

# EXTENSIONS

Form **990**

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2003

**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.

<b>A</b> For the 2003 calendar year, or tax year beginning		, 2003, and ending	, 20	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	<b>C</b> Name of organization <b>UNITED WAY OF HORRY COUNTY, INC.</b>		<b>D</b> Employer identification number 57-0558692
		Number and street (or P O box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number
		PO BOX 673		843-347-5195
		City or town, state or country, and ZIP + 4		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		City or town, state or country, and ZIP + 4 <b>CONWAY SC 29526</b>		
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		<b>H and I are not applicable to section 527 organizations</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> If "Yes," enter number of affiliates ▶ N/A <b>H(c)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) <b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>G</b> Website: ▶				<b>I</b> Group Exemption Number ▶
<b>J</b> Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) ( 3 ) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>M</b> Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)
<b>K</b> Check here <input type="checkbox"/> 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.				
<b>L</b> Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶		1,260,494		

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)**

REV 01 2004

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	1,234,802	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>		1,234,802
	<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>		7,692
	<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>Revenue</b>	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		<b>8a</b>		
		<b>8b</b>		
		<b>8c</b>		
<b>d</b> Net gain or (loss) (combine lines 8a, 8b, and 8c)	<b>8d</b>			
<b>Revenue</b>	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including contributions reported on line 1a) of _____	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>Revenue</b>	<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> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		1,260,494
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		984,489
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		77,917
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		162,286
	<b>16</b> Payments to affiliates (attach schedule) UW OF AMERICA 9836	<b>16</b>		12,560
	<b>17</b> Total expenses (add lines 16 and 44, column (A)) UW OF SC 4814	<b>17</b>		1,237,191
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		23,303
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		521,016
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		1,333
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		545,652

For Paperwork Reduction Act Notice, see the separate instructions.

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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 page 22 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>984,489</u> noncash \$ _____)	22 984,489	984,489		
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 46,598		11,650	34,949
26	Other salaries and wages . . . . .	26 79,889		19,972	59,917
27	Pension plan contributions . . . . .	27 4,942		1,236	3,706
28	Other employee benefits . . . . .	28 6,268		1,567	4,701
29	Payroll taxes . . . . .	29 10,973		2,743	8,230
30	Professional fundraising fees . . . . .	30			
31	Accounting fees . . . . .	31 3,600		3,600	
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33 2,903		726	2,177
34	Telephone . . . . .	34 2,687		672	2,015
35	Postage and shipping . . . . .	35 9,606		2,401	7,204
36	Occupancy . . . . .	36 4,396		1,099	3,297
37	Equipment rental and maintenance . . . . .	37 2,947		797	2,111
38	Printing and publications . . . . .	38			
39	Travel . . . . .	39 2,432		608	1,824
40	Conferences, conventions, and meetings . . . . .	40 7,383		1,846	5,537
41	Interest . . . . .	41			
42	Depreciation, depletion, etc. (attach schedule)	42 15,658		15,658	
43	Other expenses not covered above (itemize) a UTILITIES	43a 3,368		842	2,526
	b CAMPAIGN MATERIAL & EXPENSES	43b 20,074			20,074
	c INSURANCE	43c 3,803		951	2,852
	d DUES	43d 665		166	499
	e OTHER EXPENSES-SCH ATTACHED	43e 11,950		11,383	567
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 1,224,631	984,489	77,917	162,286

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 page 25 of the instructions.)

What is the organization's primary exempt purpose? <input type="checkbox"/> _____ 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.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a SEE ATTACHED _____ _____ _____ (Grants and allocations \$ _____)	984,489
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) . . . . .	984,489

