EXTENSION

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning , 2004, 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.

C Name of organization: UNITED WAY OF HORRY COUNTY, INC.

Number and street (or P.O. box if mail is not delivered to street address): P. O. BOX 673 — Room/suite:

City or town, state or country, and ZIP + 4: CONWAY, SC 29528-0673

D Employer identification number: 57-0558692

E Telephone number: 843-347-5195

F Accounting method: ☐ Cash ☒ Accrual ☐ 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 Group Exemption Number ▶

G Website: ▶

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.

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,190,506

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

Revenue

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	1,166,189		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	**Total** (add lines 1a through 1c) (cash $ ____ noncash $ ____)			1d	1,166,189
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	5,946
5	Dividends and interest from securities			5	371
6a	Gross rents	6a	18,000		
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	18,000
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory		8a	
b	Less: cost or other basis and sales expenses		8b	
c	Gain or (loss) (attach schedule)		8c	

d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
a	Gross revenue (not including $ ____ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1,190,506

Expenses

13	Program services (from line 44, column (B))	13	1,035,072
14	Management and general (from line 44, column (C))	14	73,716
15	Fundraising (from line 44, column (D))	15	165,484
16	Payments to affiliates (attach schedule) UW OF AMERICA 10,144 UW OF SC 4,805	16	14,949
17	**Total expenses** (add lines 16 and 44, column (A))	17	1,289,221

Net Assets

18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	(98,715)
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	545,652
20	Other changes in net assets or fund balances (attach explanation)	20	654
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	447,591

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Form **990** (2004)

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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 $ 1,035,072 noncash $)	22	1,035,072	1,035,072		
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	49,754		12,439	37,315
26 Other salaries and wages	26	81,675		20,419	61,256
27 Pension plan contributions	27	4,272		1,068	3,204
28 Other employee benefits	28	3,904		976	2,928
29 Payroll taxes	29	11,979		2,995	8,984
30 Professional fundraising fees	30				
31 Accounting fees	31	6,171		6,171	
32 Legal fees	32				
33 Supplies	33	4,682		1,171	3,511
34 Telephone	34	3,258		815	2,443
35 Postage and shipping	35	7,180		1,795	5,385
36 Occupancy	36	4,365		1,091	3,274
37 Equipment rental and maintenance	37	6,780		1,695	5,085
38 Printing and publications	38	1,443		361	1,082
39 Travel	39	3,150		788	2,362
40 Conferences, conventions, and meetings	40	402		101	301
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	15,340		15,340	
43 Other expenses not covered above (itemize): a UTILITIES	43a	3,881		970	2,911
b CAMPAIGN MATERIALS & EXPENSES	43b	18,629			18,629
c INSURANCE	43c	4,844		1,211	3,633
d DUES & SUBSCRIPTIONS	43d	1,477		369	1,108
e OTHER EXPENSES-SEE ATTACHED SCHEDULE	43e	6,014		3,941	2,073
44 Total functional expenses (add lines 22 through 43). *Organizations completing columns (B)-(D), carry these totals to lines 13—15*	44	1,274,272	1,035,072	73,716	165,484

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? ▶ 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 SCHEDULE (Grants and allocations $)	1,035,072
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	1,035,072

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

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets 45 Cash—non-interest-bearing			72,372	45	166,605
46 Savings and temporary cash investments			428,371	46	349,615
47a Accounts receivable	47a	11,559			
b Less: allowance for doubtful accounts	47b			47c	11,559
48a Pledges receivable	48a	875,384			
b Less: allowance for doubtful accounts	48b	183,250	823,021	48c	692,134
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a Other notes and loans receivable (attach schedule)	51a				
b Less allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			2,655	53	2,743
54 Investments—securities (attach schedule) ▶ ☐ Cost ☒ FMV			24,181	54	26,576
55a Investments—land, buildings, and equipment: basis	55a	377,904			
b Less. accumulated depreciation (attach schedule)	55b	127,615	261,606	55c	250,289
56 Investments—other (attach schedule)				56	
57a Land, buildings, and equipment: basis	57a				
b Less. accumulated depreciation (attach schedule)	57b			57c	0
58 Other assets (describe ▶)				58	
59 **Total assets** (add lines 45 through 58) (must equal line 74)			1,612,206	59	1,499,521
Liabilities 60 Accounts payable and accrued expenses			1,029,144	60	1,023,016
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)				64b	
65 Other liabilities (describe ▶ DESIGNATIONS DUE AGENCIES)			37,410	65	28,914
66 **Total liabilities** (add lines 60 through 65)			1,066,554	66	1,051,930
Net Assets or Fund Balances **Organizations that follow SFAS 117, check here** ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			(235,511)	67	(205,271)
68 Temporarily restricted			781,163	68	652,862
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)			545,652	73	447,591
74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			1,612,206	74	1,499,521

