

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# $F_{\text{orm}} 990$

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A	For the 2	016 calen	dar year, or tax y	ear begin	ning	_	, 20	16, an	d endin	ig		,		
В	Check if app	licable	С								D Employe	r identif	fication number	
	Addres	s change	Waccamaw C	ommuni	tv Found	ation					56-2	1219	992	
	Name o	change	3655 S. Hi								E Telephon			
	Initial r	-	Murrells I								(843	) - 35	57-4483	
	H	ırn/terminated									(0.13	, ,	<del>), 11</del> 05	
	$\vdash$	ed return									G Gross red	ente é	9,057,	553
	$\vdash$	ition pending	F Name and addres	ss of principa	I officer D					H(a) Is this	a group return	•		X  <sub>No</sub>
	☐ ∨bbuca	ition pending	Same As C		Dav.	id Bish	пор				I subordinates ii attach a list (s		ш	No.
_	Tay over	npt status	X 501(c)(3)	501(c) (	\ <b>4</b> (in	sert no )	4947(a)(1)	\ or	527	If 'No,	' attach a list (s	see inst	ructions)	
<del>'</del> _	Websit					<u> </u>		) u	1327	LIV-> Crown				
			w.waccamaw				org	I v		<u>-</u> _	exemption nun			
K		rganization	X Corporation	Trust	Association	Other >		L Year	of format	ion 199	9   101 512	ate of le	egal domicile SC	
<u>ra</u>	1 0	Summar	y ha tha araaarat	amia muaa	<u> </u>	uanificant.	notuution.			<del></del>				
	1 Brie	eny descri	be the organizati			ignincani	activities.	See_	Sche	dule_0				
ce					- <b></b>									
Activities & Governance		- <b></b> -												
/eri	2 Che	eck this bo	y ▶ □ uf the o	rganizatio	n discontinue	ed its one	ations or d		d of mo	ore than 2	25% of its n	 et ass		
õ			oting members of					порозс	, a 01 1110	ore than 2	20 70 01 113 11	3	JC(3.	Q,
-ಶ			dependent voting					line 1b	o)		}	4		<u>5</u>
ies			of individuals er								<u> </u>	5		0
ΞĔ	6 Tot	al number	of volunteers (e	stimate if	necessary)							6	<del> </del>	9
Act	7a Tot	al unrelate	ed business reve	nue from l	Part VIII, col	umn (C), I	ine 12					7a		0.
- 1	<b>b</b> Net	t unrelated	l business taxabl	e income	from Form 9	90-T, line	34				Γ	7b		0.
										F	Prior Year		Current Yo	ear
•	8 Cor	ntributions	and grants (Par	t VIII, line	1h)						3,110,94	15.	2,829	,123.
ř	<b>9</b> Pro	gram serv	rice revenue (Par	rt VIII, line	e 2g)						279,64	13.	277	,311.
ું ફું ફું			ncome (Part VIII,								1,396,72	23.	684	,309.
Revenue			<del>s (Partryll) col</del> u											,361.
<u>.</u>			– add firles & ti					), line	12)		4,787,31		3,769	,382.
			milar amounts p				-3)				2,390 <u>,6</u> 0	)7.	1,768	,20 <u>5.</u>
j	<b>14</b> Bei	nefits paid	teep for member	ys/(Pagy))	K, column (A	), line 4)								
) (	<b>15</b> Sal	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									108,26	50.	138	,355.
Se	16a Pro	ofessional	fundralsing-fees	(Part X.T	ັດໃນmn (A), I	ine 11e)								
Expenses	<b>b</b> Tot	al fundrais	sing expenses (ZartiX, column (D), line 25) ► 42,713.								7 to %		الله الله الله الله الله الله الله الله	2
Ä	1		ses (Part IX, colu			_				·	468,13	22	<u>-</u> -	,254.
	l		es Add lines 13-				(Δ) line 25	6		ļ .	2,966,99		2,361	
	l		expenses. Subt				(7.9), 11.10 23	′/						
- 0		Veriue iess	схрепаса. осы	Tact line 1	o nom mic i						1,820,31	_	1,407 End of Ye	
ets or	<b>20</b> Tot	al accote	(Part X, line 16)								ng of Current 5,174,71		26,965	
Bals	21 Tot		s (Part X, line 26	5)		•					404 2		0.0	500
Net Assets Fund Baland	20 No.				no 01 from l	.n.o. 20					101,74	$\neg$		,672.
			fund balances.	Subtract II	ne Zi iroin i	ille 20				Z:	5,072,97	70.	26,871	,694.
<u> </u>		Signatur											<del></del>	
Unde	er penalties d plete Declara	of perjury, 1 de ation of prepa	eclare that I have exam rer (other than officer)	nined this retu i is based on	ırn, ıncludıng acc all ınformation of	ompanying si which prepai	chedules and s rer has any kno	tatemen owledge	ts, and to	the best of r	ny knowledge a	nd belie	ef, it is true, correct	, and
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c:-		Signatu	re of officer	ر علی ۲						L	ate	- ر	7/	
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ne	16		LL HICKS, C	JR.						Pres	ident			
	<del></del>		preparer's name		Preparer's sign	nature		In:	ate		Charl	1	PTIN	
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Pai			Hussain		Brian H	ussaln		-			self-employed	·	<del></del>	
	eparer	Firm's name									<del>-</del>			
US	e Only	Firm's addre	ess PO BOX								Firm's EIN ►			
			-Charle		SC 29422						Phone no (	3438	138000	
Mav	the IRS	discuss th	iis return with the	preparer	shown abov	e? (see in	structions)						X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/16/16

