

Extensions

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year beginning 2001, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
UNITED WAY OF HORRY COUNTY INC
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 673
 City or town state or country and ZIP + 4
CONWAY SC 29526

D Employer identification number
57-0558692

E Telephone number
843-347-5195

F Accounting method Cash Accrual
 Other (specify) ▶

G Web site ▶

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,144,500**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4 digit GEN ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

	Description	Amount	Total
Revenue	1 Contributions, gifts, grants, and similar amounts received		
	a Direct public support	1a 1,107,604	
	b Indirect public support	1b	
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)		1d 1,107,604
	2 Program service revenue including government fees and contracts (from Part VII, line 93)		2
	3 Membership dues and assessments		3
	4 Interest on savings and temporary cash investments		4 18,896
	5 Dividends and interest from securities		5
	6a Gross rental income	6a 18,000	
	b Less rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)		6c 18,000
7 Other investment income (describe ▶)		7	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
	8a		
	8b		
	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
	b Less direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events (subtract line 9b from line 9a)		9c
10a Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c
11 Other revenue (from Part VII, line 103)		11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12 1,144,500	
Expenses	13 Program services (from line 44, column (B))		13 1,072,269
	14 Management and general (from line 44, column (C))		14 177,385
	15 Fundraising (from line 44, column (D))		15 39,727
	16 Payments to affiliates (attach schedule)		16
	17 Total expenses (add lines 16 and 44, column (A))		17 1,289,381
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)		18 (144,881)
	19 Net assets or fund balances at beginning of year (from line 73, column (A))		19 847,858
	20 Other changes in net assets or fund balances (attach explanation) <i>SEE ATTACHED STATE</i>		20 (325,541)
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21 377,436

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>1,072,269</u> noncash \$ _____)	22 1,072,269	1,072,269		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 40,321		30,241	10,080
26	Other salaries and wages	26 60,625		45,469	15,156
27	Pension plan contributions	27 3,774		2,831	943
28	Other employee benefits	28 16,297		12,223	4,074
29	Payroll taxes	29 10,910		8,182	2,728
30	Professional fundraising fees	30			
31	Accounting fees	31 2,800		2,800	
32	Legal fees	32			
33	Supplies	33 914		685	229
34	Telephone	34 2,329		1,747	582
35	Postage and shipping	35 8,997		6,747	2,250
36	Occupancy	36 9,059		6,794	2,265
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39 2,488		1,866	622
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 15,804		15,804	
43	Other expenses not covered above (itemize) a UTILITIES	43a 3,194		2,396	798
	b CAMPAIGN MATERIALS & EXPENSES	43b 28,113		28,113	
	c INSURANCE	43c 3,045		3,045	
	d DUES	43d 5,221		5,221	
	e OFFICE EXPENSE	43e 3,221		3,221	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 1,289,381	1,072,269	177,385	39,727

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? <input type="checkbox"/> _____ <small>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</small>	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)</small>
a SEE SCHEDULE _____ _____ _____ (Grants and allocations \$ _____)	1,072,269
b _____ _____ _____ (Grants and allocations \$ _____)	
c _____ _____ _____ (Grants and allocations \$ _____)	
d _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,072,269

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		Where required attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
Assets	45	Cash — non-interest-bearing		114,084	45	94,753	
	46	Savings and temporary cash investments		468,656	46	413,750	
	47a	Accounts receivable					
		47b	Less allowance for doubtful accounts		194	47c	
	48a	Pledges receivable		887,443			
		48b	Less allowance for doubtful accounts		224,383	48c	663,060
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	Other notes and loans receivable (attach schedule)					
		51b	Less allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53	1,345	
	54	Investments — securities (attach schedule)		17,297	54	23,516	
			▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV				
	55a	Investments — land, buildings, and equipment basis					
	55b	Less accumulated depreciation (attach schedule)			55c		
56	Investments — other (attach schedule)			56			
57a	Land, buildings, and equipment basis		389,069				
	57b	Less accumulated depreciation (attach schedule)		115,701			
58	Other assets (describe ▶ _____)		279,508	57c	273,368		
58				58			
59	Total assets (add lines 45 through 58) (must equal line 74)		879,739	59	1,469,792		
Liabilities	60	Accounts payable and accrued expenses		7,801	60	1,088,921	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
		64b	b Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe ▶ FUNDS HELD FOR ANOTHER AGENCY)		24,080	65	3,435	
66	Total liabilities (add lines 60 through 65)		31,881	66	1,092,356		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		775,759	67	(303,024)	
	68	Temporarily restricted		72,099	68	680,460	
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		847,858	73	377,436	
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		879,739	74	1,469,792	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					18,896
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					18,000
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					36,896
105 Total (add line 104, columns (B), (D), and (E))					36,896

