

**Return of Organization Exempt From Income Tax**

**2006**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2006 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

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

**C Name of organization**  
**UNITED WAY OF HORRY COUNTY, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 673**  
 City or town, state or country, and ZIP + 4  
**CONWAY, SC 29528-0673**

**D Employer identification number**  
**57-0558692**

**E Telephone number**  
**843-347-5195**

**F Accounting method**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G Website:** **N/A**

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

**K Check here**  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **1,246,659.**

**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? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number **N/A**  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>1,217,612.</b>		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e Total</b> (add lines 1a through 1d) (cash \$ <b>1,217,612.</b> noncash \$ _____)	<b>1e</b>		<b>1,217,612.</b>	
	<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>		<b>7,942.</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>21,105.</b>		
	<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>		<b>21,105.</b>		
<b>7</b> Other investment income (describe _____)	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>				
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>				
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>				
<b>8d</b>	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<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>10 a</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 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<b>1,246,659.</b>		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>1,056,058.</b>		
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>83,151.</b>		
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>203,277.</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>		<b>1,342,486.</b>	
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<b>-95,827.</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>518,321.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	<b>20</b>		<b>-143,394.</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		<b>279,100.</b>	

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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.

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ <u>1,056,058.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,056,058.	1,056,058.	STATEMENT 4
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	55,368.	0.	15,642. 39,726.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0. 0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	100,268.		23,267. 77,001.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	15,825.	3,956.	11,869.
29 Payroll taxes	29	13,955.	3,489.	10,466.
30 Professional fundraising fees	30			
31 Accounting fees	31	300.	300.	
32 Legal fees	32			
33 Supplies	33	3,704.	926.	2,778.
34 Telephone	34	1,968.	492.	1,476.
35 Postage and shipping	35	8,608.	2,152.	6,456.
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38	18,805.	4,701.	14,104.
39 Travel	39	3,837.	959.	2,878.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	15,550.	15,550.	
43 Other expenses not covered above (itemize):	43			
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g <b>SEE STATEMENT 3</b>	43g	48,240.	11,717.	36,523.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,342,486.	1,056,058.	83,151. 203,277.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

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

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 5</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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 )	
<b>a</b> <u>DETERMINATION MADE BY THE BOARD OF DIRECTORS AS TO WHICH AGEN COUNTY ARE IN NEED OF FINANCIAL ASSISTANCE. THESE AGENCIES, RECEIVE MONEY FROM UNITED WAY.</u>	
(Grants and allocations \$ <b>1,056,058.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>1,056,058.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>1,056,058.</b>

Form 990 (2006)

**Part IV Balance Sheets** (See 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	569,761.	45	1,158,533.
	46 Savings and temporary cash investments	805,570.	46	
	47 a Accounts receivable	47a 11,559.		
	b Less: allowance for doubtful accounts	47b	11,559.	47c 11,559.
	48 a Pledges receivable	48a 709,361.		
	b Less: allowance for doubtful accounts	48b	692,026.	48c 709,361.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		1,068.	53 1,068.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
55 a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation	55b		55c	
56 Investments - other			56	
57 a Land, buildings, and equipment: basis	57a 341,880.			
b Less: accumulated depreciation <b>STMT 6</b>	57b 121,738.	235,692.	57c 220,142.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> )			58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		2,315,676.	59 2,100,663.	
Liabilities	60 Accounts payable and accrued expenses	1,797,355.	60 1,797,355.	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> <b>ACCOUNTS PAYABLE</b> )			65 24,208.
66 <b>Total liabilities.</b> Add lines 60 through 65		1,797,355.	66 1,821,563.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted		-168,540.	67 -168,540.
	68 Temporarily restricted		686,861.	68 447,640.
	69 Permanently restricted			69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		518,321.	73 279,100.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		2,315,676.	74 2,100,663.





Part VI Other Information (continued)		Yes	No
82 a	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	
83 a	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? N/A	83b	
84 a	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? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	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	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	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? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: 0.; section 4912: 0.; section 4955: 0.		
b	501(c)(3) and 501(c)(4) organizations. 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: 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization: 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed: SC		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	4
91 a	The books are in care of: EXECUTIVE SECRETARY Telephone no.: 843-347-5195 Located at: 761 CENTURY CIRCLE, CONWAY, SC ZIP + 4: 29528		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

**Part VI Other Information** (continued) **Yes No**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country ▶ N/A  
 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 N/A

**Part VII Analysis of Income-Producing Activities** (See 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) Exclu- sion 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			14	7,942.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	21,105.	
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))		0.		29,047.	0.
105 Total (add line 104, columns (B), (D), and (E))					29,047.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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 Sign Here: *Olivia F. Garren* Signature of officer | 10-29-08 Date  
**OLIVIA F GARREN, EXECUTIVE DIRECTOR** Type or print name and title