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> 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	
<b>Assets</b>	<b>45</b> Cash — non-interest-bearing .....	120,128	<b>45</b>	72,372	
	<b>46</b> Savings and temporary cash investments .....	396,717	<b>46</b>	428,371	
	<b>47a</b> Accounts receivable .....	<b>47a</b>		<b>47c</b>	
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b>		<b>47c</b>	
	<b>48a</b> Pledges receivable .....	1,021,554			
	<b>b</b> Less: allowance for doubtful accounts .....	198,533	793,197	<b>48c</b>	823,021
	<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>51c</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 .....	1,675	<b>53</b>		2,655
	<b>54</b> Investments — securities (attach schedule) ... ▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	22,747	<b>54</b>		24,181
	<b>55a</b> Investments — land, buildings, and equipment: basis .....	374,410			
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	112,804	260,076	<b>55c</b>	261,606
<b>56</b> Investments — other (attach schedule) .....			<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis .....	<b>57a</b>		<b>57c</b>		
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57b</b>		<b>57c</b>		
<b>58</b> Other assets (describe ▶ _____)			<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....	1,594,540	<b>59</b>		1,612,206	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses .....	1,068,421	<b>60</b>	1,029,144	
	<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> )	5,103	<b>65</b>		37,410
<b>66 Total liabilities</b> (add lines 60 through 65) .....	1,073,524	<b>66</b>		1,066,554	
<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 .....	(261,251)	<b>67</b>	(235,511)	
	<b>68</b> Temporarily restricted .....	782,267	<b>68</b>	781,163	
	<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) . . .	521,016	<b>73</b>		545,652	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,594,540	<b>74</b>		1,612,206	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

**Part IV-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>	1,261,827
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
	(1) Net unrealized gains on investments . . . \$ 1,333		
	(2) Donated services and use of facilities \$		
	(3) Recoveries of prior year grants . . . \$		
	(4) Other (specify):		
	..... \$		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	1,333
<b>c</b>	Line a minus line b . . . . . ▶	<b>c</b>	1,260,494
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 . . . \$		
	(2) Other (specify):		
	..... \$		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	<b>e</b>	1,260,494

<b>a</b>	Total expenses and losses per audited financial statements . . . ▶	<b>a</b>	1,237,191
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities \$		
	(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$		
	(3) Losses reported on line 20, Form 990 . . . \$		
	(4) Other (specify):		
	..... \$		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	
<b>c</b>	Line a minus line b . . . . . ▶	<b>c</b>	1,237,191
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 . . . \$		
	(2) Other (specify):		
	..... \$		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	<b>e</b>	1,237,191

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 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
DEBI RANDOLPH 4615 OLEANDER DR MYRTLE BEACH SC	PRESIDENT 0	0	0	0
JAY HOOD PO BOX 2095, MYRTLE BEACH SC, 29577	V PRESIDENT 0	0	0	0
JILL WATTS 305A GARDNER LACY RD, MYRTLE BEACH, SC 29579	SECRETARY 0	0	0	0
RICHARD CAUSEY PO BOX 320 CONEAY, SC 29528	TREASURER 0	0	0	0
OLIVIA GARREN CONWAY, SC 29528	EXEC DIR 40	46,598	1,864	0
.....				
.....				
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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 28 of the instructions.

Part VI Other Information (See page 28 of the instructions)

Form with rows 76-92 containing questions about organizational activities, expenditures, and tax status. Includes fields for 'Yes' and 'No' and various input boxes for amounts and descriptions.

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated

	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>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					7,374
<b>96</b> Dividends and interest from securities . . . . .					318
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property inventory . . . . .					
<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 . . . . .					
<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)) . . . . .					25,692
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					25,692

**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 34 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 EARNINGS GOES TOWARD PROGRAM PURPOSES
97B	RENTAL OF EXTRA OFFICE SPACE IN BUILDING-ALL RENT EARNED GOES TOWARD UPKEEP OF THE BUILDING

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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 34 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.

Prepared by: [Redacted]

Date: 11-12-04 ✓

Prepared by: [Redacted] Director

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information — (See separate instructions.)**

OMB No 1545-0047

**2003**

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	

**Part III** 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)		X
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		
<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?	<b>2a</b>	X
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	X
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	X
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	X
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	<b>3a</b>	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	X
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4</b>	X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 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 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28) . . . . .	1,234,157	1,211,613	1,183,208	1,210,305	4,839,283
<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 . . . . .	39,005	36,896	39,976	39,583	155,460
<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 . . . . .	1,273,162	1,248,509	1,223,184	1,249,888	4,994,743
<b>24</b> Line 23 minus line 17 . . . . .	1,273,162	1,248,509	1,223,184	1,249,888	4,994,743
<b>25</b> Enter 1% of line 23 . . . . .	12,732	12,485	12,232	12,499	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24 . . . . . ▶					<b>26a</b> 99,895
<b>b</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 1999 through 2002 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ▶					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . . ▶					<b>26c</b> 4,994,743
<b>d</b> Add Amounts from column (e) for lines: 18 <u>155,460</u> 19 _____ 22 _____ 26b _____ ▶					<b>26d</b> 155,460
<b>e</b> Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b> 4,839,283
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					<b>26f</b> 96.89 %
<b>27 Organizations described on line 12:</b> <b>a</b> 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." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year. (2002) _____ (2001) _____ (2000) _____ (1999) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), 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.) <b>Do not file this list with your return.</b> 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. (2002) _____ (2001) _____ (2000) _____ (1999) _____					
<b>c</b> Add Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶					<b>27c</b>
<b>d</b> Add Line 27a total _____ and line 27b total _____ . . . . . ▶					<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . . . . ▶					<b>27f</b>
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27g</b> %
<b>h</b> 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 1999 through 2002, 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. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