Form 990 (2016)

Form	990 (2016)	Waccamaw Commun	ity Foundation	56-21	21992	Page 2
Ŗãŕ			ervice Accomplishments			
<u></u>			a response or note to any line in this Part III			X
1	-	ibe the organization's mis	ssion			
	See_Sche	dule 0		. <b>-</b>	. <b></b>	
				. <b></b>		
				. <b></b>		
		<del></del>				
2		-	ficant program services during the year which were not listed on	the prior	_	
	Form 990 or				Yes	X No
		cribe these new services of			_	r1
3		-	, or make significant changes in how it conducts, any progra	am services?	Yes	X No
		cribe these changes on So				
4	Section 501	organization's program s (c)(3) and 501(c)(4) organ , if any, for each program	ervice accomplishments for each of its three largest prograr izations are required to report the amount of grants and allow service reported.	n services, as me ecations to others	easured by e , the total e	expenses xpenses,
4 a	(Code	) (Expenses \$	1,836,345. including grants of \$ 1,768,205	.)(Revenue \$	3	)
			E TO CHARITABLE ORGANIZATIONS IN THE S			PPORT
			HROPIC EFFORTS IN THE COMMUNITY			
4 b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$		)
		/ (				
40	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	 }	<u> </u>
			g g.c.n.o o. ,			
						,-,
	Other progra	m services (Describe in S	ichedule () )			
-7 U	(Expenses	\$	including grants of \$ ) (Revenu	ıe S		)
4 6	<del></del>	m service expenses ►	1,836,345.	- T		,
BAA	.   3		TEEA0102L 11/16/16		Form	990 (2016)

Yes No

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
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 'Yes,' complete Schedule C, Part II	4		х
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? If 'Yes,' complete Schedule C, Part III	5		Х
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 'Yes,' complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7	Х	ı
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b	Х	
c	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c	_	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X.
e	Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	ļ	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
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Form 990 (2016) Waccamaw Community Foundation
Partil Checklist of Required Schedules (continued)

			res	NO
<b>20</b> a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
ŀ	of 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>	25a		<u> </u>
I	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? If 'Yes,' complete Schedule L, Part I	25b		Х
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? If 'Yes,' complete Schedule L, Part II	26		<u> </u>
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? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	a A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>X</u>
	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? If 'Yes,' complete Schedule L, Part IV	28c		<u>X</u>
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197  Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (	2016)

14a

**14b** Form **990** (2016)

Form 990 (2016) Waccamaw Community Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance	56-2121	. 332	Page
Check if Schedule O contains a response or note to any line in this Part V.			Σ
officer if scriedule o contains a response of note to any line in this fact v.			Yes No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	1	TCS INC
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0 4	
c Did the organization comply with backup withholding rules for reportable payments to vendors a (gambling) winnings to prize winners?	nd reportable gaming	1 c	Х
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Staments, filed for the calendar year ending with or within the year covered by this return	ite-	0	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employing		2 b	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see	e instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the	•	3a	Х
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q.	•	3 b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or financial account in a foreign country (such as a bank account, securities account, or oth	other authority over, a	4a	х
<b>b</b> If 'Yes,' enter the name of the foreign country	or interioral accounty	74	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finan	icial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the	' '	5 a	Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax s	-	5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	TOTOL GALLOGO	5 c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000 solicit any contributions that were not tax deductible as charitable contributions?	0, and did the organization		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contrant tax deductible?  b If 'Yes,' did the organization include with every solicitation an express statement that such contrant tax deductible?		6 a	
7 Organizations that may receive deductible contributions under section 170(c).		6 b	
.,,			
a Did the organization receive a payment in excess of \$75 made partly as a contribution ar services provided to the payor?	, , ,	7 a	X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provide		7 b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which Form 8282?	it was required to file	7 c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a perso	nal benefit contract?	7 e	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal	benefit contract?	7 f	X
g If the organization received a contribution of qualified intellectual property, did the organization find as required?		7 g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did Form 1098-C?	the organization file a	7 h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by the sponsoring		
organization have excess business holdings at any time during the year?		8	X
9 Sponsoring organizations maintaining donor advised funds.		أكلك	
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a	X
${f b}$ Did the sponsoring organization make a distribution to a donor, donor advisor, or related	person?	9 b	Х
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10 a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		!
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 Ь		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie	eu of Form 1041?	12a	
<b>b</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?		13a	
Note. See the instructions for additional information the organization must report on Sche	edule O		
<b>b</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	13 Ь		
c Enter the amount of reserves on hand	13.0		

14a Did the organization receive any payments for indoor tanning services during the tax year?

