

AMENDED

6-2

Form 990

Return of Organization Exempt From Income Tax

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

GMB No 1545-0047

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 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): 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

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts most 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? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group rating?

G Website: N/A

J Organization type (check only one): 501(c)(3)

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 1,229,512.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for contributions, program revenue, rents, sales, and other income/expenses. Total revenue is 1,229,512 and total expenses is 1,320,070.

STATUTE CLEARED 04365-5-87 AUG 01 01

SCANNED SEP 30 2010

RECEIVED AUG 17 2010

RECEIVED CEC 168 AUG 16 2010

832001 01-18-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2006)

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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 \$ 0, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ 1,045,582, noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/> 22b	1,045,582.	1,045,582.	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.	11,074.	30,452.	13,842.
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	96,595.	19,318.	53,128.	24,149.
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a - 27 28	14,378.	2,875.	7,908.	3,595.
29 Payroll taxes 29	14,239.	2,848.	7,831.	3,560.
30 Professional fundraising fees 30				
31 Accounting fees 31				
32 Legal fees 32				
33 Supplies 33	4,928.		2,464.	2,464.
34 Telephone 34	1,968.	394.	1,082.	492.
35 Postage and shipping 35	8,608.		4,304.	4,304.
36 Occupancy 36	4,319.	864.	2,375.	1,080.
37 Equipment rental and maintenance 37				
38 Printing and publications 38				
39 Travel 39	3,685.		1,843.	1,842.
40 Conferences, conventions, and meetings 40				
41 Interest 41				
42 Depreciation, depletion, etc. (attach schedule) 42	14,568.		14,568.	
43 Other expenses not covered above (itemize):				
a 43a				
b 43b				
c 43c				
d 43d				
e 43e				
f 43f				
g SEE STATEMENT 3 43g	55,832.	3,538.	21,634.	30,660.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	1,320,070.	1,086,493.	147,589.	85,988.

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? ► SEE STATEMENT 5		Program Service Expenses (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.)		
a	<b>SPECIFICALLY DESIGNATED AND ALLOCATIONS OF UNDESIGNATED DONOR CONTRIBUTIONS DISTRIBUTED TO VARIOUS MEMBER AGENCIES AND PROGRAMS BASED ON NEED AND OTHER CRITERIA DEEMED APPROPRIATE BY THE BOARD OF DIRECTORS. THESE DISTRIBUTIONS ARE MADE TO ADVANCE THE ORGANIZATION'S EXEMPT PURPOSE.</b>	1,086,493.
	(Grants and allocations \$ 1,045,582. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e	Other program services (attach schedule)	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>1,086,493.</b>

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**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.	367,160.
	46 Savings and temporary cash investments .....	805,570.	382,614.
	47 a Accounts receivable .....		
	b Less: allowance for doubtful accounts .....	11,559.	
	48 a Pledges receivable .....	803,188.	
	b Less: allowance for doubtful accounts .....	58,863.	
	49 Grants receivable .....		
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		
	51 a Other notes and loans receivable .....		
	b Less: allowance for doubtful accounts .....		
	52 Inventories for sale or use .....		
	53 Prepaid expenses and deferred charges .....	1,068.	3,263.
	54 a Investments - publicly-traded securities <b>STMT 7</b> <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV .....	0.	16,859.
	b Investments - other securities .....		
55 a Investments - land, buildings, and equipment: basis .....			
b Less: accumulated depreciation .....			
56 Investments - other .....			
57 a Land, buildings, and equipment: basis .....	372,063.		
b Less: accumulated depreciation <b>STMT 6</b> .....	135,470.		
58 Other assets, including program-related investments (describe .....			
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	2,315,676.	1,750,814.	
Liabilities	60 Accounts payable and accrued expenses .....	1,797,355.	1,068,134.
	61 Grants payable .....		
	62 Deferred revenue .....		
	63 Loans from officers, directors, trustees, and key employees .....		
	64 a Tax-exempt bond liabilities .....		
	b Mortgages and other notes payable .....		
	65 Other liabilities (describe <b>OTHER PAYABLES</b> .....		22,555.
66 <b>Total liabilities</b> . Add lines 60 through 65 .....	1,797,355.	1,090,689.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	-168,540.	-160,279.
	68 Temporarily restricted .....	686,861.	820,404.
	69 Permanently restricted .....		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		
	72 Retained earnings, endowment, accumulated income, or other funds .....		
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.	660,125.	
74 <b>Total liabilities and net assets/fund balances</b> . Add lines 66 and 73 .....	2,315,676.	1,750,814.	





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?	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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
83b	N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		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	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
85b	N/A		
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?		
85g	N/A		
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	N/A		
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		X
88a			
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		X
88b			
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		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
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?		X
89g			
90 a	List the states with which a copy of this return is filed		
90a	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		
91a	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		
91b	N/A		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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?
If "Yes," enter the name of the foreign country N/A

91c X

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

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, Subtotal, and Total.

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.)

Table with 2 columns: 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.)

Table with 5 columns: (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 the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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>				

Yes	No

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>				

Yes	No

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?