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.)

a	Total revenue, gains, and other support per audited financial statements . . ▶	a	1,192,763
b	Amounts included on line a but not on line 12, Form 990:		
	(1) Net unrealized gains on investments . . . $ 2,257		
	(2) Donated services and use of facilities $		
	(3) Recoveries of prior year grants . . . . . $		
	(4) Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	2,257
c	Line a minus line b . . . . ▶	c	1,190,506
d	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) ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . ▶	e	1,190,506

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . . ▶	a	1,290,824
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): PENALTIES $ 1,603		
	Add amounts on lines (1) through (4) ▶	b	1,603
c	Line a minus line b . . . . ▶	c	1,289,221
d	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) ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . ▶	e	1,289,221

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
JAY HOOD P.O. BOX 2095 MYRTLE BEACH, SC 29578	PRESIDENT	0	0	0	0
JILL WATTS 305A GARDNER LACY RD MYRTLE BEACH, SC 29579	V-PRESIDENT	0	0	0	0
BILL BENSON P.O. BOX 320 CONWAY,SC 29528	SECRETARY	0	0	0	0
RICHARD CAUSEY P.O. BOX 320 CONWAY, SC 29528	TREASURER	0	0	0	0
OLIVIA GARREN CONWAY, SC 29528	EXEC DIR	40	49,754	1,942	0

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.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ________ and check whether it is ☐ exempt or ☐ nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a NONE			
b	Did the organization file **Form 1120-POL** for this year?	81b	N/A	
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b NOT DETERMINED			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members. 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	*501(c)(12) orgs.* Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	*501(c)(3) organizations* Enter. Amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A			
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X

c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A

d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A

90a List the states with which a copy of this return is filed ▶ SOUTH CAROLINA

b Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b 4

91 The books are in care of ▶ EXECUTIVE SECRETARY Telephone no ▶ 843-347-5195

Located at ▶ 761 CENTURY CIRCLE CONWAY, SC ZIP + 4 ▶ 29528

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**— Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

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	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					5,946
96 Dividends and interest from securities					371
97 Net rental income or (loss) from real estate:					
a debt-financed property					18,000
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					24,317

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 24,317

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	DISATER ASSISTANCE-ALL INTEREST & DIVIDENDS EARNINGS GOES TOWARD PROGRAM PURPOSES
97B	RENTAL OF EXTRA OFFICE SPACE IN BUILDING-ALL RENT EARNED GOES TOWARD UPKEEP OF 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.

Please

[redacted]

11-15-05

Date

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

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

OMB No 1545-0047

2004

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	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

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Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ____________ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1		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.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	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.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		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 33⅓%** 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 33⅓%** 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) . . .	1,190,548	1,234,157	1,211,613	1,183,208	4,819,526
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	25,692	39,005	36,896	39,976	141,569
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,216,240	1,273,162	1,248,509	1,223,184	4,961,095
24 Line 23 minus line 17	1,216,240	1,273,162	1,248,509	1,223,184	4,961,095
25 Enter 1% of line 23	12,162	12,732	12,485	12,232	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 . . . ▶ 26a 99,222

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 2000 through 2003 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . ▶ 26c 4,961,095

d Add. Amounts from column (e) for lines: 18 141,569 19 ______ 22 ______ 26b ______ . . ▶ 26d 141,569

e Public support (line 26c minus line 26d total) . . . . ▶ 26e 4,819,526

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** . . . . ▶ 26f 97.15 %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year

(2003) ______ (2002) ______ (2001) ______ (2000) ______

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.) **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

(2003) ______ (2002) ______ (2001) ______ (2000) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) . . ▶ 27e

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

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

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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table—	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is—	The lobbying nontaxable amount is—
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 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
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines **c** through **h.**)			NONE