Part W Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 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? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? X 6 7 a 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? Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8 a b Each committee with authority to act on behalf of the governing body? X 8h 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10 a Х 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12h Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O Schedule O how this was done Х 12 c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15 a b Other officers or key employees of the organization X 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > SC Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule 0 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 See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records: Coastal Comm Fdn 635 Rutledge Ave Charleston SC 29403 (843) -723-3635

Form 990 (2	2016)	Waccamaw	Community	Foundation
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56-2121992

Page 7

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

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

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

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

			(C)							
(A) Name and Title	(B) Average hours per	than	n one both dir	box, an o ector	unle: officer trust:	eck moi ss perso r and a ee)	on	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DENNIS L. WADE	11_									
Director	0							0.	0.	0.
(2) G. DAVID BISHOP	1								_	
President	0	X		X			_	0.	0.	0.
(3) SCOTT W. HUTTO	1_1	.,		١,,				•	•	•
Vice President	0	Х		Х	-			0.	0.	0.
(4) RUELL HICKS, JR.	$-\frac{1}{1}$	X		Х				0.	0.	0.
Treasurer (5) REV. CHERYL ADAMSON	1	^		^				0.	0.	<u> </u>
Director	<del>-</del>	X						0.	0.	0.
(6) FRANK BULLARD	1	- 11		_		<del> </del>		0.		<u> </u>
Director	<del>-</del>	Х						0.	0.	0.
7) MURIEL O'TUEL, PhD.	1									
Director	0	Х						0.	0.	0.
(8) OTIS ALLEN JEFFCOAT, III	11									
Director	0	X						0.	0.	0.
(9) JOHN M. DRAUGHN	1									
Director	0	X			ļ			0.	0.	0.
(10)										
<u></u>	-									
<u>(11)</u>	<b>-</b>	1								
(12)										
M0)	1.				<u> </u>					
(13)										
(14)										

Part VIII Section A. Officers, Directors, 1rd	(B)			(C	C) sition			(D)	(E)	(F)
(A) Name and title	Average hours per week (list any	offic	, unle cer a	nd a	erson direct	than is both or/trus	n an tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	rmer			organization and related organizations
(15)										
(16)									, <u>-</u>	
(17)										
(18)		-								
(19)										
(20)										
(21)		-								
(22)										
(23)									· · · · · · · · · · · · · · · · · · ·	
(24)										
(25)										
1 b Sub-total							<b>▶</b>	0.	0. 0.	0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A						<b></b>	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	ısted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable com	pensation
										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ial	•							3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greated such individual	f reportab er than \$1	le co 50,00	mpe	ensa If '\	ition <i>es</i> ,	and com	oth <i>ple</i>	er compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fr	om dule	any <i>J fo</i>	unre r suc	late :h p	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compen	catad ind	onon	don	+ 001	ntra	otore	tha	t recoved more t	22 \$100 000 of	
compensation from the organization Report compen	sation for	the c	alen	dar	year	endi	ng v	vith or within the or	ganization's tax yea	r. (C)
Name and business add	ress							Description of	of services	Compensation
2 Total number of independent contractors (including to		ited to	o the	ose I	iste	d abo	ve)	who received more	than	
\$100,000 of compensation from the organization	<b>▶</b> 0				16115					Form <b>990</b> (2016)

	990 (2016) Waccamaw Community Foundation		<u>.                                    </u>	56-2121992	Page <b>9</b>
Par	t VIII Statement of Revenue	line in this Bort VIII	•		X
`	Check if Schedule O contains a response or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	2,829,123.			
Program Service Revenue	2a ADMINISTRATIVE FEES 561000  b c d e f All other program service revenue g Total. Add lines 2a-2f	277,311.	277,311.		
	3 Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds. ►  5 Royalties  (i) Real (ii) Personal	275,868.			275,868.
	6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)			Market and the second	
	7a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses c Gain or (loss)  (i) Securities (ii) Other  5,713,901.  5,288,171.				
Other Revenue	d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18  b Less direct expenses  c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less direct expenses  c Net income or (loss) from gaming activities	425,730.			425,730.

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

11a b c d All other revenue e Total. Add lines 11a-11d c Total revenue. See instructions 3,808,032. 277,311. 0. 701,598.

	ction 501(c)(3) and 501(c)(4) organizations must com-		her organizations must co	omplete column (A)	
	Check if Schedule O contains a r	esponse or note to any	line in this Part IX		X
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,768,205.	1,768,205.		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members  Compensation of current officers, directors.				
5	trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.1	0.	0.
7	Other salaries and wages	112,306.	43,737.	43,662.	24,907.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	655.	328.	327.	
9	Other employee benefits	17,018.	7,318.	7,318.	2,382.
10	Payroll taxes	8,376.	3,602.	3,602.	1,172.
11	Fees for services (non-employees).				
	a Management				
	b Legal c Accounting	4,806.		4,806.	
	d Lobbying	877.		877.	
	e Professional fundraising services See Part IV, line 17				
	Investment management fees	17,289.		17,289.	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	21/2031		17/203.	
13	<del>}</del>	3,775.	1,374.	1,027.	1,374.
14	Information technology	21,550.	1,3,11	21,550.	1,3/4.
15	Royalties	==,====			
16	Occupancy	6,168.	2,056.	2,056.	2,056.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,428.	1,714.		1,714.
19	Conferences, conventions, and meetings	4,179.	2,925.	1,087.	167.
20	Interest	24.		24.	
21	Payments to affiliates	88,747.		88,747.	
22	Depreciation, depletion, and amortization	7,081.		7,081.	<u> </u>
23 24	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 ).	12,499.		12,499.	
ä	ADMINISTRATIVE FEES	277,191.		277,191.	l
	COMMUNICATIONS & MKTING	6,656.		211,131.	6,656.
	TELEPHONE	5,125.	1,709.	1,708.	1,708.
•	OTHER PROGRAM EXPENSES	2,800.	2,800.		17,00.
	All other expenses	10,348.	577.	9,193.	578.
25	Total functional expenses. Add lines 1 through 24e	2,379,103.	1,836,345.	500,044.	42,714.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)	^			
BAA		TEEA0110L 11/1	<u>_</u>		Form <b>990</b> (2016)

