

# Extensions

Form **990**

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2002**

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

**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 2002 calendar year, or tax year beginning** , 2002, and ending , 20

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

Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> UNITED WAY OF HORRY COUNTY, INC		<b>D Employer identification number</b> 57-0558692
	Number and street (or P.O. box if mail is not delivered to street address)		<b>E Telephone number</b>
	Room/suite PO BOX 673		843-347-5195
	City or town, state or country and ZIP + 4 CONWAY SC 29526		<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

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 ▶ N/A

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 ▶

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

**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 ▶ 1,404,001

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 17 of the instructions)

<b>1</b>	Contributions, gifts, grants, and similar amounts received			
<b>a</b>	Direct public support	<b>1a</b>	1,358,963	
<b>b</b>	Indirect public support	<b>1b</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>		
<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>		1,358,963
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>		
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		10,018
<b>5</b>	Dividends and interest from securities	<b>5</b>		
<b>6a</b>	Gross rents	<b>6a</b>	18,000	
<b>b</b>	Less rental expenses	<b>6b</b>		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		18,000
<b>7</b>	Other investment income (describe ▶ )	<b>7</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
<b>8d</b>		<b>8d</b>		
<b>9</b>	Special events and activities (attach schedule) <b>GOLF TOURNAMENT</b>			
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	17,020	
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	6,033	
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		10,987
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b>	Less cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		1,397,968
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		1,014,937
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		66,389
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		157,453
<b>16</b>	Payments to affiliates (attach schedule) UNITED WAY OF AMERICA 9836	<b>16</b>		14,650
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A)) UNITED WAY OF SC 4814	<b>17</b>		1,253,429
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		144,539
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		377,436
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		(959)
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		521,016

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<b>Part II Statement of Functional Expenses</b>		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 page 21 of the instructions )			
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>1,014,937</u> noncash \$ _____)	22 1,014,937	1,014,937		
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 46,223		11,556	34,667
26	Other salaries and wages	26 75,014		13,412	61,602
27	Pension plan contributions	27 4,796		953	3,843
28	Other employee benefits	28 7,131		1,783	5,348
29	Payroll taxes	29 9,454		1,935	7,519
30	Professional fundraising fees	30			
31	Accounting fees	31 3,200		3,200	
32	Legal fees	32			
33	Supplies	33 1,212		303	909
34	Telephone	34 3,289		822	2,467
35	Postage and shipping	35 10,755		2,689	8,066
36	Occupancy	36 5,601		1,400	4,201
37	Equipment rental and maintenance	37 2,414		604	1,810
38	Printing and publications	38 1,745		436	1,309
39	Travel	39 2,637		660	1,977
40	Conferences, conventions, and meetings	40 1,663		1,663	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 15,266		15,266	
43	Other expenses not covered above (itemize) <b>a UTILITIES</b>	43a 3,379		845	2,534
	<b>b CAMPAIGN MATERIALS &amp; EXPENSE</b>	43b 19,536			19,536
	<b>c INSURANCE</b>	43c 3,286		3,286	
	<b>d DUES</b>	43d 267		267	
	<b>e OTHER EXPENSE - SCH ATTACHED</b>	43e 6,974		5,309	1,665
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.</i>	44 1,238,779	1,014,937	66,389	157,453

**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 \$ \_\_\_\_\_

<b>Part III Statement of Program Service Accomplishments</b> (See page 24 of the instructions )		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others )
What is the organization's primary exempt purpose? <u>SEE SCHEDULE</u>		
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 )		
a	SEE SCHEDULE ----- ----- ----- (Grants and allocations \$ _____ )	1,014,937
b	----- ----- ----- (Grants and allocations \$ _____ )	
c	----- ----- ----- (Grants and allocations \$ _____ )	
d	----- ----- ----- (Grants and allocations \$ _____ )	
e	Other program services (attach schedule) (Grants and allocations \$ _____ )	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	1,014,937