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
95	INTEREST EARNED ON MONIES HELD IN RESERVE FOR CAPITAL IMPROVEMENTS AND DISASTER ASSISTANCE-ALL INTEREST EARNED GOES TOWARD PROGRAM PURPOSES
97B	RENTAL OF EXTRA OFFICE SPACE IN BUILDING-ALL RENT EARNED GOES TOWARD UPKEEP OF THE BUILDING AND PROGRAM SERVICES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Date 11-14-02
 Director

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545 0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **UNITED WAY OF HORRY COUNTY, INC**
Employer identification number: **57-0558692**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions)	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
<p>Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments</p>		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)								
<p>The organization is not a private foundation because it is (Please check only ONE applicable box)</p>								
5 <input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)								
6 <input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)								
7 <input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)								
8 <input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)								
9 <input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____								
10 <input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)								
11a <input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
11b <input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
12 <input type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)								
13 <input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))								
<p>Provide the following information about the supported organizations (See page 5 of the instructions)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:75%;">(a) Name(s) of supported organization(s)</th> <th style="width:25%;">(b) Line number from above</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	(a) Name(s) of supported organization(s)	(b) Line number from above						
(a) Name(s) of supported organization(s)	(b) Line number from above							
14 <input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)								

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,183,208	1,210,305	1,118,342	1,079,788	4,591,643	
16 Membership fees received						
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	39,976	39,583	32,805	32,569	144,933	
19 Net income from unrelated business activities not included in line 18						
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.						
23 Total of lines 15 through 22	1,223,184	1,249,888	1,151,147	1,112,357	4,736,576	
24 Line 23 minus line 17	1,223,184	1,249,888	1,151,147	1,112,357	4,736,576	
25 Enter 1% of line 23	12,232	12,499	11,511	11,124		
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a	94,732
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b	NONE
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c	4,736,576
d Add: Amounts from column (e) for lines 18 <u>144,933</u> 19 _____ 22 _____ 26b <u>NONE</u>					26d	144,933
e Public support (line 26c minus line 26d total)					26e	4,591,643
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f	96.94 %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified person"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____						
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c	
d Add: Line 27a total _____ and line 27b total _____					27d	
e Public support (line 27c total minus line 27d total)					27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h	%
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

N/A

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/> <hr/>		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

N/A

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table —		
If the amount on line 40 is — The lobbying nontaxable amount is —		
Not over \$500,000 20% of the amount on line 40	}	
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			None

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)
Note. Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <u>United Way of Horry County Inc.</u>	Employer identification number <u>57 : 0558 692</u>
	Number street, and room or suite no. If a P.O. box see instructions <u>PO Box 673</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <u>CONWAY SC 29526</u>	

- Check type of return to be filed** (file a separate application for each return)
- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until Aug. 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2001 or
 ▶ tax year beginning _____, 20 , and ending _____, 20

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form.

Signature ▶ Deana P Farrell Title ▶ CPA For Organization Date ▶ 4-26-02

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy

Type or print	Name of Exempt Organization <i>United Way of Horry County, Inc.</i>	Employer identification number <i>57 0558692</i>
	Number, street and room or suite no. If a P.O. box see instructions <i>PO Box 673</i>	For IRS use only
	City, town or post office, state and ZIP code. For a foreign address see instructions <i>CONWAY, SC 29526</i>	

Check type of return to be filed (File a separate application for each return)

- Form 990
- Form 990-EZ
- Form 990-T (sec 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

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

- 4 I request an additional 3-month extension of time until November 15 2002
- 5 For calendar year 2001, or other tax year beginning _____, 20__ and ending _____, 20__
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension Information pertinent to the filing of this return is incomplete.