Paid Preparer's Use Only: Preparer's signature *Sharon C. Corbis CPA* Date 10/28/08 Check if self-employed  Preparer's SSN or PTIN (See Gen Inst X)  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **WEBSTER ROGERS LLP**  
**1411 SECOND LOOP ROAD**  
**FLORENCE, SC 29505** EIN   
 Phone no. **843-665-5900**



**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.) 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.		X
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
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	▶ N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	▶ N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	▶ 0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	▶ 0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

Provide the following information about the supported organizations (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,337,309.	1,297,076.	1,190,548.	1,234,157.	5,059,090.
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	15,489.	24,317.	25,692.	39,005.	104,503.
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	1,352,798.	1,321,393.	1,216,240.	1,273,162.	5,163,593.
24 Line 23 minus line 17	1,352,798.	1,321,393.	1,216,240.	1,273,162.	5,163,593.
25 Enter 1% of line 23	13,528.	13,214.	12,162.	12,732.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 103,272.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 5,163,593.
d Add: Amounts from column (e) for lines: 18 104,503. 19 _____ 22 _____ 26b _____					26d 104,503.
e Public support (line 26c minus line 26d total)					26e 5,059,090.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.9762%
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: N/A					
(2005) (2004) (2003) (2002)					
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 11b, 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: N/A					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		





FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
		1	21,105.
TOTAL TO FORM 990, PART I, LINE 6A			21,105.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
PENDING UNALLOCATED ADJUSTMENT		-143,394.	
TOTAL TO FORM 990, PART I, LINE 20		-143,394.	

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
INSURANCE	5,294.		1,323.	3,971.		
LICENSE, FEES, & DUES	16,778.		4,194.	12,584.		
ADVERTISING	2,112.		528.	1,584.		
BANK CHARGES	1,074.		268.	806.		
MISCELLANEOUS	1,365.			1,365.		
COMPUTER EXPENSE & TRAINING	1,096.		274.	822.		
TRAINING	1,460.		365.	1,095.		
LAWN MAINTENANCE	3,428.		857.	2,571.		
REPAIRS AND MAINTENANCE	4,044.		1,011.	3,033.		
WATER AND SEWER	810.		202.	608.		
AFFILIATIONS	7,036.		1,760.	5,276.		
ELECTRICITY	3,202.		800.	2,402.		
PEST CONTROL	541.		135.	406.		
TOTAL TO FM 990, LN 43	48,240.		11,717.	36,523.		

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4  
TO OTHERS

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
CHARITY SOUTH CAROLINA AUYTISM SOCIETY	8,750.
CHARITY SOS HEALTH CARE	93,745.
CHARITY TARA HALL	25,500.
CHARITY WACCAMAW YOUTH	45,000.
CHARITY DAY OF CARING	7,209.
CHARITY SUCCESSFUL YOUTH AND CHILDREN	13,033.
CHARITY AMERICAN RED CROSS	87,000.
CHARITY BIG BROTHERS	35,000.
CHARITY BOYS AND GIRLS CLUB	40,200.

CHARITY CAP	22,500.
CHARITY SHARED CARE	10,000.
CHARITY CASA	16,000.
CHARITY CHILDRENS RECOVERY CENTER	15,750.
CHARITY COASTAL SAMARITAN	13,292.
CHARITY DAV	5,452.
CHARITY FIRST STEPS	9,000.
CHARITY FRIENDSHIP MEDICAL CENTER	43,800.
CHARITY HORRY COUNTY COUNCIL ON AGING	38,000.
CHARITY HORRY COUNTY LITERACY COUNCIL	27,500.

CHARITY HELPING HANDS OF MYRTLE BEACH	61,667.
CHARITY LATINOAMERICANOS	2,500.
CHARITY PEE DEE SPEECH AND HEARING	47,000.
CHARITY SALVATION ARMY	43,500.
CHARITY FAMILY OUTREACH SERVICES	27,000.
CHARITY SOUTH STRAND HELPING HANDS	24,720.
CHARITY BOY SCOUTS	27,500.
CHARITY COMMUNITY KITCHEN	11,875.
CHARITY GIRL SCOUTS	25,000.
CHARITY GRAND STRAND COMMUNITY AGAINST RAPE	9,375.

