Accumulation Depreciation	
Date Acquired.	How Acquired	·····
Date Sold:	Name of Buyer	
Sales Price	Cost or other basis (do not reduce by depreciation)	
Sales Expense .	Valuation Method .	
Total Gain (Loss)	Accumulation Depreciation	
Description of Property .		
Date Acquired	How Acquired.	
Date Sold:	Name of Buver:	
Sales Price:	Cost or other basis (do not reduce by depreciation)	······································
Sales Expense:	Valuation Method:	
Total Gain (Loss).	Accumulation Depreciation:	· · · · · · · · · · · · · · · · · · ·
Description of Property: .		
Date Acquired	How Acquired	
Date Sold	Name of Buyer	
Sales Price:	Cost or other basis (do not reduce by depreciation)	
Sales Expense:	Valuation Method	
Total Gain (Loss)	Accumulation Depreciation	
Description of Property .		
Date Acquired	How Acquired	
Date Sold:	Name of Buyer.	
Sales Price	Cost or other basis (do not reduce by depreciation)	· · · · · · · · · · · · · · · · · · ·
Sales Expense	Valuation Method	
Total Gain (Loss)	Accumulation Depreciation	

Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt

Taxes (see the instructions)	Rev/Exp Book_	Net Inv Inc	Adj Net Inc	Charity Disb
Foreign	123.	123.	123.	
Various	41.	41.	41.	

Total 164. 164. 164.

Form 990-PF, Page 2, Part III, Line 3

Other Increases Stmt

Accrued interest carryover adjustment 666.

Total 666.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
Cabelas Inc Cl A	P	12/10/09	12/07/10
Cephalon Inc	P	02/26/10	12/07/10
Chattem Inc COm	P	08/12/09	01/15/10
Hudson City Bancorp Inc	P	09/24/09	05/10/10
Medtronic Inc	P	12/10/09	12/07/10
Praxair Inc	P	04/27/09	01/25/10
AES Corp	P	08/18/08	05/03/10
Abbott Labs	P	06/17/08	02/26/10
Arrow Electronics	P	06/17/08	01/25/10
CNOOC Sponsored ADR	P	09/10/08	12/07/10
Chevron Corp	P	06/17/08	01/25/10
Chubb Corp Com	P	07/08/08	12/07/10
Credit Suisse Group ADR	P	10/23/08	01/25/10
DFA Investment Dimensions	P	06/12/08	06/14/10
DFA Investment Dimensions	P	06/12/08	11/12/10
DFA Emerg Market Value	P	06/12/08	06/14/10
DFA Emerg Market Value	<u>P</u>	06/12/08	11/12/10
DFA Emerg Markey Small Cap	P	06/12/08	06/14/10
DFA Emerg Market Small Cap	<u>P</u>	06/12/08	11/12/10
DFA Investment Dimensions	P	06/12/08	06/14/10
DFA Investment Dimensions	P	06/12/08	11/12/10
DFA Investment Dimensions Group	<u>P</u>	06/12/08	06/14/10
DFA Investment Dimensions Group	P	06/12/08	11/12/10
DFA Emerging Markets Port	<u>P</u>	06/12/08	06/14/10
DFA Emerging markets Port	P	06/12/08	11/12/10
DFA Inv US Small Cap Value	P	06/12/08	06/14/10
DFA Inv US Small Cap Value	P	06/12/08	11/12/10
DFA Real Estate Securities	P	06/12/08	06/14/10
DFA Real Estate Securities	P	06/12/08	11/12/10
Diamond Offshore Drill	<u>P</u>	08/12/09	12/07/10
DFA Intl Value Portfolio	P	06/12/08	06/14/10
DFA Intl Value Portfolio	P	06/12/08	11/12/10
Duke Energy Corp	<u>P</u>	08/06/08	03/01/10

*Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

Continued

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
Federal Farm CR	P	06/16/09	06/18/10
Fedex Corp	P	06/17/08	02/26/10
General Elec CO	P	06/17/08	05/10/10
Goldman Sachs Group	P	07/22/08	01/28/10
Health Care Retit Inc	P	08/12/09	12/07/10
L-3 Communication Holdings	P	07/08/08	12/07/10
Oracle Corp	P	09/10/08	02/26/10
Sanofi Aventis Sponsored ADR	P	02/19/09	06/17/10
Symantec Corp	P	08/18/08	02/26/10
Symantec Corp	P	10/02/08	02/26/10
Symantec Corp	P	10/02/08	12/07/10
Teva Pharmaceutical Inds	P	06/17/08	01/25/10
Noble Corp	P	07/08/08	12/07/10
Transocean LTD	Р	09/10/08	05/03/10

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
	(or anowabic)	plus experise of sale	(c) plus (l) fillings (g)
8,929.		5,000.	3,929.
3,292.		3,414.	-122.
6,994.		4,786.	2,208.
1,942.		1,977.	-35.
3,423.		4,323.	-900.
3,983.		3,575.	408.
3,603.		4,578.	-975.
2,709.		2,699.	10.
4,145.		4,881.	-736.
5,925.		3,135.	2,790.
1,860.		2,516.	-656.
5,903.		4,825.	1,078.
4,564.		3,686.	878.
10,995.		11,593.	-598.
5,690.		5,369.	321.
1,548.		1,844.	-296.
3,471.		3,342.	129.
3,774.		3,341.	433.
5,535.		3,802.	1,733.
1,825.		2,121.	-296.
4,459.		4,355.	104.
549.		648.	-99.
3,891.		3,938.	-47.
1,840.		1,950.	-110.
2,953.		2,594.	359.
10,439.		10,809.	-370.
6,045.		5,585.	460.
18,463.		19,967.	-1,504.
4,470.		4,452.	18.
3,296.		4,423.	-1,127.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income **Columns (e) thru (h)**

Continued

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
566.		725.	
8,486.		9,185.	-699.
50,000.	<u> </u>	52,432.	-2,432.
50,000.		47,990.	2,010.
4,176.		4,267.	-91.
899.		1,454.	
3,594.		<u>3,792.</u>	
50,000.		52,302.	
4,578.		4,105.	473.
3,639.		4,594.	-955.
2,441.		1,932.	509.
3,166.		2,906.	260.
1,648.		2,150.	-502.
824.		915.	<u>-91.</u>
4,245.		4,577.	
7,123.		5,665.	1,458.
3,411.		5,679.	
5,507.		8,752.	
Total		352,950.	-2,132.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income **Columns (i) thru (l)**

Complete only for asset by the foundation on 12	(I) Gains (column (h) gain minus column (k), but not less than -0-)		
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	or losses (from column (h))
			3,929122. 2,20835900. 408975. 10736. 2,790656. 1,078. 878598. 321296. 129. 433.
			1,733. -296.
			104.
			-99. -47.

*Form 990-PF, Part IV,	Capital Gains a	and Losses for	Tax on Investment	Income
Columns (i) thru (l)				

Continued

Complete only for assets by the foundation on 12.	(I) Gains (column (h) gain minus column (k),			
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	but not less than -0-) or losses (from column (h))	
			-110. 359370. 4601,504. 181,1271596992,432. 2,010915551982,302. 473.	
			-955. 509. 26050291332. 1,4582,2683,245.	

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient	If recipient is an individual.	Foun-	Purpose of grant or contribution	Person or Business
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of re- cipient	grant or continuation	Checkbox Amount
a Paid during the year MDA 5950 Fairview Road Charlotte NC 28210	None	 Exempt	Expenses	Person or Business 0.
Your Next Step P.O. Box 70519 Myrtle Beach SC 29572	None	Exempt	Expenses	Person or Business 0.
Communities in Schools 601 E. Fifth St Charlotte NC 28202	None	 Exempt	Expenses	Person or Business 1,000.