**Part IV Balance Sheets** (See page 24 of the instructions )

<b>Note</b>		<b>(A)</b>		<b>(B)</b>		
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>		Beginning of year		End of year		
<b>Assets</b>	<b>45</b> Cash — non-interest-bearing		94,753	<b>45</b>	120,128	
	<b>46</b> Savings and temporary cash investments		413,750	<b>46</b>	396,717	
	<b>47a</b> Accounts receivable	<b>47a</b>				
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>			<b>47c</b>	
	<b>48a</b> Pledges receivable	<b>48a</b>	988,033			
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	194,836	663,060	<b>48c</b>	793,197
	<b>49</b> Grants receivable				<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)				<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>				
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>			<b>51c</b>	
	<b>52</b> Inventories for sale or use				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges			1,345	<b>53</b>	1,675
	<b>54</b> Investments — securities (attach schedule) <span style="float: right;">▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV</span>			23,516	<b>54</b>	22,747
	<b>55a</b> Investments — land, buildings, and equipment basis	<b>55a</b>				
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>			<b>55c</b>	
<b>56</b> Investments — other (attach schedule)				<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b>	390,077				
<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b>	130,001	273,368	<b>57c</b>	260,076	
<b>58</b> Other assets (describe ▶ _____ )				<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)			1,469,792	<b>59</b>	1,594,540	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses		1,088,921	<b>60</b>	1,068,421	
	<b>61</b> Grants payable			<b>61</b>		
	<b>62</b> Deferred revenue			<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)				<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)				<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ <u>DESIGNATIONS DUE AGENCIES</u> )			3,435	<b>65</b>	5,103
<b>66 Total liabilities</b> (add lines 60 through 65)			1,092,356	<b>66</b>	1,073,524	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	<b>67</b> Unrestricted		(303,024)	<b>67</b>	(261,251)	
	<b>68</b> Temporarily restricted		680,460	<b>68</b>	782,267	
	<b>69</b> Permanently restricted			<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74					
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			377,436	<b>73</b>	521,016	
<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)			1,469,792	<b>74</b>	1,594,540	

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.

<b>Part IV-A</b> Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions )		<b>Part IV-B</b> Reconciliation of Expenses per Audited Financial Statements with Expenses per Return			
<b>a</b> Total revenue, gains, and other support per audited financial statements ▶	<b>a</b>	1,397,968	<b>a</b> Total expenses and losses per audited financial statements ▶	<b>a</b>	1,254,388
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990			<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990		
<b>(1)</b> Net unrealized gains on investments \$ _____			<b>(1)</b> Donated services and use of facilities \$ _____		
<b>(2)</b> Donated services and use of facilities \$ _____			<b>(2)</b> Prior year adjustments reported on line 20, Form 990 \$ _____		
<b>(3)</b> Recoveries of prior year grants \$ _____			<b>(3)</b> Losses reported on line 20, Form 990 \$ 959		
<b>(4)</b> Other (specify) _____			<b>(4)</b> Other (specify) _____		
_____ \$ _____			_____ \$ _____		
Add amounts on lines <b>(1)</b> through <b>(4)</b> ▶	<b>b</b>		Add amounts on lines <b>(1)</b> through <b>(4)</b> ▶	<b>b</b>	959
<b>c</b> Line <b>a</b> minus line <b>b</b> ▶	<b>c</b>	1,397,968	<b>c</b> Line <b>a</b> minus line <b>b</b> ▶	<b>c</b>	1,253,429
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :			<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :		
<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$ _____			<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$ _____		
<b>(2)</b> Other (specify) _____			<b>(2)</b> Other (specify) _____		
_____ \$ _____			_____ \$ _____		
Add amounts on lines <b>(1)</b> and <b>(2)</b> ▶	<b>d</b>		Add amounts on lines <b>(1)</b> and <b>(2)</b> ▶	<b>d</b>	
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) ▶	<b>e</b>	1,397,968	<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) ▶	<b>e</b>	1,253,429