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

STF FED1955F 6

UNITED WAY OF HORRY COUNTY, INC
FEIN# 57-0558692
SUPPORTING SCHEDULES
2004

PART I - LINE 20 OTHER CHANGES IN NET ASSETS

941 PAYROLL TAX PENALTIES PAID	(1,603)
NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	2,257
	654

PART II - LINE 43e OTHER EXPENSES

	COLUMN			
	A	B	C	D
COMPUTER SUPPORT	3,500		3,500	
MARKETING	1,664			1,664
BANK CHARGES	545		136	409
CREDIT CARD FEES	305		305	
	6,014	-	3,941	2,073

SCHEDULE A FROM 990 PART III

DETERMINATION MADE BY THE 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 FUNDS PROPERLY

THE TAXPAYER MAKES THE FOLLOWING ELECTIONS PERTAINING TO ADDITIONAL FIRST YEAR DEPRECIATION.

ELECTION NOT TO CLAIM ADDITIONAL DEPRECIATION FOR ALL ELIGIBLE CLASSES OF PROPERTY PURSUANT TO IRC 168(k) (2) (C) (iii).

UNITED WAY OF HORRY COUNTY, INC
FEIN# 57-0558692
SUPPORTING SCHEDULES
2004

PART II - LINE 22 GRANTS AND ALLOCATIONS

AGENCY ALLOCATIONS

AMERICAN RED CROSS	84,899
BIG BROTHERS	34,974
BOY SCOUTS OF AMERICA	25,476
BOYS & GIRLS CLUB-SA	39,736
CARETEAM, INC	9,609
CITIZENS AGAINST SPOUSE ABUSE	18,977
CHILDREN'S RECOVERY CENTER	20,479
CHURCHES ASSISTING PEOPLE	22,253
COASTAL SAMARITAN CENTER	14,422
COMMUNITY KITCHEN	12,844
DISABLED AMERICAN VETERANS	7,100
FAMILY OUTREACH SERVICES	26,000
FLORENCE CRITTENTON-CHARLESTON	5,000
FRIENDSHIP MEDICAL CLINIC	50,719
GIRL SCOUTS OF AMERICA	24,975
GRAND STRAND COM AGAINST RAPE	12,407
GRAND STRAND YMCA	32,000
HELPING HANDS OF MB	51,961
HORRY COUNTY DSN	18,752
HORRY COUNTY COUNCIL ON AGING	37,422
HORRY COUNTY LITERARY COUNCIL	26,061
HORRY COUNTY SHELTER HOME	75,194
MOBILE MEALS	19,844
MYRTLE BEACH HAVEN	19,000
NORTH STRAND HELPING HANDS	20,000
PEE DEE SPEECH & HEARING	44,594
SALVATION ARMY	40,426
SC AUTISM SOCIETY	4,936
SOS HEALTH CARE	94,382
SOUTH STRAND HELPING HANDS	23,000
TARA HALL	24,740
WACCAMAW YOUTH CENTER	44,495
LATINOAMERICANOS	4,922
NEW AGENCIES	
FIRST STEPS	10,000
COMMUNITY COALITION	2,500
TOTAL ALLOCATIONS	1,004,099
SPECIAL PROJECTS-DAY OF CARING	8,049
DESIGNATIONS	30,674
UNFUNDED AGENCIES	(7,750)
TOTAL LINE 22	1,035,072

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: 12/31/04
File· F:\AKDATA2002\UWAUDIT
Include All assets