CHARITY GRAND STRAND YMCA	51,667.
CHARITY HORRY COUNTY DSN	20,000.
CHARITY HORRY COUNTY SHELTER HOME	77,000.
CHARITY MYRTLE BEACH HAVEN	21,000.
CHARITY MOBILE MEALS	21,167.
CHARITY NORTH STRAND HELPING HAND	20,000.
CHARITY FLORENCE CRITTENTON HOME	5,000.
CHARITY INITIATIVE GRANT VISION I	3,356.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	1,056,058.
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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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EXPLANATION

DETERMINATION MADE BY THE BOARD OF DIRECTORS AS TO WHICH AGENCIES IN HORRY COUNTY ARE IN NEED OF FINANCIAL ASSISTANCE. THESE AGENCIES, ONCE ACCEPTED, RECEIVE MONEY FROM UNITED WAY.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
	341,880.	121,738.	220,142.
TOTAL TO FORM 990, PART IV, LN 57	341,880.	121,738.	220,142.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAY HOOD PO BOX 2095 MYRTLE BEACH, SC 29578	PAST-PRESIDENT 0.00	0.	0.	0.
JILL WATTS 305A GARDNER LAC MYRTLE BEACH, SC 29579	PRESIDENT 0.00	0.	0.	0.
BILL BENSON PO BOX 320 CONWAY, SC 29528	TREASURER 0.00	0.	0.	0.
RICHARD CAUSEY 4100 POSTAL WAY MYRTLE BEACH, SC 29579	GEN. CAMP. CHAIR ELECT 0.00	0.	0.	0.
OLIVIA GARREN CONWAY, SC CONWAY, SC 29528	EXECUTIVE DIRECTOR 40.00	52,968.	2,400.	0.
ORBY FERGUSON 9317 COVE DR. MYRTLE BEACH, SC 29572	FIRST VICE PRESIDENT 0.00	0.	0.	0.
WOODY FORD 8733 HWY 17 BYPASS SURFSIDE BEACH, SC 29575	VP OF FINANCE 0.00	0.	0.	0.
VERN HEART 3005 HWY 17 BYPASS MYRTLE BEACH, SC 29577	VP OF COMMUNICATIONS 0.00	0.	0.	0.

UNITED WAY OF HORRY COUNTY, INC.

57-0558692

REBECCA HINDS 144 CABANA RD. MYRTLE BEACH, SC 29572	VP OF PLANNING 0.00	0.	0.	0.
DOROTHY LONG 3739 WATERFORD MYRTLE BEACH, SC 29577	GEN. CAMPAIGN CHAIRMAN 0.00	0.	0.	0.
SUSAN MEANS 990 ANTILIES COURT MYRTLE BEACH, SC 29577	VP OF AGENCY OPERATIONS 0.00	0.	0.	0.
DEBI RANDOLPH 4615 OLEANDER DR. MYRTLE BEACH, SC 29577	SECRETARY 0.00	0.	0.	0.
DOUG WHITE 809 82ND PARKWAY MYRTLE BEACH, SC 29572	VP OF AGENCY ALLOCATIONS 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>52,968.</u>	<u>2,400.</u>	<u>0.</u>