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 of the instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0- )	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
WILLIAM R BENSON PO BOX 320, CONWAY, SC 29528	PRESIDENT	0	0	0
DEBI RANDQLPH 4615 OLEANDER DR, MYRTLE BEACH, SC 29577	V PRESIDENT	0	0	0
JILL WATTS 305-A GARDNER LACY RD, MYRTLE BEACH, SC 29579	SECRETARY	0	0	0
RICHARD CAUSEY PO BOX 320, CONWAY, SC 29528	TREASURER	0	0	0
OLIVIA GARREN CONWAY, SC 29528	EXEC DIR	40	46,223	1,736
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**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
 If "Yes," attach schedule — see page 26 of the instructions



**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	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	
<b>Note.</b> Enter gross amounts unless otherwise indicated					
<b>93</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					9,816
<b>96</b> Dividends and interest from securities					202
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					18,000
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					10,987
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))					39,005
<b>105 Total</b> (add line 104, columns (B), (D), and (E))					39,005

**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 page 32 of the instructions)

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 & DIVIDENDS EARNED ON MONIES HELD IN RESERVE FOR CAPITAL IMPROVEMENTS AND
96	DISASTER ASSISTANCE - ALL INTEREST & DIVIDENDS EARNED GOES TOWARD PROGRAM PURPOSES
97B	RENTAL OF EXTRA OFFICE SPACE IN BUILDING - ALL RENT EARNED GOES TOWARD UPKEEP OF THE BUILDING
101	AND PROGRAM SERVICES A GOLF TOURNAMENT WAS HELD TO RAISE FUNDS FOR PROGRAM SERVICES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(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 page 33 of the instructions)

(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

11-14-03  
Date

e 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

**2002**

Department of the Treasury  
Internal Revenue Service

► **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	

<b>Part III</b> Statements About Activities (See page 2 of the instructions )	Yes	No
<b>1</b> 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 i of Part VI-B ) 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	1	X
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc ? (See <b>Note</b> below )	3	X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note:</b> 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		

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions )

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

**5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

**6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )

**7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

**8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

**9**  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**  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**  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**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )

**12**  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**  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) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	1,211,613	1,183,208	1,210,305	1,118,342	4,723,468
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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	36,896	39,976	39,583	32,805	149,260
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	1,248,509	1,223,184	1,249,888	1,151,147	4,872,728
<b>24</b> Line 23 minus line 17	1,248,509	1,223,184	1,249,888	1,151,147	4,872,728
<b>25</b> Enter 1% of line 23	12,485	12,232	12,499	11,511	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 97,455
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 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					<b>26b</b> 28,828
c Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 4,872,728
d Add Amounts from column (e) for lines 18 <u>149,260</u> 19 _____					<b>26d</b> 178,088
22 _____ 26b <u>28,828</u>					
e Public support (line 26c minus line 26d total)					<b>26e</b> 4,694,640
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 96 35 %
<b>27 Organizations described on line 12:</b> 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 (2001) _____ (2000) _____ (1999) _____ (1998) _____					
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 (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____					<b>27c</b>
17 _____ 20 _____ 21 _____					
d Add Line 27a total _____ and line 27b total _____					<b>27d</b>
e Public support (line 27c total minus line 27d total)					<b>27e</b>
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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					

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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/>		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> 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/>		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions) N/A  
 (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												
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table —	} <b>41</b>													
<table border="0"> <tr> <td><b>If the amount on line 40 is —</b></td> <td><b>The lobbying nontaxable amount is —</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>				<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>	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
<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>														
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														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>													

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 11 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
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> 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



UNITED WAY OF HORRY COUNTY, INC  
SUPPORTING SCHEDULES  
2002

**OTHER CHANGES IN NET ASSETS - LINE 20**

NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS (959)