Form 990-PF, Page	11, Part XV, line 3a
Line 3a statement	

Continued

			<u> </u>	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year Luther Rice University 3038 Evan Mill Rd Lithonia GA 30038 Charleston Southern University	 	Exempt	Expenses	Person or Business 2,000. Person or
P.O. Box 118087 Charleston SC 29423	None	Exempt	Expenses	Business 1,000.
Westminister Towers	None	_	Expenses	Person or Business 100.
MUSC Foundation 18 Bee Street MSC 250450 Charleston SC 29425		 Exempt		Person or Business 3,000.
Boys and Girls Club of York County 410 E. Black Street Rock Hill SC 29732	None	 Exempt	Expenses	Person or Business 200.

Total

7,300.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANTHONY & ROBINSON	СРА	8,450.			

Total

8,450.

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
First Charter	Banking	9,013.			

Total

9,013.

Form 990-PF, Page 2, Part II, Line 10a

L-10a Stmt

	End o	f Year	End of Year		
Line 10a - Investments - US and State Government Obligations:	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV	
U.S Treasury U.S. Gov			151,790. 101,216.	155,729. 101,939.	
Total			253,006.	257,668.	

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

	End of Year			
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value		
Mutual Funds	254,305.	276,524.		
Equities	214,452.	252,576.		
Total	468,757.	529,100.		

Form 990-PF, Page 2, Part II, Line 10c

L- 10c Stmt

	End of Year			
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value		
Corporate Bonds	392,770.	401,049.		
Total	392,770.	401,049.		

Supporting Statement of:

Form 990-PF, p1/Line 3(b)

	Description	Amount
		26,984. 2,999.
Total		29,983.

Supporting Statement of:

Form 990-PF, p2/Line 1(a)

Description	Amount
Cash FC	33,356.
Bank Account	90,143.
Total	123,499.

Supporting Statement of:

Form 990-PF, p2/Line 1(b)

Description	Amount
Bank Account	71,893. 47,683.
Total	119,576.

Supporting Statement of:

Form 990-PF,p12/Line 3 Column (d)

	Description	Amount
		26,984.
		2,999.
Total		29 983

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue		► File a sep	arate appli	cation for each return.		
If you are	e filing for an A	Automatic 3-Month Extension, com	plete only P	art I and check this box		► X
If you are	e filing for an A	Additional (Not Automatic) 3-Month	Extension,	complete only Part II (on page 2 of this	form)	_
Do not comp	plete Part II un	<i>less</i> you have already been granted	an automa	tic 3-month extension on a previously file	d Form 886	8
corporation r request an e Associated V	required to file extension of time Vith Certain Pe	Form 990-T), or an additional (not a e to file any of the forms listed in P	automatic) 3 art I or Part st be sent to	a 3-month automatic extension of time to 3-month extension of time. You can electit till with the exception of Form 8870, Inforo the IRS in paper format (see instruction Charities & Nonprofits	ronically file mation Retu	Form 8868 to Irn for Transfers
Part I A	utomatic 3-	Month Extension of Time. C	only subm	nit original (no copies needed).		
A corporation	n required to fi	le Form 990-T and requesting an au	utomatic 6-n	nonth extension – check this box and cor	mplete Part	i only ► 📙
All other cor income tax i		uding 1120-C filers), partnerships, F	REMICS, an	d trusts must use Form 7004 to request a	n extension	of time to file
	Name of exempt	organization			Employer ide	ntification number
Type or print						
•		DREAMS FOUNDATION			56-2112	2579
File by the due date for	Number, street, a	and room or suite number. If a P.O. box, see in	structions			
filing your return See instructions		HERON DRIVE				
III SU UCUOII S	1 .	t office, state, and ZIP code. For a foreign add	ress, see insuu	ctions	22	00720
<u> </u>	ROCK HII	<u>L</u>	·		SC	29732
Enter the Re	eturn code for t	he return that this application is for	(file a sepa	rate application for each return)		04
Application Is For			Return Code	Application Is For		Return Code
Form 990			01	Form 990-T (corporation)		07
Form 990-Bl	_		02	Form 1041-A		08
Form 990-E2	Z		03	Form 4720		09
Form 990-Pf	-		04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other that	n above)	06	Form 8870		12
Telephor If the org If this is check the exter I reque until The exter X If the telephore	ne No (80) ganization does for a Group Re is box Insign is for. est an automat Aug 15 calendar yea tax year begination.	, 20 <u>11</u> , to file the exempt organization's return for 20 <u>10</u> or nning, 20	FAX Not ness in the digit Group E this box ion required anization re	United States, check this box Exemption Number (GEN) If If and attach a list with the names and to file Form 990-T) extension of time turn for the organization named above		► ☐ ne whole group, all members
	ange in accou				Т	
3a If this nonref	application is f undable credits	or Form 990-BL, 990-PF, 990-T, 472 See instructions	20, or 6069,	enter the tentative tax, less any	3a \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