`		Check if Schedule O contains a response or note to	o any	y line in this l	Part X			X
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				128,060.	1	799,733.
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net					4	610,000.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L					5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501 (c) beneficiary organizations (see instructions).	1(9) v	oluntary empl	ovees'		6	
Ø	7	Notes and loans receivable, net			0 2	<del></del>	7	
Assets	8	Inventories for sale or use			8			
As	9	Prepaid expenses and deferred charges		<del></del>	9			
			l	ĺ				
	10 a	a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D.	10 a	a 5	00,064.			
	Ŀ	Less accumulated depreciation	101		59,363.	440,000.	10 c	440,701.
	11	Investments – publicly traded securities		-ı	32,303.	440,000.	11	440,701.
	12	Investments – other securities See Part IV, line 11				24,606,651.	12	25,114,932.
	13	Investments – program-related See Part IV, line 11			İ	24,000,031.	13	25,114,552.
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal line		25,174,711.	16	26,965,366.		
	17	Accounts payable and accrued expenses				28,848.	17	14,259.
	18	Grants payable		18	21,003.			
	19	Deferred revenue			•		19	
	20	Tax-exempt bond liabilities					20	
ies	21	Escrow or custodial account liability. Complete Part I					21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, d d disc	directors, trus qualified pers	tees, ons.		22	
_	23	Secured mortgages and notes payable to unrelated th	ıırd p	arties			23	
	24	Unsecured notes and loans payable to unrelated third	parti	ies			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	es to i	related third Part X of So	parties, chedule D	72,893.	25	79,413.
	26	Total liabilities. Add lines 17 through 25				101,741.	26	93,672.
φ		Organizations that follow SFAS 117 (ASC 958), check he	re 🟲	X and co	mplete			
nces		lines 27 through 29, and lines 33 and 34.					<u> </u>	
lar		Unrestricted net assets				25,072,970.	27	<u>     26,871,694. </u>
89	28	Temporarily restricted net assets			-		28	
Pu	29	Permanently restricted net assets		–	ا ا		29	
Net Assets or Fund Bala		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	ieck r	nere ►	]			
ş	30	Capital stock or trust principal, or current funds					30	
SS	31	Paid-in or capital surplus, or land, building, or equipm					31	
۲	32	Retained earnings, endowment, accumulated income,	or of	ther funds	Ĺ		32	
Ş.	33	Total net assets or fund balances			Į	25,072,970.	33	26,871,694.
$\perp$	34	Total liabilities and net assets/fund balances				25,174,711.	34	26,965,366.
BA	4							Form 990 (2016)

Forr	1990 (2016) Waccamaw Community Foundation	56-2121	992	-	age 12				
<u> </u>	Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,808,	032.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,379,	103.				
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,428,	929.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25	,072,	970.				
5	Net unrealized gains (losses) on investments	5		369,	795.				
6 Donated services and use of facilities 6									
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26	,871,	694.				
Pa	<b>後知</b> Financial Statements and Reporting		•						
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		[						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		•						
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both'	viewed on a	a						
	Separate basis Consolidated basis Both consolidated and separate basis								
ı	Were the organization's financial statements audited by an independent accountant?			2b X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a second	eparate							
	basis, consolidated basis, or both  Separate basis  X Consolidated basis  Both consolidated and separate basis			1					
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,		2 c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O See Schedule O		ļ						
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle		3 a	Х				
ı	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	•		3 b					
BAA			F	orm 990	(2016)				

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2010

Open to Public Inspection

mame (	or the organization					Employer identifica	ation number	
Wac	camaw Community Found	dation				56-212199	2	
	Reason for Public Cha		ganizations must o	comple	te this	part ) See instruc	tions.	
The c	rganization is not a private found	dation because it is (	For lines 1 through 12,	check c	nly one	box.)	<u> </u>	
1	A church, convention of church	nes, or association of cl	nurches described in <b>sec</b>	tion 1 <b>70</b> (	b)(1)(A)(	i).		
2	A school described in section	170(b)(1)(A)(ii). (Attach:	Schedule E (Form 990 o	r 990-EZ	))			
3	A hospital or a cooperative h	nospital service organi	ization described in <b>se</b>	ction 17	0(b)(1)(A	۸)(iii).		
4	A medical research organization name, city, and state	ation operated in conju	inction with a hospital	describe	d in <b>sec</b>	ction 1 <b>70(b)(1)(A)(iii)</b> . E	nter the hospital's	
5	An organization operated for section 170(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ge or university owned	or oper	ated by	a governmental unit de	escribed in	
6	A federal, state, or local gov	•	ntal unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(v).		
7	An organization that normally in section 170(b)(1)(A)(vi).		art of its support from a	governm	ental un	it or from the general pul	olic described	
8	A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part	II)				
9	An agricultural research organior university or a non-land-grauniversity:				•	-	•	
10	An organization that normally from activities related to its investment income and unre June 30, 1975. See section	exempt functions—sub lated business taxable	oject to certain exception income (less section)	rom cont ons, and 511 tax	ributions (2) no i from bi	, membership fees, and more than 33-1/3% of i usinesses acquired by	gross receipts ts support from gross the organization after	
11	An organization organized a	nd operated exclusive	ly to test for public saf	ety See	section	1 509(a)(4).		
12	An organization organized a or more publicly supported or lines 12a through 12d that do	organizations describe	d in <b>section 509(a)(1)</b> d	or sectio	n 509(a)	)(2). See section 509(a	ut the purposes of one (X3). Check the box in	
а	X 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								
С	Type III functionally integrated organization(s) (see instruction	l. A supporting organizat ions). <b>You must com</b> p	ion operated in connection of the part IV, Sections	n with, a <b>A, D, an</b>	nd function <b>d E.</b>	onally integrated with, its	supported	
d	Type III non-functionally integ functionally integrated The instructions) You must com	rated. A supporting org organization generally	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection Ition req	with its s uiremen	supported organization(s) t and an attentiveness	) that is not requirement (see	
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from	the IRS				
f	Enter the number of supported		oupporting or germent				1	
g	Provide the following information	n about the supported	d organization(s)					
(	i) Name of supported organization	(u) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organiza in your g docur	s the non listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
	COASTAL COMMUNITY FO	INDATION						
(A)	COMBINE COMMONTH TO	23-7390313	8	X		88,747.	0.	
<u>(B)</u>	<u> </u>							
(C)_								
(D)								
(E)_								
Total						88 747	,	