**OTHER EXPENSE - PART II LINE 43E**

	COLUMN			
	A	B	C	D
OFFICE EXPENSE	2,108		527	1,581
CREDIT CARD FEES	232		232	
MARKETING	84			84
LICENSES	50		50	
UNCOLLECTIBLE BUILDING FUND PLEDGES	4,500		4,500	
	<u>6,974</u>	<u>-</u>	<u>5,309</u>	<u>1,665</u>

UNITED WAY OF HORRY COUNTY, INC  
 AGENCY ALLOCATIONS  
 2002

EIN 57-0558692

AGENCY	AMOUNT
ALSTON WILKES	-
AMERICAN RED CROSS	\$ 95,985 00
BIG BROTHERS	35,000 00
BOY SCOUTS OF AMERICA	30,000 00
BOYS & GIRLS CLUB-GRAND STRAND	5,000 00
BOYS & GIRLS CLUB-SA	40,200 00
CARETEAM, INC	10,000 00
CITIZENS AGAINST SPOUSE ABUSE	18,000 00
CHILDREN'S RECOVERY CENTER	21,000 00
CHURCHES ASSISTING PEOPLE	17,000 00
COASTAL SAMARITAN CENTER	13,500 00
COASTAL SAMARITAN CENTER SPECIAL ALLOC	2,500 00
COMMUNITY KITCHEN	11,500 00
DISABLED AMERICAN VETERANS	6,073 00
FAMILY OUTREACH SERVICES	26,000 00
FLORENCE CRITTENTON -CHARLESTON	3,500 00
FRIENDSHIP HOUSE	48,900 00
GIRL SCOUTS OF AMERICA	25,000 00
GRAND STRAND COM AGAINST RAPE	12,500 00
GRAND STRAND FAMILY YMCA	30,000 00
HELPING HAND OF MB	51,250 00
HORRY COUNTY DSN	15,000 00
HORRY COUNTY COUNCIL ON AGING	38,000 00
HORRY COUNTY LITERARY COUNCIL	20,000 00
HORRY COUNTY SHELTER HOME	77,000 00
MOBILE MEALS	20,000 00
MYRTLE BEACH HAVEN	18,500 00
NORTH STRAND HELPING HAND	10,000 00
PARENTS ANONYMOUS	27,080 00
PEE DEE SPEECH & HEARING	45,000 00
SALVATION ARMY	40,000 00
SC AUTISM SOCIETY	5,000 00
SEA HAVEN	10,500 00
SOS HEALTH CARE	95,000 00
SOUTH STRAND HELPING HAND	22,000 00
TARA HALL	25,000 00
TREY'S WAY	4,000 00
WACCAMAW YOUTH CENTER	35,000 00
CARING FOR KIDS - SPECIAL PROJECT	7,150 00
FAMILY OUTREACH SERVICES - SPECIAL PROJECT	300 00
REQUIREMENTS NOT MET	
FEDERATION FOR THE BLIND	(1,000 00)
STREET REACH	(1,501 00)
	(1,501 00)
TOTAL	\$ 1,014,937 00