- 8a If this application is for Form 990-BL 990-PF 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or if required, deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature Diana P. Farrell Title CPA Date 8-12-02

Notice to Applicant—To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

Director _____ By _____ **EXTENSION APPROVED**

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above **AUG 21 2002**

Type or print	Name <i>McDonald and Associates, PA, CPA'S</i>	LINDA WEISKOPF FIELD DIRECTOR SUBMISSION PROCESSING, OGDEN
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <i>PO Box 785</i>	
	City or town, province or state, and country (including postal or ZIP code) <i>North Myrtle Beach, SC 29597</i>	

**UNITED WAY OF HORRY COUNTY, INC.
SUPPORTING SCHEDULE
DECEMBER 31, 2001**

SCHEDULE A FORM 990 PRT III LINE 4B

DETERMINATION MADE BY BOARD OF DIRECTORS AS TO WHICH AGENCIES IN HORRY COUNTY ARE IN NEED OF FINANCIAL ASSISTANCE AGENCIES FILE APPLICATIONS WITH UNITED WAY OF HORRY COUNTY, INC AND, IF ACCEPTED, THEY RECEIVE MONEY AND ARE REVIEWED PERIODICALLY TO VERIFY THAT THEY ARE USING THE MONEY PROPERLY

**UNITED WAY OF HORRY COUNTY, INC.
AGENCY ALLOCATIONS
DECEMBER 2001**

AGENCY	AMOUNT
AMERICAN RED CROSS	\$ 112,600
AMERICAN RED CROSS - DISASTER FUND	\$ 18,382
BIG BROTHERS	35,000
BOY SCOUTS OF AMERICA	37,050
BOYS AND GIRLS CLUB (SA)	40,200
BOYS AND GIRLS CLUB OF THE GRAND STRAND	5,500
CARETEAM, INC	10,000
CHILDREN'S RECOVERY CENTER	18,000
CHURCHES ASSISTING PEOPLE	15,000
CITIZENS AGAINST SPOUSE ABUSE	18,000
COASTAL SAMARITAN CENTER, INC	11,000
COMMUNITY KITCHEN	11,500
COMMUNITY VOLUNTEER SERVICES	68,900
DISABLED AMERICAN VETS	6,073
FAMILY OUTREACH SERVICES	26,000
FEDERATION FOR THE BLIND	2,000
GIRL SCOUTS	30,000
GRAND STRAND COMMUNITY AGAINST RAPE	12,500
GRAND STRAND YMCA	32,500
HELPING HAND OF MYRTLE BEACH	50,000
HORRY COUNTY COUNCIL ON AGING	38,000
HORRY COUNTY DISABILITIES AND SPECIAL NEEDS	20,000
HORRY COUNTY LITERACY COUNCIL	23,100
HORRY COUNTY SHELTER HOME	77,000
LET THE CHILDREN PLAY	6,500
MOBILE MEALS OF MYRTLE BEACH	20,000
MYRTLE BEACH HAVEN	18,500
NORTH STRAND HELPING HAND	10,000
PARENTS ANONYMOUS	18,500
PEE DEE SPEECH AND HEARING	47,500
SALVATION ARMY	45,000
SC AUTISM SOCIETY	4,000
SEA HAVEN	10,500
SOS HEALTH CARE	92,876
SOUTH STRAND HELPING HAND	22,000
STREET REACH	2,000
TARA HALL	25,000
UNITED WAY OF NEW YORK - 911	10,000
WACCAMAW YOUTH CENTER	20,000
TOTAL	\$ 1,070,681
DESIGNATIONS	
BETHANY CHRISTIAN SERVICE	300
CATHOLIC CHARITIES	65
FOUNDATION FOR ICHTHY	25
UNITED WAY OF GEORGETOWN	505
GRAND STRAND HUMANE SOCIETY	52
MERCY HOSPICE	372
TEEN CHALLENGE	269
	<u>1,588</u>
TOTAL	\$ 1,072,269