Schedule A (Form 990 or 990-EZ) 2016 Waccamaw Community Foundation 56-2121992

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the

	organization fails to qualify	under the tests lis	sted below, please	e complete Part II	1)		
Sec	tion A. Public Support						
Cale beg	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						<u> </u>
Sec	tion B. Total Support		· · · · ·		<del> </del>	T	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related active	ities, etc. (see in	structions)			12	
13	First five years, If the Form 990 is organization, check this box and		n's first, second, th	ird, fourth, or fifth	ax year as a section	on 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 20	· ·	•	ne 11, column (f))		14	%
15	Public support percentage from	2015 Schedule A,	Part II, line 14			15	%
1 <b>6</b> a	33-1/3% support test—2016. If the and stop here. The organization	ne organization d qualifies as a pu	id not check the b blicly supported o	ox on line 13, an rganization	d line 14 is 33-1/3	3% or more, chec	ck this box
b	<b>33-1/3% support test—2015.</b> If the and <b>stop here.</b> The organization				i, and line 15 is 3	3-1/3% or more,	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	re. Explain in Pai	rt VI how
b	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	r <b>e.</b> Explain in Pai	15 is 10% rt VI how the ►
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	nstructions 🕨 🗌

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

366	tion A. Fublic Support						
Calend 1	dar year (or fiscal year beginning in) F Gifts, grants, contributions, and membership fees received. (Do not include	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	any 'unusual grants.') 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	:					
	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b.						
8	Public support, (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6						
1 <b>0</b> a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				-		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)			_			
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o —————	r fifth tax year as	a section 501(c)(3	▶ 🗌
	tion C. Computation of Pub			- 10 1 (2)	-	T 1	
	Public support percentage for 20		· -	e 13, column (f))		15	
16						16	<u> </u>
	tion D. Computation of Inv					· · · · · · · · · · · · · · · · · · ·	
	Investment income percentage for	-	• • • • • • • • • • • • • • • • • • • •	•	mn (f))	17	%
	Investment income percentage fr					18	96
	<b>33-1/3% support tests—2016.</b> If t is not more than 33-1/3%, check	this box and stop	<b>p here.</b> The organi	zation qualifies a	as a publicly suppo	orted organization	▶ []
	<b>33-1/3% support tests—2015.</b> If the line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> The	e organization qu	alıfıes as a publicl	y supported orgar	
20	Private foundation. If the organiz	zation did not che	ck a box on line 1	4, 19a, or 19b, c	heck this box and	see instructions	<u> </u>

Part W Supporting Organizations

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

# **Section A. All 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 12h 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.

  See Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)

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 organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

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* 

Pa	元义 Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	tions	
• 1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
ä	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply Irne 5 by 035.	6		
	Recoveries of prior-year distributions	7	<u>.</u>	<u></u>
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	<u></u>	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated		
BAA			Schedule A (Fo	orm 990 or 990-EZ) 2016

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Si	upporting Organiza	ations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	ırposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	os,	
_ 3	Administrative expenses paid to accomplish exempt purposes of si			
	Amounts paid to acquire exempt-use assets			
_ 5	Qualified set-aside amounts (prior IRS approval required)			
6				
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI) See instructions.			
3	Excess distributions carryover if any to 2016.			
a				
b				
	From 2013			
d	From 2014			
e	From 2015			
1	Total of lines 3a through e		_	
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub> and 4c			
8	Breakdown of line 7			· · · · · · · · · · · · · · · · · · ·
а			······································	
b	Excess from 2013			
С	Excess from 2014			· · · · · · · · · · · · · · · · · · ·
d	Excess from 2015			
e	Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Part IV, Section A, Line 6 - Description Of Grants Or Provided Benefits To Others

PT IV SEC A LINE 6- 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)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