Date Acq	Description	Meth/Life	Cost	Sec 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
<b>ASSET A/C# 208 - LAND</b>								
06/07/95	MQ LAND	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
<b>ASSET A/C# 210 - BUILDINGS</b>								
12/18/95	OFFICE BUILDING	MSL/39 50	280 817 32	0 00	280,817 32	42 952 02	7 109 30	50 061 32
12/18/95	MQ IRRIGATION LANDSCAPING	MSL/10 00	12,857 12	0 00	12 857 12	7,874 97	1,285 71	9 160 68
Grand totals 210 - BUILDINGS (2 assets)			293 674 44	0 00	293 674 44	50 826 99	8 395 01	59 222 00
<b>ASSET A/C# 211 - FURNITURE AND FIXTURES</b>								
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	MQ UPHOLSTERY	M*200/ 7 00	2,223 21	0 00	2 223 21	2,053 37	169 84	2 223 21
12/18/95	MQ BLINDS	M*200/ 7 00	688 95	0 00	688 95	636 31	52 64	688 95
12/18/95	MQ SHELVES	M*200/ 7 00	209 79	0 00	209 79	193 76	16 03	209 79
12/18/95	MQ DESK AND BOOKCASE	M*200/ 7 00	939 75	0 00	939 75	867 96	71 79	939 75
12/18/95	MQ TWO LAMPS	M*200/ 7 00	270 90	0 00	270 90	250 20	20 70	270 90
12/18/95	MQ 15 CONFERENCE CHAIRS	M*200/ 7 00	4 960 00	0 00	4,960 00	4,581 08	378 92	4 960 00
12/18/95	MQ WALL CABINET	M*200/ 7 00	3 500 00	0 00	3,500 00	3 232 62	267 38	3 500 00
12/18/95	MQ FURNITURE	M*200/ 7 00	1,637 00	0 00	1,637 00	1,511 94	125 06	1 637 00
12/18/95	MQ PLAQUES	M*200/ 7 00	1,010 00	0 00	1,010 00	932 84	77 16	1,010 00
12/18/95	MQ 5 SIDE CHAIRS	M*200/ 7 00	1 000 00	0 00	1 000 00	923 61	76 39	1 000 00
12/18/95	MQ ROUND TABLE AND 5 CHAIRS	M*200/ 7 00	1 300 00	0 00	1 300 00	1,200 69	99 31	1,300 00
12/18/95	MQ SMALL CONFERENCE TABLE AND 2 FILE C	M*200/ 7 00	300 00	0 00	300 00	277 08	22 92	300 00
12/18/95	MQ CRYDENZA	M*200/ 7 00	400 00	0 00	400 00	369 44	30 56	400 00
01/08/96	CONFERENCE TABLES	M*200/ 7 00	833 89	0 00	833 89	726 24	71 77	798 01
06/12/01	COPIER	MSL/ 5 00	2,794 26	0 00	2 794 26	279 43	558 85	838 28
08/07/01	DIGITAL CAMERA	MSL/ 5 00	720 91	0 00	720 91	72 09	144 18	216 27
08/07/01	LAPTOP COMPUTER	MSL/ 5 00	1 149 99	0 00	1,149 99	115 00	230 00	345 00
08/07/01	TV/VCR	MSL/ 5 00	249 99	0 00	249 99	25 00	50 00	75 00
08/08/01	POSTAGE METER	MSL/ 7 00	4 567 50	0 00	4,567 50	326 25	652 50	978 75
09/07/01	FOLDING MACHINE	MSL/ 7 00	556 61	0 00	556 61	39 76	79 52	119 28
Grand totals 211 - FURNITURE AND FIXTURES (30 assets)			32,546 47	0 00	32 546 47	21 848 39	3 195 52	25 043 91
<b>ASSET A/C# 212 - MACHINES AND EQUIPMENT</b>								
08/31/92 D	FAX MACHINE	M*200/ 7 00	891 45	0 00	891 45	891 45	0 00	891 45
08/31/92 D	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	MQ TELEPHONE SYSTEM	M*200/ 7 00	2 112 00	0 00	2,112 00	2,043 02	68 98	2,112 00
12/18/95	MQ REFRIGERATOR	M*200/ 7 00	200 00	0 00	200 00	184 72	15 28	200 00
11/14/96	COMPUTER PRINTER	M*200/ 5 00	530 00	0 00	530 00	530 00	0 00	530 00
07/10/02 A	2 1/2 TON AIR CONDITIONER	MA200/ 7 00	1 975 00	0 00	1,975 00	0 00	790 00	790 00
Grand totals 212 - MACHINES AND EQUIPMENT (8 assets)			22 473 34	0 00	22 473 34	20 414 08	874 26	21 288 34
Less 2 Disposed assets (Current Depreciation \$0 00 )			966 11	0 00	966 11	966 11		966 11
Net totals 212 - MACHINES AND EQUIPMENT (8 assets)			21,507 23	0 00	21,507 23	19 447 97	874 26	20,322 23
<b>ASSET A/C# 213 - SIGN</b>								