Date Acq	Description	Meth/Life	Cost	Sec 179	Depr Basis	Includes Section 179		
						Req A/Depr	Curr Depr	End A/Depr
ASSET A/C# 208 - LAND								
06/07/95	MLAND	LAND/10 00	14 030 00	0 00	14 030 00	0 00	0 00	0 00
Grand totals 208 - LAND (1 assets)			14 030 00	0 00	14,030 00	0 00	0 00	0 00
ASSET A/C# 210 - BUILDINGS								
12/18/95	OFFICE BUILDING	MSL/39 50	280 817 32	0 00	280 817 32	35,842 72	7,109 30	42 952 02
12/18/95	MQIRRIGATION LANDSCAPING	MSL/10 00	12 857 12	0 00	12,857 12	6 589 26	1,285 71	7,874 97
Grand totals 210 - BUILDINGS (2 assets)			293,674 44	0 00	293 674 44	42 431 98	8 395 01	50 826 99
ASSET A/C# 211 - FURNITURE AND FIXTURES								
07/01/78	FILE CABINETS	SL/10 00	612 20	0 00	612 20	612 20	0 00	612 20
11/15/78	FILE CABINET	SL/10 00	91 15	0 00	91 15	91 15	0 00	91 15
01/15/80	FILE CABINET	SL/10 00	94 64	0 00	94 64	94 64	0 00	94 64
04/01/82	FILE CABINETS	SL/10 00	745 76	0 00	745 76	745 76	0 00	745 76
06/01/82	DESK	SL/10 00	306 80	0 00	306 80	306 80	0 00	306 80
05/01/83	TWO FOLDING TABLES	SL/10 00	153 92	0 00	153 92	153 92	0 00	153 92
06/15/88	FURNITURE	M 200/ 7 00	548 66	0 00	548 66	548 66	0 00	548 66
02/15/90	FURNITURE	M*200/ 7 00	277 60	0 00	277 60	277 60	0 00	277 60
05/15/90	FURNITURE	M*200/ 7 00	280 35	0 00	280 35	280 35	0 00	280 35
07/15/90	FURNITURE	M*200/ 7 00	122 64	0 00	122 64	122 64	0 00	122 64
12/18/95	MQUPHOLSTERY	M*200/ 7 00	2,223 21	0 00	2,223 21	1 859 26	194 11	2 053 37
12/18/95	MQBLINDS	M*200/ 7 00	688 95	0 00	688 95	576 16	60 15	636 31
12/18/95	MQSHELVES	M*200/ 7 00	209 79	0 00	209 79	175 45	18 31	193 76
12/18/95	MQDESK AND BOOKCASE	M*200/ 7 00	939 75	0 00	939 75	785 91	82 05	867 96
12/18/95	MQTWO LAMPS	M*200/ 7 00	270 90	0 00	270 90	226 55	23 65	250 20
12/18/95	MQ 15 CONFERENCE CHAIRS	M*200/ 7 00	4 960 00	0 00	4 960 00	4 148 03	433 05	4,581 08
12/18/95	MQWALL CABINET	M*200/ 7 00	3,500 00	0 00	3 500 00	2,927 04	305 58	3 232 62
12/18/95	MQFURNITURE	M*200/ 7 00	1 637 00	0 00	1,637 00	1,369 02	142 92	1 511 94
12/18/95	MQPLAQUES	M*200/ 7 00	1 010 00	0 00	1,010 00	844 66	88 18	932 84
12/18/95	MQ5 SIDE CHAIRS	M*200/ 7 00	1 000 00	0 00	1 000 00	836 30	87 31	923 61
12/18/95	MQROUND TABLE AND 5 CHAIRS	M*200/ 7 00	1,300 00	0 00	1 300 00	1 087 19	113 50	1 200 69
12/18/95	MQSMALL CONFERENCE TABLE AND 2 FILE CM	M*200/ 7 00	300 00	0 00	300 00	250 88	26 20	277 08
12/18/95	MQCRYDENZA	M*200/ 7 00	400 00	0 00	400 00	334 52	34 92	369 44
01/08/96	CONFERENCE TABLES	M 200/ 7 00	833 89	0 00	833 89	654 48	71 76	726 24
06/12/01 A	COPIER	MSL/ 5 00	2,794 26	0 00	2 794 26	0 00	279 43	279 43
08/07/01 A	DIGITAL CAMERA	MSL/ 5 00	720 91	0 00	720 91	0 00	72 09	72 09
08/07/01 A	LAPTOP COMPUTER	MSL/ 5 00	1 149 99	0 00	1 149 99	0 00	115 00	115 00
08/07/01 A	TV/CR	MSL/ 5 00	249 99	0 00	249 99	0 00	25 00	25 00
08/08/01 A	POSTAGE METER	MSL/ 7 00	4 567 50	0 00	4 567 50	0 00	326 25	326 25
09/07/01 A	FOLDING MACHINE	MSL/ 7 00	556 61	0 00	556 61	0 00	39 76	39 76
Grand totals 211 - FURNITURE AND FIXTURES (30 assets)			32 546 47	0 00	32 546 47	19,309 17	2 539 22	21,848 39
ASSET A/C# 212 - MACHINES AND EQUIPMENT								
08/01/76 D	16 MM PROJECTOR	SL/10 00	616 62	0 00	616 62	616 62	0 00	616 62
08/01/76 D	SLIDE PROJECTOR	SL/10 00	226 30	0 00	226 30	226 30	0 00	226 30
07/01/78 D	TAPE RECORDER	SL/10 00	202 75	0 00	202 75	202 75	0 00	202 75
04/15/90 D	TYPEWRITER	M*200/ 7 00	555 45	0 00	555 45	555 45	0 00	555 45
07/31/91 D	COMPUTER HARDWARE AND SOFTWARE	M 200/ 7 00	1 376 00	0 00	1,376 00	1 376 00	0 00	1,376 00
04/30/92 D	LANIER COPIER	M 200/ 7 00	2 357 25	0 00	2 357 25	2 357 25	0 00	2,357 25
07/31/92 D	TELEPHONE SYSTEM	M*200/ 7 00	1,995 67	0 00	1 995 67	1 995 67	0 00	1,995 67
08/31/92	FAX MACHINE	M*200/ 7 00	891 45	0 00	891 45	891 45	0 00	891 45
08/31/92	SURGE PROTECTOR	M*200/ 7 00	74 66	0 00	74 66	74 66	0 00	74 66
07/31/93	COMPUTER HARDWARE	M*200/ 7 00	12,615 09	0 00	12,615 09	12 615 09	0 00	12 615 09
07/31/93	COMPUTER SOFTWARE	M*200/ 7 00	4,075 14	0 00	4,075 14	4 075 14	0 00	4 075 14
12/18/95	MQTELEPHONE SYSTEM	M*200/ 7 00	2,112 00	0 00	2 112 00	1 849 89	193 13	2 043 02
12/18/95	MQREFRIGERATOR	M*200/ 7 00	200 00	0 00	200 00	167 25	17 47	184 72
11/14/96	COMPUTER PRINTER	M*200/ 5 00	530 00	0 00	530 00	499 47	30 53	530 00