	Waccamaw Community Foundat.	ion		56-2121992
Pa	Organizations Maintaining Dono Complete if the organization ansi	or Advised Funds or Other Swered 'Yes' on Form 990. P	Similar Func	Is or Accounts.
		(a) Donor advised fund		(b) Funds and other accounts
1	Total number at end of year	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	67	(a) the control of th
2	Aggregate value of contributions to (during year).	1.8	397,985.	
3	Aggregate value of grants from (during year)		521,431.	
4	Aggregate value at end of year		28,918.	
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the ass organization's exclusive legal con	ets held in don trol?	or advised funds X Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing the of the donor or donor advisor, or	nat grant funds for any other p	can be used only urpose conferring XYes No
Pa	Conservation Easements. Complete if the organization ansi	wered 'Yes' on Form 990. P	art IV. line 7	· · · · · · · · · · · · · · · · · · ·
1	Purpose(s) of conservation easements held by			·
•	Preservation of land for public use (e.g., r		· · - ·	a historically important land area
	X Protection of natural habitat	<i>′</i> ∟		a certified historic structure
	X Preservation of open space			
2	Complete Tines 2a through 2d if the organization h	neld a qualified conservation contribu	tion in the form	of a conservation easement on the
	last day of the tax year	·		
	<del>-</del>			Held at the End of the Tax Yes
	a Total number of conservation easements			2a 3
	b Total acreage restricted by conservation ease			2b 1,201
	c Number of conservation easements on a certi-	,	•	2 c
	d Number of conservation easements included in structure. Listed in the National Register	• • • • • • • • • • • • • • • • • • • •		2 d
3	Number of conservation easements modified, trar tax year ►	sferred, released, extinguished, or te	erminated by the	organization during the
4	Number of states where property subject to conse	rvation easement is located ►	1	
5	Does the organization have a written policy re and enforcement of the conservation easemen			ling of violations, X Yes No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, and	d enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, insper ▶\$	cting, handling of violations, and enf	orcing conserva	tion easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the require	ements of sect	on 170(h)(4)(B)(I) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	o the organization's financial state	nue and expense ements that des	statement, and balance sheet, and scribes the organization's accounting for
Pa	conservation easements. See Part XI  Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Tre	asures, or C	Other Similar Assets.
1 :	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	SFAS 116 (ASC 958), not to repo	ort in its revenu	e statement and balance sheet works o
ı	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items.	r SFAS 116 (ASC 958), to report in public exhibition, education, or res	n its revenue st earch in furthera	atement and balance sheet works of art ince of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1		<b>►</b> \$
_	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of art, hamounts required to be reported under SFAS	iistorical treasures, or other similar a 116 (ASC 958) relating to these ite	ssets for financi ems	al gain, provide the following
i	a Revenue included on Form 990, Part VIII, line	1		<b>►</b> \$
ı	b Assets included in Form 990, Part X			<b>►</b> \$

Descript	tion of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			300,000.	* * * * * * * * * * * * * * * * * * *	300,000.
<b>b</b> Buildings	•		175,000.	41,562.	133,438.
c Leasehold impro	vements				
<b>d</b> Equipment			25,064.	17,801.	7,263.
<b>e</b> Other					
Total. Add lines 1a thr	ough 1e. (Column (d)	must equal Form 990, Part X, c	olumn (B), line 10c )	>	440,701.

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Schedule D (Form 990) 2016

Complete if the organization answered	l 'Yes' on Form 99	0. Part IV. line 11b. See	Form 990. Part X. line 12
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other PREFERRED INTEREST	6,460,500.	End of Year Market	Value
(A) POOLED INVESTMENTS LONG TERM		End of Year Market	
(B) POOLED INVESTMENTS SHORT TERM		End of Year Market	
(C) CHARITABLE REMAINDER TRUST	108,571.		
(D)	, ,		
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)	25,114,932.		
Part VIII Investments – Program Related.	LIX 1 5 000	N/A	F 000 D+ V I 10
Complete if the organization answered		U, Part IV, line IIc. See	st or end-of-year market value
(a) Description of investment	(b) Book value	(c) Method of Valuation Co	ost or end-or-year market value
(1)			· · · · · · · · · · · · · · · · · · ·
(2)		-	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.	N/A		
Complete if the organization answered	l 'Yes' on Form 99	0, Part IV, line 11d. See	
	scription		(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)	<del></del> .		
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (	B) line 15 )		<b>&gt;</b>
Part X Other Liabilities.	,		
Complete if the organization answered 'Yes' on F			X, line 25
(a) Description of liability	(b) Book value		
(1) Federal income taxes	70 41		
(2) CHARITABLE TRUSTS LIABILITY (3)	79,41	13.	
(4)			
(5)		<del>-  </del>	
(6)		-	
(7)			
(8)			
(9)			
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	▶ 79,41		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organization's f	inancial statements that reports the o	rganization'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

# Part N Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2 a 2 b **b** Donated services and use of facilities c Recoveries of prior year grants 2 c d Other (Describe in Part XIII) 2 d 2 e e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4 a b Other (Describe in Part XIII.) 4 b c Add lines 4a and 4b 4 c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX, line 25 a Donated services and use of facilities 2 a 2b **b** Prior year adjustments c Other losses. 2 c 2 d d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4 b b Other (Describe in Part XIII) 40 c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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 - Summarized Policy

THE FOUNDATION HAS A POLICY TO MONITOR, INSPECT AND HANDLE VIOLATIONS. THE FOUNDATION IS COMMITTED TO ENFORCE THE EASEMENTS AND TO VIGOROUSLY DEFEND ANY VIOLATIONS.