Date Acq	Description	Meth/Life	Cost	Sec 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
<b>ASSET A/C# 213 - SIGN</b>								
12/18/95	MQSIGN	M*200/ 7 00	5 000 00	0 00	5,000 00	4,618 02	381 98	5,000 00
Grand totals 213 - SIGN (1 assets)			5,000 00	0 00	5,000 00	4 618 02	381 98	5 000 00
<b>ASSET A/C# 214 - COMPUTERS</b>								
04/05/99	COMPUTERS	MA200/ 5 00	16 164 93	0 00	16,164 93	11 509 43	1,862 20	13 371 63
04/26/99	IMS-SOFTWARE	M*200/ 3 00	6,500 00	0 00	6 500 00	6 018 52	481 48	6 500 00
05/25/99	COMPUTER UPGRADE	MA200/ 5 00	654 50	0 00	654 50	466 00	75 40	541 40
Grand totals 214 - COMPUTERS (3 assets)			23 319 43	0 00	23 319 43	17 993 95	2 419 08	20 413 03
Grand totals for all accounts (45 assets)			391,043 68	0 00	391 043 68	115,701 43	15 265 85	130 967 28
Less 2 Disposed assets (Current Depreciation \$0 00 )			966 11	0 00	966 11	966 11		966 11
Net totals for all accounts (43 assets)			390,077 57	0 00	390 077 57	114,735 32	15 265 85	130 001 17

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	391 043 68	0 00	391 043 68	115,701 43	15 265 85	130,967 28	260 076 40
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	966 11	0 00	966 11	966 11	0 00	966 11	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	390 077 57	0 00	390,077 57	114 735 32	15,265 85	130,001 17	260,076 40

**UNITED WAY OF HORRY COUNTY, INC.  
SUPPORTING SCHEDULE  
DECEMBER 31, 2002**

SCH A FORM 990 PART III

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

- 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  File by the extended due date for filing the return See instructions	Name of Exempt Organization <u>United Way of Horry County Inc</u>	Employer identification number <u>57-0558692</u>
	Number, street and room or suite no. If a P O box, see instructions <u>PO Box 673</u>	For IRS use only
	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)

- 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, 2003

5 For calendar year 2002, 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 ▶ Dennis P. Farrell Title ▶ CPA Date ▶ 8-11-03

**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 \_\_\_\_\_

AUG 27 2003  
 LINEAWELL/OP- FIELD DIRECTOR  
 -MISSION PROCESSING/OCDEI

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**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

Type or print	Name <u>McDONALD AND ASSOCIATES, P.A., CPA'S</u>
	Number and street (include suite, room, or apt. no) Or a P O box number <u>PO Box 785</u>
	City or town, province or state, and country (including postal or ZIP code) <u>North Myrtle Beach, SC 29597</u>

McDONALD AND ASSOCIATES, P.A., CPAs  
 1000 N. MYRTLE BEACH BLVD., SUITE 100  
 NORTH MYRTLE BEACH, SC 29597  
 P # 87-666730

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

OMB No 1545-1709

▶ 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

**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.

<b>Type or print</b>	Name of Exempt Organization <b>UNITED WAY OF HORRY COUNTY INC</b>	Employer identification number <b>57 0558692</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>PO BOX 673</b>	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions <b>CONWAY, SC 29526</b>	

**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 AUGUST 15, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2002 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 ▶ Diana P Fanel Title ▶ CPA Date ▶ 5-12-03

For Paperwork Reduction Act Notice, see Instruction

Cat No 27916D

Form **8868** (12-2000)

**McDONALD AND ASSOCIATES, P.A., CPAs**  
 NORTH MYRTLE BEACH, SOUTH CAROLINA 29582  
 ID # 57-0857841