Date Acq	Description	Meth/Life	Cost	Sec 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
Grand totals 212 - MACHINES & EQUIPMENT (14 assets)			27,828 38	0 00	27,828 38	27 502 99	241 13	27 744 12
Less 7 Disposed assets (Current Depreciation \$0 00)			7,330 04	0 00	7,330 04	7 330 04		7 330 04
Net totals 212 - MACHINES & EQUIPMENT (7 assets)			20,498 34	0 00	20,498 34	20,172 95	241 13	20 414 08
ASSET A/C# 213 - SIGN								
12/18/95	MQSIGN	M*200/ 7 00	5,000 00	0 00	5,000 00	4 181 48	436 54	4 618 02
Grand totals 213 - SIGN (1 assets)			5,000 00	0 00	5 000 00	4 181 48	436 54	4,618 02
ASSET A/C# 214 - COMPUTERS								
04/05/99	COMPUTERS	MA200/ 5 00	16 164 93	0 00	16 164 93	8 405 77	3 103 66	11 509 43
04/26/99	IMS SOFTWARE	MA200/ 3 00	6 500 00	0 00	6 500 00	5 055 56	962 96	6 018 52
05/25/99	COMPUTER UPGRADE	MA200/ 5 00	654 50	0 00	654 50	340 34	125 66	466 00
Grand totals 214 - COMPUTERS (3 assets)			23 319 43	0 00	23,319 43	13,801 67	4 192 28	17 993 95
Grand totals for all accounts (51 assets)			396 398 72	0 00	396,398 72	107 227 29	15,804 18	123,031 47
Less 7 Disposed assets (Current Depreciation \$0 00)			7,330 04	0 00	7,330 04	7 330 04		7,330 04
Net totals for all accounts (44 assets)			389,068 68	0 00	389,068 68	99,897 25	15,804 18	115,701 43

Codes that may appear next to the date acquired include A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics for Assets

	Cost	Current Year Section 179	Depreciable Basis	Beginning Accum Depr	Current Depreciation	Ending Accum Depr	Net Book Value
Grand Totals for all assets	396 398 72	0 00	396 398 72	107 227 29	15,804 18	123 031 47	273 367 25
Less inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	7,330 04	0 00	7,330 04	7,330 04	0 00	7,330 04	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	389,068 68	0 00	389 068 68	99 897 25	15 804 18	115,701 43	273 367 25

UNITED WAY OF HORRY COUNTY, INC
DECEMBER 31, 2001

LINE 20 FORM 990 PAGE 1

FOR THE YEAR ENDED 'DECEMBER 31, 2001 THE COMPANY ADOPTED FSAB 116
THIS IS THE ADJUSTMENT NECESSARY TO CONFORM TO FINANCIAL STATEMENTS

⟨324624⟩

NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS

⟨917⟩
—
⟨325,541⟩