# Part II, Line 9 - Organization Reporting Of Conservation Easements

THE FOUNDATION'S OPERATIONS INCLUDE THE PRESERVATION OF REAL PROPERTY THROUGH A
CONSERVATION EASEMENT PROGRAM. UNDER THE PROGRAM, THE FOUNDATION COMMITS ITSELF TO
PERPETUAL STEWARDSHIP OF THE EASEMENT PROPERTIES INCLUDING REGULAR MONITORING OF

THEIR EASEMENTS, MAINTAINING CONTACT AND EDUCATING EASEMENT PROPERTY OWNERS OF THE

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Schedule D (Form 990) 2016

# Part XIII Supplemental Information (continued)

# Part II, Line 9 - Organization Reporting Of Conservation Easements (continued)

RESTRICTIONS, AND ENFORCING EASEMENT REQUIREMENTS WHEN THEY ARE VIOLATED.

# Part V, Line 4 - Intended Uses Of Endowment Fund

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

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Waccamaw Community Foundation

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.

OMB No 1545-0047

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 56-2121992 **ջ** □

XXes

on Grants and Assistance	intain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and et a award the grants or assistance?	providence of a manufacture the same of manufacture of manufacture of the same of
Parting General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	5 Describe in Dart IV the organization's proceedures for mondatures

Partil 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. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Schedule I (Form 990) (2016)	Scher	11/03/16	TEEA3901L 11/03/16		s for Form 990.	, see the Instruction	BAA For Paperwork Reduction Act Notice, see the Instructions for
0					1 table	ions listed in the line	3 Enter total number of other organizations listed in the line 1 table
1				in the line 1 table	ganizations listed	3) and government or	
							1 1 1
							6
							(9)
							(5)
							(4)
							(3)
							(2)
MULTIPLE GRANTS AWARDED			0.	8,500.	501 (c) (3)	46-2589555	(7) 13 FOR HAITI 2311 HWY 701 SOUTH LORIS, SC 29569
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government
ממכי.	י שלמכת וש ווכם		מונים כמון מינים	ייניים ביימי לסיספי ביימי מל יו כמי כל מתחיים וו מתמווטיומו כל ביימים וופלומם.			

Schedule I (Form 990) (2016) Waccamaw Community Foundation

Schedule I (Form 990) (2016) Waccamaw Community Foundation

Family 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.

	in a banda in				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-					
2					
m					
4					
ភេ					
9					
7					
Partily Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	rovide the information	ר required in Part I,	line 2; Part III, co	umn (b); and any othe	r additional information.

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

**2016** 

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 56-2121992

	ccamaw Community Foundation			56-	-2121992	
Pa	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amoun	nts
1	Art — Works of art .					
2	Art - Historical treasures					
3	Art — Fractional interests					
4	Books and publications.					_
5	Clothing and household goods					_
6	Cars and other vehicles					
7	Boats and planes .					
8	Intellectual property .	.,,	_			
9	Securities - Publicly traded	Х	4	179,283.	HI LO PRICE	
10	Securities — Closely held stock					
11 12	Securities — Partnership, LLC, or trust interests Securities — Miscellaneous					
						—
13	Qualified conservation contribution — Historic structures .					
14	Qualified conservation contribution — Other					
15	Real estate – Residential					
16	Real estate – Commercial					
17	Real estate – Other	X	1	610,000.	APPRAISAL	
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts.					
23	Scientific specimens					_
24	Archeological artifacts					_
25	Other • ()					
26	Other • ()			_		
	Other • ()		,			
_28	Other ► (	L				_
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done			r which the	29	
	During the year, did the organization receive by contrit must hold for at least three years from the date for exempt purposes for the entire holding period	of the initia			sed 30 a X	
	If 'Yes,' describe the arrangement in Part II				<b>132 1040</b> 111	
31	Does the organization have a gift acceptance poli	cy that requ	ires the review of any r	nonstandard contributio	ns? <b>31</b> X	
<b>32</b> a	Does the organization hire or use third parties or noncash contributions?	related orga	nizations to solicit, prod	cess, or sell	32a X	,

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

b If 'Yes,' describe in Part II

describe in Part II.

Schedule M (Form 990) (2016)

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

Page 2

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.

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

2016
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Waccamaw Community Foundation

Employer identification number

56-2121992

# Form 990, Part I, Line 1 - Organization Mission or Significant Activities

THE FOUNDATION IS A NOT FOR PROFIT ORGANIZATION DEDICATED TO ENCOURAGING THE DEVELOPMENT OF A COMMUNITY TRADITION OF PHILANTHROPY BY MAKING IT EASY, PERSONALLY SATISFYING, AND EFFECTIVE FOR INDIVIDUALS, FAMILIES, CORPORATIONS AND BUSINESSES TO ESTABLISH PERMANENT AND TEMPORARY FUNDS IN SUPPORT OF THE ORGANIZATIONS AND CAUSES THEY CARE MOST ABOUT.

# Form 990, Part III, Line 1 - Organization Mission

THE FOUNDATION IS A NOT FOR PROFIT ORGANIZATION DEDICATED TO ENCOURAGING THE DEVELOPMENT OF A COMMUNITY TRADITION OF PHILANTHROPY BY MAKING IT EASY, PERSONALLY SATISFYING AND EFFECTIVE FOR INDIVIDUALS, FAMILIES, CORPORATIONS, AND BUSINESSES TO ESTABLISH PERMANENT AND TEMPORARY FUNDS IN SUPPORT OF THE ORGANIZATIONS AND CAUSES THEY CARE MOST ABOUT.

# Form 990, Part VI, Line 11b - Form 990 Review Process

THE FORM 990 IS REVIEWED WITH THE BOARD AFTER FILING.

# Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

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, Line 19 - Other Organization Documents Publicly Available

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 XII, Line 2 - Change of Oversight or Selection Process

THE CONSOLIDATED AUDIT IS OVERSEEN BY COASTAL COMMUNITY FOUNDATION, AN AFFILIATE ORGANIZATION.

# SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Information about Schedule R (Form 990) and its instructions is at www irs.gov/form990.

OMB No 1545-0047

Employer identification number

(g) Sec 512(b)(13) controlled entrty? Schedule R (Form 990) 2016 (f) Direct controlling entity ŝ × Foundation Partill Identification of Related Tax-Exempt Organizations. Complete If the organization answered 'Yes' on Form 990, Part IV, line 34 because It had Yes (f)
Direct controlling
entity 56-2121992 N/A (e) End-of-year assets 610,000 (e)
Public charity status (if section 501(c)(3)) **限試料题** Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. o. ω (d) Total income (3) (d) Exempt Code section TEEA5001L 09/09/16 501 (c) (c)
Legal domicile (state or foreign country) SC(c) Legal domicile (state or foreign country) SC Real Estate (b) Primary activity one or more related tax-exempt organizations during the tax year. Title CHARITABLE FUNDS & GRANTMAKING (b) Primary activity PROMOTING BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity 1 (a) Name, address, and EIN of related organization (1) COASTAL COMMUNITY FOUNDATION 635 RUTLEDGE AVENUE #201 CHARLESTON SC 29403 ---- 23-7390313 3655\_S. Highway 17 Business Murrells Inlet, SC 29576\_\_\_ Waccamaw Community Foundation Land Trust, 56-2121992 WCF İ £ 8 ତ¦ € \<u>@</u> ල

, Page 2

56-2121992

Schedule R (Form 990) 2016 Waccamaw Community Foundation

8 | 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. |∈ |ε 3 9 (e) 9

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(a) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections	Share of total income	(g) Share of end-of-year assets	<b>£</b> ⊵હુ ≧ ⊢	Code V-UBI amount in box 2 of Schedule K-1 (Form	Genera manag partne	(K) Percentage ownership
		coming)		012-014)			Yes No	- 1	Yes No	
<u>(1)</u>										
(2)										
(3)										
Parisive   Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answ line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	of Related Organ e it had one or r	nizations nore relat	Taxable as a (	Corporation or and treated as a	le as a Corporation or Trust Complete of the organization answered 'Yes' on Form 990, Part IV anizations treated as a corporation or trust during the tax year.	if the organizat	ion answ tax year.	ered 'Yes' on Fo	rm 990, Pa	rt IV,
		-								

(a) (b) Name, address, and ElN of related organization (b)	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp, S corp,	(f) Share of total income	(g) (h) Share of end-of- Percentage year assets ownership	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	)(13) entity?
		country)	entity	or trust)				Yes	N <sub>o</sub>
(1)									
	<del>11</del>								
(2)									
	<del>1 - 1 -</del>								
(3)									
	<del>1 1 ··</del>								
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56-2121992

Part V Transactions With Related Organizations. Complete of 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				Yes	٩
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?	ed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 P		×
c Gift, grant, or capital contribution from related organization(s)			<u>-</u>		×
d Loans or loan guarantees to or for related organization(s)			٦ <u>٩</u>		×
e Loans or loan guarantees by related organization(s)			1 e		×
f Dividends from related organization(s)			1		×
g Sale of assets to related organization(s)			19		×
h Purchase of assets from related organization(s)			두		×
i Exchange of assets with related organization(s)					×
j Lease of facilities, equipment, or other assets to related organization(s)			=		×
k Lease of facilities, equipment, or other assets from related organization(s)			1 1	,	>
I Performance of services or membership or fundraising solicitations for related organization(s)			-		{ >
m Performance of services or membership or fundraising solicitations by related organization(s)				×	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			-		×
o Sharing of paid employees with related organization(s)			-	×	:
			1 p		×
q Reimbursement paid by related organization(s) for expenses			Пq		×
				~~	
r Other transfer of cash or property to related organization(s)			-		$\times$
υl		:	18		×
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	d relationships and trai	saction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	determi involve	guug
(1) COASTAL COMMUNITY FOUNDATION	E	88,747.	FMV		
(2) COASTAL COMMUNITY FOUNDATION	0	138,355.	FMV		
(3)					
(4)					
(5)					
(9)			· .		
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56-2121992

# **混矿** 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.

Legal formicie	Legal formcrie   Prefinding   Are all partners   Share of section (state or footgal)   State or footgal)   State of section (state or footgal)   State or fo			4		indimension.					
Ves         No           Yes         No           Yes         No	Yes         No           Form 1         Yes         No           Form 2         Form 3         Form 3		Legal domicile (state or foreign country)	Predominant income (related, unre-	Are all partne section 501(c)(3)		(g) Share of end-of-year assets	(n) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General c managin partner?	r Percentage 9 ownership
	P3604L 09/09/16			from tax under sections 512-514)	Yes				(Form 1065)	Yes	
	91/60/60									+	
	91/60/60										
	91/60/60				_					_	
	91/60/60	1									
	91/60/60										
	91/60/60										
	91/60/60	1			-					-	-
	91/60/60										
	91/60/60										
	91/60/60	1									-
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	09/09/16	İ									
	91/60/60									_	
	91/60/60										_

Schedule R (Form 990) 2016 Waccamaw Community Foundation 56-21219:

| Part VIII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.

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Schedule **R** (Form 990) 2016