**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)**

N/A

	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 ) ..... ..... .....		
<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 ) ..... .....		
<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 ) ..... .....		
<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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
<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>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	<b>41</b>	
	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) 2003	(b) 2002	(c) 2001	(d) 2000	(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 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
<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  
2003

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

NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS 1,333

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

	COLUMN			
	A	B	C	D
BANK CHARGES	557		418	139
CREDIT CARD FEES	232		232	
MARKETING	428			428
LICENSES				
UNCOLLECTIBLE BUILDING FUND PLEDGES	10,733		10,733	
	11,950	-	11,383	567

**UNITED WAY OF HORRY COUNTY, INC.  
SUPPORTING SCHEDULE  
DECEMBER 31, 2003**

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.

UNITED WAY OF HORRY COUNTY, INC  
 AGENCY ALLOCATIONS EIN: 57-0558692  
 2003

<u>AGENCY</u>	<u>DUE TO AGENCY</u>
AMERICAN RED CROSS	92,253
BIG BROTHERS	34,380
BOY SCOUTS OF AMERICA	24,943
BOYS & GIRLS CLUB-GRAND STRAND	6,535
BOYS & GIRLS CLUB-SA	39,501
CARETEAM, INC	9,376
CITIZENS AGAINST SPOUSE ABUSE	19,050
CHILDREN'S RECOVERY CENTER	19,692
CHURCHES ASSISTING PEOPLE	19,570
COASTAL SAMARITAN CENTER	12,320
COMMUNITY KITCHEN	10,370
DISABLED AMERICAN VETERANS	5,559
FAMILY OUTREACH SERVICES	25,916
FLORENCE CRITTENTON -CHARLESTC	4,948
FRIENDSHIP MEDICAL CLINIC	47,555
GIRL SCOUTS OF AMERICA	24,126
GRAND STRAND COM AGAINST RAPE	12,133
GRAND STRAND FAMILY YMCA	28,974
HELPING HAND OF MB	51,482
HORRY COUNTY DSN	37,006
HORRY COUNTY COUNCIL ON AGING	19,595
HORRY COUNTY LITERARY COUNCIL	29,949
HORRY COUNTY SHELTER HOME	73,497
MOBILE MEALS	19,515
MYRTLE BEACH HAVEN	17,882
NORTH STRAND HELPING HAND	9,717
PEE DEE SPEECH & HEARING	44,663
SALVATION ARMY	38,413
SC AUTISM SOCIETY	4,824
SOS HEALTH CARE	92,150
SOUTH STRAND HELPING HAND	22,935
TARA HALL	23,289
WACCAMAW YOUTH CENTER	34,816
<b>NEW AGENCIES</b>	-
SHORELINE BEHAVIORIAL	5,000
LATINOAMERICANOS	4,532
	-
TOTAL	<u>966,467</u>
SPECIAL PROJECTS	1,763
DESIGNATIONS	37,410
UNFUNDED	<u>(21,152)</u>
	<u><u>984,489</u></u>