Date: 11/11/05
Time· 09:48·56

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 208 - LAND								
06/07/95	MQ LAND	LAND/10 00	14,030.00	0 00	14,030.00	0 00	0 00	0.00
01/01/03	oq	MA200/ 7 00	0.00	0.00	0.00	0.00	0.00	0.00
Grand totals. 208 - LAND (2 assets)			14,030.00	0.00	14,030.00	0.00	0.00	0.00
ASSET A/C#: 210 - BUILDINGS								
12/18/95	OFFICE BUILDING	MSL/39 50	280,817.32	0.00	280,817.32	57,170.62	7,109.30	64,279.92
12/18/95	MQ IRRIGATION.LANDSCAPING	MSL/10.00	12,857.12	0.00	12,857.12	10 446 39	1,285.71	11,732.10
Grand totals. 210 - BUILDINGS (2 assets)			293,674.44	0 00	293,674.44	67,617.01	8,395.01	76,012.02
ASSET A/C#: 211 - FURNITURE AND FIXTURES								
07/01/78	FILE CABINETS	SL/10 00	612 20	0 00	612 20	612 20	0.00	612 20
11/15/78	FILE CABINET	SL/10 00	91 15	0 00	91 15	91 15	0 00	91 15
01/15/80	FILE CABINET	SL/10.00	94 64	0 00	94 64	94 64	0 00	94 64
04/01/82	FILE CABINETS	SL/10.00	745 76	0 00	745 76	745 76	0 00	745 76
06/01/82	DESK	SL/10 00	306 80	0 00	306 80	306 80	0 00	306 80
05/01/83	TWO FOLDING TABLES	SL/10.00	153 92	0 00	153 92	153 92	0 00	153 92
06/15/88	FURNITURE	M*200/ 7 00	548 66	0 00	548 66	548 66	0 00	548 66
02/15/90	FURNITURE	M*200/ 7.00	277 60	0 00	277 60	277 60	0 00	277 60
05/15/90	FURNITURE	M*200/ 7.00	280 35	0 00	280 35	280.35	0 00	280 35
07/15/90	FURNITURE	M*200/ 7 00	122 64	0 00	122 64	122.64	0 00	122 64
12/18/95	MQ UPHOLSTERY	M*200/ 7 00	2,223 21	0 00	2,223 21	2,223 21	0 00	2,223 21
12/18/95	MQ BLINDS	M*200/ 7.00	688 95	0 00	688 95	688 95	0 00	688 95
12/18/95	MQ SHELVES	M*200/ 7.00	209 79	0 00	209 79	209 79	0 00	209 79
12/18/95	MQ DESK AND BOOKCASE	M*200/ 7 00	939 75	0 00	939 75	939 75	0 00	939 75
12/18/95	MQ TWO LAMPS	M*200/ 7 00	270 90	0 00	270 90	270.90	0 00	270 90
12/18/95	MQ 15 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	MQ WALL CABINET	M*200/ 7.00	3,500 00	0 00	3,500 00	3,500 00	0 00	3,500 00
12/18/95	MQ FURNITURE	M*200/ 7.00	1,637.00	0 00	1,637 00	1,637 00	0 00	1,637 00
12/18/95	MQ PLAQUES	M*200/ 7.00	1,010 00	0 00	1,010 00	1,010.00	0.00	1,010 00
12/18/95	MQ 5 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	MQ ROUND 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	MQ SMALL CONFERENCE TABLE AND 2 FILE C	M*200/ 7.00	300.00	0 00	300 00	300.00	0 00	300 00
12/18/95	MQ CRYDENZA	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	833.89	0 00	833 89
06/12/01	COPIER	MSL/ 5.00	2,794.26	0.00	2,794 26	1,397 13	558.85	1,955.98
08/07/01	DIGITAL CAMERA	MSL/ 5.00	720.91	0 00	720 91	360 45	144 18	504 63
08/07/01	LAPTOP COMPUTER	MSL/ 5.00	1,149.99	0 00	1,149 99	575 00	230.00	805 00
08/07/01	TV/VCR	MSL/ 5.00	249 99	0.00	249.99	125.00	50 00	175 00
08/08/01	POSTAGE METER	MSL/ 7 00	4,567 50	0 00	4,567 50	1,631 25	652 50	2,283 75
09/07/01	FOLDING MACHINE	MSL/ 7.00	556 61	0 00	556.61	198 80	79 52	278 32
Grand totals 211 - FURNITURE AND FIXTURES (30 assets)			32,546 47	0 00	32,546 47	26,794 84	1,715.05	28,509 89
ASSET A/C#. 212 - MACHINES AND EQUIPMENT								
12/18/95	MQ TELEPHONE SYSTEM	M*200/ 7 00	2,112 00	0.00	2,112 00	2,112 00	0 00	2 112 00
12/18/95	MQ REFRIGERATOR	M*200/ 7 00	200 00	0 00	200 00	200 00	0 00	200 00
11/14/96 D	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	1,128 57	241 84	1,370 41
03/23/04 A	3 1/3 TON HEAT / AIR UNIT	MSL/ 7 00	2,174 00	0 00	2,174 00	0 00	155 29	155 29
Grand totals 212 - MACHINES AND EQUIPMENT (5 assets)			6,991 00	0 00	6,991 00	3,970 57	397 13	4 367 70
Less 1 Disposed assets (Current Depreciation $0 00)			530 00	0 00	530 00	530 00		530 00
Net totals 212 - MACHINES AND EQUIPMENT (4 assets)			6,461 00	0 00	6,461 00	3,440 57	397 13	3,837 70
ASSET A/C# 213 - SIGN								
12/18/95	MQ SIGN	M*200/ 7 00	5,000 00	0 00	5,000 00	5,000 00	0 00	5,000 00
Grand totals 213 - SIGN (1 assets)			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# Page: 2