b If this application is for Form 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

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)

483.

0.

3b \$

Form 8868	(Rev 1-2011) WATEREE DREAMS FOUND	DATION		56-2112579	Page 2		
● ∜f you a	are filing for an Additional (Not Automatic) 3-Month		complete only Part II and check this	s box	<u>► X</u>		
Note. Only	complete Part II if you have already been granted a	an automati	c 3-month extension on a previously	filed Form 8868.	_		
• If you a	are filing for an Automatic 3-Month Extension, com	plete only F	Part I (on page 1)				
	Additional (Not Automatic) 3-Month Exte			no copies needed).			
	Name of exempt organization			Employer identification number	,		
Type or							
print	WATEREE DREAMS FOUNDATION 56-2112579						
	Number, street, and room or suite number. If a P O box, see instructions ile by the xtended						
extended							
due date for filing the	273 BLUE HERON DRIVE						
return See instructions	City, town or post office, state, and ZIP code. For a foreign address	ss, see instructi	ons				
	ROCK HILL	SC 29	9732				
	Return code for the return that this application is for	· ·			04		
Application Is For	n	Return Code	Application Is For		Return Code		
Form 990		01		*			
Form 990-E	BL	02	Form 1041-A	· · · · · · · · · · · · · · · · · · ·	08		
Form 990-		03	Form 4720		09		
Form 990-		04	Form 5227		10		
	T (section 401(a) or 408(a) trust)	05	Form 6069		11		
	T (trust other than above)	06	Form 8870		12		
	not complete Part II if you were not already granted		atic 3-month extension on a previou	ısly filed Form 8868.			
	oks are in care of <u>RICHARD K. CARLISLI</u> one No. (803) 327-9107	E FAX No. ►	_ 				
	organization does not have an office or place of busing				▶ 🗀		
	s for a Group Return, enter the organization's four of			If this	ıs for the		
		-	this box > and attach a list with				
_	the extension is for	, oup, oov.		ar the names and Ents of	an .		
4 I requ	uest an additional 3-month extension of time until	Nov 15	. 20 11.				
	calendar year 2010 , or other tax year beginning			. 20			
6 If the	tax year entered in line 5 is for less than 12 month	s, check rea	ason. Initial return	Final return	-		
	Change in accounting period		_	_			
7 State	e in detail why you need the extension Accour	nting R	ecords are not complet	e at			
<u>thi</u>	ls date		·				
0 a 16 thus	000 DE 000 T 47	20 6060			<u> </u>		
nonre	s application is for Form 990-BL, 990-PF, 990-T, 47: efundable credits See instructions			8a \$	401.		
b If this application is for Form 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 and any amount paid previously with Form 8868.							
c Balaı EFTF	nce due. Subtract line 8b from line 8a. Include your S (Electronic Federal Tax Payment System) See ii	payment w nstructions	ith this form, if required, by using	8c \$	0.		
	Signa	ature and	d Verification				
Under penaltie	es of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	ompanying sch	edules and statements, and to the best of my kr	nowledge and belief, it is true,	,		
		\bigcirc	1	م ا م	-1,,		
Signature -	for Title	Uge	~(Date > 8 3	14		
BAA	1	FIFZÓ502	11/15/10	Form 8868 (Rev 1-2011)		