**Asset Depreciation Short Report - Sorted by - ASSET A/C#**

Company UNITED WAY OF HORRY COUNTY, INC - AUDIT

Method 1 - FEDERAL Std Conv Applied

Range 208 - LAND - 214 - COMPUTERS

Year End: 12/31/03

File: F:\AKDATA2002UWAUDIT

Include: All assets

Page: 1

Date: 11/10/04

Time 07:45:40

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	MLAND	LAND/10 00	14,030 00	0 00	14,030 00	0 00	0 00	0 00
<b>Grand totals: 208 - LAND (1 assets)</b>			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	50,061 32	7,109 30	57,170 62
12/18/95	MQIRRIGATION LANDSCAPING	MSL/10 00	12,857 12	0 00	12,857 12	9,160 68	1,285 71	10,446 39
<b>Grand totals: 210 - BUILDINGS (2 assets)</b>			293,674 44	0 00	293,674 44	59,222 00	8,395 01	67,617 01
<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	MQUPHOLSTERY	M*200/ 7 00	2,223 21	0 00	2,223 21	2,223 21	0 00	2,223 21
12/18/95	MQBLINDS	M*200/ 7 00	688 95	0 00	688 95	688 95	0 00	688 95
12/18/95	MQSHELVES	M*200/ 7 00	209 79	0 00	209 79	209 79	0 00	209 79
12/18/95	MQDESK AND BOOKCASE	M*200/ 7 00	939 75	0 00	939 75	939 75	0 00	939 75
12/18/95	MQTWO LAMPS	M*200/ 7 00	270 90	0 00	270 90	270 90	0 00	270 90
12/18/95	MQ15 CONFERENCE CHAIRS	M*200/ 7 00	4,960 00	0 00	4,960 00	4,960 00	0 00	4,960 00
12/18/95	MQWALL CABINET	M*200/ 7 00	3,500 00	0 00	3,500 00	3,500 00	0 00	3,500 00
12/18/95	MQFURNITURE	M*200/ 7.00	1,637 00	0 00	1,637 00	1,637 00	0 00	1,637 00
12/18/95	MQPLAQUES	M*200/ 7 00	1,010 00	0 00	1,010 00	1,010 00	0 00	1,010 00
12/18/95	MQ5 SIDE CHAIRS	M*200/ 7 00	1,000 00	0 00	1,000 00	1,000 00	0 00	1,000 00
12/18/95	MQROUND TABLE AND 5 CHAIRS	M*200/ 7 00	1,300 00	0 00	1,300 00	1,300 00	0 00	1,300 00
12/18/95	MQSMALL CONFERENCE TABLE AND 2 FILE CM	M*200/ 7 00	300 00	0 00	300 00	300 00	0 00	300 00
12/18/95	MQCRYDENZA	M*200/ 7 00	400 00	0 00	400 00	400 00	0 00	400 00
01/08/96	CONFERENCE TABLES	M*200/ 7 00	833 89	0 00	833 89	798 01	35 88	833 89
06/12/01	COPIER	MSL/ 5 00	2,794 26	0 00	2,794 26	838 28	558 85	1,397 13
08/07/01	DIGITAL CAMERA	MSL/ 5 00	720 91	0 00	720 91	216 27	144 18	360 45
08/07/01	LAPTOP COMPUTER	MSL/ 5 00	1,149 99	0 00	1,149 99	345 00	230 00	575 00
08/07/01	TV/VCR	MSL/ 5 00	249 99	0 00	249 99	75 00	50 00	125 00
08/08/01	POSTAGE METER	MSL/ 7 00	4,567 50	0 00	4,567 50	978 75	652 50	1,631 25
09/07/01	FOLDING MACHINE	MSL/ 7 00	556 61	0 00	556 61	119 28	79 52	198 80
<b>Grand totals: 211 - FURNITURE AND FIXTURES (30 assets)</b>			32,546 47	0 00	32,546 47	25,043 91	1,750 93	26,794 84
<b>ASSET A/C#: 212 - MACHINES AND EQUIPMENT</b>								
07/31/93 D	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 D	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	2,112 00	0 00	2,112 00
12/18/95	MQREFRIGERATOR	M*200/ 7 00	200 00	0 00	200 00	200 00	0 00	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	2 1/2 TON AIR CONDITIONER	MA200/ 7 00	1,975 00	0 00	1,975 00	790 00	338 57	1,128 57
<b>Grand totals: 212 - MACHINES AND EQUIPMENT (6 assets)</b>			21,507 23	0 00	21,507 23	20,322 23	338 57	20,660 80
<b>Less: 2 Disposed assets (Current Depreciation: \$0.00)</b>			16,690 23	0 00	16,690 23	16,690 23		16,690 23
<b>Net totals: 212 - MACHINES AND EQUIPMENT (4 assets)</b>			4,817 00	0 00	4,817 00	3,632 00	338 57	3,970 57
<b>ASSET A/C#: 213 - SIGN</b>								
12/18/95	MQSIGN	M*200/ 7 00	5,000 00	0 00	5,000 00	5,000 00	0 00	5,000 00
<b>Grand totals: 213 - SIGN (1 assets)</b>			5,000 00	0 00	5,000 00	5,000 00	0 00	5,000 00