Company: UNITED WAY OF HORRY COUNTY, INC - AUDIT Year End: 12/31/04 Method: 1 - FEDERAL Date: 11/11/05

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr (Includes Section 179)	Curr Depr (Includes Section 179)	End A/Depr (Includes Section 179)
ASSET A/C#: 214 - COMPUTERS								
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	616 80	37 70	654.50
04/09/03	KTS SOFTWRE	MSL/ 3 00	2,000.00	0 00	2,000.00	333.33	666 67	1 000.00
08/03/03	COMPUTER EQUIPMENT	MSL/ 5.00	7,782.55	0.00	7,782.55	778 26	1,556.51	2 334.77
06/23/03	COMPUTER EQUIPMENT	MSL/ 5.00	608.95	0.00	608.95	60 90	121.79	182.69
11/13/03	BEST SOFTWARE	MSL/ 3.00	6,796.68	0.00	6,796.68	1,132.78	2,265.56	3,398.34
08/26/04 A	DOT MATRIX PRINTER	MSL/ 5.00	801.61	0.00	801 61	0.00	80 16	80 16
12/07/04 A	COMPUTER	MSL/ 5.00	1,047.84	0 00	1,047.84	0.00	104 78	104.78
Grand totals. 214 - COMPUTERS (8 assets)			26,192.13	0.00	26,192 13	9,422.07	4,833.17	14,255.24
Grand totals for all accounts: (48 assets)			378 434.04	0.00	378,434 04	112,804.49	15,340.36	128,144.85
Less: 1 Disposed assets (Current Depreciation: $0.00)			530.00	0 00	530 00	530.00		530.00
Net totals for all accounts: (47 assets)			377,904.04	0.00	377,904.04	112,274.49	15,340.36	127,614.85

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

Additional Summary Statistics:	Cost	Curr Sect 179	Prior Yr Sect 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	378,434.04	0 00	0 00	378,434 04	112,804.49	15,340 36	128,144 85	250,289 19
Less: Inactive Assets	0.00	0 00	0 00	0 00	0 00	0 00	0.00	0 00
Disposed Assets	530.00	0 00	0 00	530 00	530 00	0 00	530 00	0 00
Traded Assets	0.00	0 00	0 00	0 00	0 00	0.00	0.00	0 00
Net Totals (Active Assets)	377,904.04	0 00	0 00	377,904 04	112,274 49	15,340.36	127,614 85	250,289 19

Total Additional First Year Depreciation Taken at 30% Rate.	*0 00*
Total Additional First Year Depreciation Taken at 50% Rate	*0 00*
Total Additional First Year Depreciation Taken.	*0 00*

Form **8868** (Rev. December 2004)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- 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)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs.gov/efile*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	UNITED WAY OF HORRY COUNTY, INC.	57-0558692
	Number, street, and room or suite no If a P O. box, see instructions PO BOX 673	
	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-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ UNITED WAY OF HORRY COUNTY, INC.

Telephone No. ▶ 843-347-5195 FAX No. ▶ ____________

- 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-months for a **Form 990-T corporation**) extension of time until AUGUST 15 , 20 05 to file the exempt organization return for the organization named above The extension is for the organization's return for:

▶ ☒ calendar year 20 04 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

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

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

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

• The books are in the care of ▶ UNITED WAY OF HORRY COUNTY, INC.
Telephone No ▶ 843-347-5195 FAX No ▶

• 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, 20 05

5 For calendar year 2004, 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 . . . $ 0

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 . . . $ 0

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 ▶ Diane P Farrell Title ▶ CPA Date ▶ 8-11-05

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 extended due date of the return for which an extension was requested

☐ Other ________

Director By ________ Date

EXTENSION APPROVED
AUG 2 4 2005
FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

RECEIVED AUG 1 5 2005 OGDEN, UT 065

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 PHILLIPS & ASSOCIATES, CPA'S, LLC
	Number and street (include suite, room, or apt. no) or a P.O. box number P O BOX 3409
	City or town, province or state, and country (including postal or ZIP code) NORTH MYRTLE BEACH, SC 29582