First Name	Last Name	Organization Name	Address	City	State
Page	Ambrose	Conway National	P O Box 3127	Aynor	SC
David	Bennett	Coastal Carolina Univ	P O Box 261954	Conway	SC
Bill	Benson	Conway National	P O Box 320	Conway	SC
David	Benton	First Federal	12182 Hwy 17 Bypass	Murrells Inlet	SC
Lawton	Benton	C L Benton & Sons	706 38th Ave No	Myrtle Beach	SC
Lisa	Bourcier	Horry Co Public Information	P O Box 1236	Conway	SC
David	Brittain	Sea Captain's House	P O Box 1948	Myrtle Beach	SC
Johnny	Brown	Beach First National	1550 Oak St	Myrtle Beach	SC
Lynn	Carmon		121 Marsh Point Dr	Pawley's Island	SC
Richard	Causey	Waccamaw Bank	1230 16th Ave	Conway	SC
Steve	Chapman	Sea Island	6000 No Ocean Blvd	Myrtle Beach	SC
Pam	Clifton	Conway National	P O Box 8249	Myrtle Beach	SC
David	DeCenzo	Coastal Carolina Univ	P O Box 261954	Conway	SC
David	DuRant	Prestwick Golf Club	1001 Links Rd	Myrtle Beach	SC
Rose Marie	Hussey		332 Waterside Drive	Myrtle Beach	SC
Orby	Ferguson		9317 Cove Rd	Myrtle Beach	SC
Woody	Ford	Blue Cross/Blue Shield	8733 Hwy 17 Bypass	Surfside Beach	SC
James	Frazier		725 Bucksport Rd	Conway	SC
George	Goldfinch	Goldfinch Funeral Home	P O Box 439	Conway	SC
Don	Gonya		710 Holloway Circle So	No Myrtle Beach	SC
Rebecca	Hardwick	First Citizens	2002 Oak Street	Myrtle Beach	SC
Harrell	Hardwick		3958 Long Ave Ext	Conway	SC
Vern	Hearl	LHWH&H	3005 Hwy 17 Bypass	Myrtle Beach	SC
Marvin	Heyd	Prudential Real Estate	7421 No Kings Hwy	Myrtle Beach	SC
Edwin	Hinds	Bellamy Law Firm	P O Box 357	Myrtle Beach	SC
Rebecca	Hinds		144 Cabana Rd	Myrtle Beach	SC
Mike	Hogan	Puckett, Scheetz & Hogan	P O Box 1389	Myrtle Beach	SC
Jay	Hood	Burroughs & Chapin	P O Box 2095	Myrtle Beach	SC
Pat	Howle	Horry Electric	P O Box 119	Conway	SC
Neil	James	Santee Cooper	305-A Gardner Lacy Rd	Myrtle Beach	SC
Allen	Jeffcoat	Jeffcoat, Pike & Nappier	P O Box 3678	Myrtle Beach	SC
Charles	Jordan	Chancel Construction	P O Box 1745	Conway	SC
Ruthie	Kearns	Coastal Federal Bank	504-B 27th Ave No	Myrtle Beach	SC
Fran	Kopnicky	Carolina First	3205 Hwy 17 So	Murrells Inlet	SC
Tom	Leath	City of Myrtle Beach	P O Drawer 2468	Myrtle Beach	SC
Dorothy	Long		3739 Waterford Rd	Myrtle Beach	SC
Kevin	Lovett	Conway Medical Center	P O Box 829	Conway	SC
Susan	MacDonald	Nelson, Mullins, Riley	P O Box 3939	Myrtle Beach	SC
James	McIlrath		1004 29th Ave No	Myrtle Beach	SC
Leslie	McIver		P O Box 421	Conway	SC
Susan	Means		990 Antilles Court	Myrtle Beach	SC
James Earl	Mishoe		3021 Long Ave Ext	Conway	SC
Frans	Mustert	Patricia Resorts	601 19th Ave No 2nd Floor	Myrtle Beach	SC
Glenda	Page	HTC	P O Box 1820	Conway	SC
Dr Gerrita	Postlewait	Horry County Schools	P O Box 260005	Conway	SC
Teresa	Pougnaud	Loris Healthcare Systems	3655 Mitchell Street	Loris	SC
William	Pritchard	Burroughs & Chapin	P O Box 2095	Myrtle Beach	SC
Coleman	Randall	City of Myrtle Beach	P O Drawer 2468	Myrtle Beach	SC
Debi	Randolph	Carolina Health Specialists	4615 Oleander Drive	Myrtle Beach	SC
Fred	Richardson	Grand Strand Water & Sewer	P O Box 2368	Conway	SC

Kim	Sauls	Carolina First	P O Box 2428	Myrtle Beach	SC
Matt	Sedota	Easy 105 9	P O Box 2830	Myrtle Beach	SC
Steve	Sherry	Coastal Federal Bank	2619 Oak Street	Myrtle Beach	SC
Cathe	Singleton	First Palmetto	1204 48th Ave No	Myrtle Beach	SC
Dr Frank	Sloan		401 79th Ave No	Myrtle Beach	SC
Marc	Smith	Coastal Federal Bank	2619 Oak Street	Myrtle Beach	SC
Sherry	Smith	Canal Holdings	4420 Oleander Dr Ste 203	Myrtle Beach	SC
John	Smithson	City of North Myrtle Beach	1015 Second Ave	No Myrtle Beach	SC
Sammy	Spann	Spann Roofing	459 Allied Drive	Conway	SC
Steve	Speros	Hurricane Fleet	P O Box 541	Little River	SC
Dr Bob	Squatriglia		118 Wofford Drive	Conway	SC
Walt	Standish	Beach First National	3751 Grissom Parkway #100	Myrtle Beach	SC
Wayne	Staton		702 Lakeside Drive	Conway	SC
Bill	Thiele	AVX	P O Box 867	Myrtle Beach	SC
Lance	Thompson	Ocean Lakes	6001 So Kings Hwy	Myrtle Beach	SC
Dennis	Wade	The Jackson Companies	1710 Hwy 544	Myrtle Beach	SC
Rick	Wall	City of No Myrtle Beach	1018 2nd Ave	No Myrtle Beach	SC
Randy	Wallace	CANA Corp	4297 Panther Parkway	Myrtle Beach	SC
Dr Jeffrey	Wallen		1200 48th Ave No Ste#101	Myrtle Beach	SC
Jill	Watts	Santee Cooper	305-A Gardner Lacy Rd	Myrtle Beach	SC
Doug	Wendel	Burroughs & Chapin	P O Box 2095	Myrtle Beach	SC
Doug	White	GS Reg Medical Center	809 82nd Parkway	Myrtle Beach	SC
Neyle	Wilson	Horry-Georgetown TEC	P O Box 261966	Conway	SC
Gary	Wortel	The Sun News	P O Box 406	Myrtle Beach	SC
Dale	Zeglin	Wachovia	P O Box 897	Myrtle Beach	SC

Deceased Board Member