**Asset Depreciation Short Report - Sorted by ASSET A/C#**

Company UNITED WAY OF HORRY COUNTY, INC. - AUDIT

Year End: 12/31/03

Method: 1 - FEDERAL

Page: 2

Date: 11/10/04

Date Acq	Description	Meth/Life	Cost	Sec. 179	Depr Basis	Includes Section 179		
						Beq A/Depr	Curr Depr	End A/Depr
<b>ASSET A/C#: 214 - COMPUTERS</b>								
04/05/99 D	COMPUTERS	M*200/ 5 00	16,164 93	0 00	16,164 93	13,371 63	2,793 30	16,164 93
04/26/99	IMS-SOFTWARE	M*200/ 3 00	6,500 00	0 00	6,500 00	6,500 00	0 00	6,500 00
05/25/99	COMPUTER UPGRADE	M*200/ 5 00	654 50	0 00	654 50	541 40	75 40	616 80
04/09/03 A	KTS SOFTWRE	MSL/ 3 00	2,000 00	0 00	2,000 00	0 00	333 33	333 33
06/03/03 A	COMPUTER EQUIPMENT	MSL/ 5 00	7,782 55	0 00	7,782 55	0 00	778 26	778 26
06/23/03 A	COMPUTER EQUIPMENT	MSL/ 5 00	608 95	0 00	608 95	0 00	60 90	60 90
11/13/03 A	BEST SOFTWARE	MSL/ 3 00	6,796 68	0 00	6,796 68	0 00	1,132 78	1,132 78
<b>Grand totals: 214 - COMPUTERS (7 assets)</b>			40,507 61	0 00	40,507 61	20,413 03	5,173 97	25,587 00
<b>Less: 1 Disposed assets (Current Depreciation: \$2793.30)</b>			16,164 93	0 00	16,164 93	13,371 63		16,164 93
<b>Net totals: 214 - COMPUTERS (6 assets)</b>			24,342 68	0 00	24,342 68	7,041 40	5,173 97	9,422 07
<b>Grand totals for all accounts: (47 assets)</b>			407,265 75	0 00	407,265 75	130,001 17	15,658 48	145,659 55
<b>Less: 3 Disposed assets (Current Depreciation: \$2793.30)</b>			32,855 16	0 00	32,855 16	30,061 86		32,855 16
<b>Net totals for all accounts: (44 assets)</b>			374,410 59	0 00	374,410 59	99,939 31	15,658 48	112,804 49

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	Prior Year Section 179	Depreciable Basis	Beginning Accum. Depr.	Current Depreciation	Ending Accum. Depr.	Net Book Value
<b>Grand Totals for all assets</b>	407,265 75	0 00	0 00	407,265 75	130,001 17	15,658 48	145,659 65	261,606 10
<b>Less: Inactive Assets</b>	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
<b>Disposed Assets</b>	32,855 16	0 00	0 00	32,855 16	30,061 86	2,793 30	32,855 16	0 00
<b>Traded Assets</b>	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
<b>Net Totals (Active Assets)</b>	374,410 59	0 00	0 00	374,410 59	99,939 31	12,865 18	112,804 49	261,606 10
<b>Total Additional First Year Depreciation Taken at 30% Rate:</b>				0 00				
<b>Total Additional First Year Depreciation Taken at 50% Rate:</b>				0 00				
<b>Total Additional First Year Depreciation Taken at Both Rates:</b>				0 00				

- 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)

<b>Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.</b>		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization UNITED WAY OF HORRY COUNTY, INC.	Employer identification number 57-0558692
	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 673	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions CONWAY SC 29526	

**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, 2004

5 For calendar year 2003, 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 \$ 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 Farrell Title CPA Date 8/11/04

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

**EXTENSION APPROVED**  
**AUG 13 2004**  
FIELD DIRECTOR,  
SUBMISSION PROCESSING, OGDEN

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 MCDONALD AND ASSOCIATES, P.A., CPA'S
	Number and street (include suite, room, or apt. no.) Or a P.O. box number PO BOX 785
	City or town, province or state, and country (including postal or ZIP code) NORTH MYRTLE BEACH, SC 29597