Yes	No

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  
 Date 7-27-10  
 **OLIVIA F GARREN, EXECUTIVE DIRECTOR**  
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature *Sharon C Davis CPA* Date 7/27/10 Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4  
**WEBSTER ROGERS LLP**  
**1411 SECOND LOOP ROAD**  
**FLORENCE, SC 29505**  
 Preparer's SSN or PTIN (See Gen. Inst. X)  
 EIN   
 Phone no. **843-665-5900**

**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 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

**2006**

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 2 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-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

0

**AMENDED**

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>	1	X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>		
<p>a Sale, exchange, or leasing of property? .....</p>	2a	X
<p>b Lending of money or other extension of credit? .....</p>	2b	X
<p>c Furnishing of goods, services, or facilities? .....</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....</p>	2d	X
<p>e Transfer of any part of its income or assets? .....</p>	2e	X
<p>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.) .....</p>	3a	X
<p>b Did the organization have a section 403(b) annuity plan for its employees? .....</p>	3b	X
<p>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 .....</p>	3c	X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....</p>	3d	X
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....</p>	4a	X
<p>b Did the organization make any taxable distributions under section 4966? .....</p>	4b	N/A
<p>c Did the organization make a distribution to a donor, donor advisor, or related person? .....</p>	4c	N/A
<p>d Enter the total number of donor advised funds owned at the end of the tax year .....</p>	N/A	
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....</p>	N/A	
<p>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 .....</p>	0.	
<p>g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....</p>	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					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					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					5,163,593.
d Add: Amounts from column (e) for lines: 18 104,503. 19 _____ 22 _____ 26b _____					104,503.
e Public support (line 26c minus line 26d total)					5,059,090.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					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 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) N/A					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					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.

NONE

**AMENDED**

**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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

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

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period					N/A (e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003		
45	Lobbying nontaxable amount .....					0.
46	Lobbying ceiling amount (150% of line 45(e)) .....					0.
47	Total lobbying expenditures .....					0.
48	Grassroots nontaxable amount .....					0.
49	Grassroots ceiling amount (150% of line 48(e)) .....					0.
50	Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

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 .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			0.

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





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
UNREALIZED GAIN	4,462.
RESTATING OF 2005 NET ASSETS ON AUDITED FINANCIAL STATEMENTS	227,900.
TOTAL TO FORM 990, PART I, LINE 20	232,362.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	4,280.	856.	2,354.	1,070.
LICENSE, FEES, & DUES	17,140.		13,712.	3,428.
BANK CHARGES	1,276.			1,276.
TRAINING	1,460.		730.	730.
LAWN MAINTENANCE	4,657.	932.	2,561.	1,164.
REPAIRS AND MAINTENANCE	4,554.		2,277.	2,277.
CAMPAIGN EXPENSE	20,715.			20,715.
DIRECTORY SUPPORT	1,750.	1,750.		
TOTAL TO FM 990, LN 43	55,832.	3,538.	21,634.	30,660.

**AMENDED**

2008

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
CHARITY SOUTH CAROLINA AUYTISM SOCIETY	6,000.
CHARITY SOS HEALTH CARE	24,000.
CHARITY TARA HALL	25,000.
CHARITY WACCAMAW YOUTH	25,000.
CHARITY DAY OF CARING	7,420.
CHARITY SUCCESSFUL YOUTH AND CHILDREN	3,356.
CHARITY AMERICAN RED CROSS	87,000.
CHARITY BIG BROTHERS	35,000.
CHARITY BOYS AND GIRLS CLUB-SALVATION ARMY	40,200.

UNITED WAY OF HORRY COUNTY, INC.

57-0558692

CHARITY CHURCHES ASSISTING PEOPLE (CAP)	22,500.
CHARITY SHARED CARE	35,000.
CHARITY CITIZENS AGAINST SPOUSE ABUSE (CASA)	25,000.
CHARITY CHILDRENS RECOVERY CENTER	21,000.
CHARITY COASTAL SAMARITAN	14,500.
CHARITY DISABLED AMERICAN VETERANS (DAV)	7,270.
CHARITY FRIENDSHIP MEDICAL CENTER	55,050.
CHARITY HORRY COUNTY COUNCIL ON AGING	40,000.
CHARITY HORRY COUNTY LITERACY COUNCIL	27,500.
CHARITY HELPING HANDS OF MYRTLE BEACH	53,000.

UNITED WAY OF HORRY COUNTY, INC.

57-0558692

CHARITY  
PEE DEE SPEECH AND HEARING

47,000.

CHARITY  
SALVATION ARMY

42,000.

CHARITY  
FAMILY OUTREACH SERVICES

27,000.

CHARITY  
SOUTH STRAND HELPING HANDS

25,000.

CHARITY  
BOY SCOUTS

27,500.

CHARITY  
COMMUNITY KITCHEN

11,500.

CHARITY  
GIRL SCOUTS

25,000.

CHARITY  
GRAND STRAND COMMUNITY AGAINST RAPE

12,500.

CHARITY  
GRAND STRAND YMCA

32,000.

CHARITY  
HORRY COUNTY DSN

21,000.

UNITED WAY OF HORRY COUNTY, INC.

57-0558692

CHARITY  
HORRY COUNTY SHELTER HOME

77,000.

CHARITY  
MYRTLE BEACH HAVEN

22,000.

CHARITY  
MOBILE MEALS

20,000.

CHARITY  
NORTH STRAND HELPING HAND

22,000.

CHARITY  
BOYS AND GIRLS CLUB-GRAND STRAND

10,000.

CHARITY  
CEDAR BRANCH ENPOWER

37,732.

CHARITY  
HORRY COUNTY FIRST STEPS

10,000.

CHARITY  
DESIGNATIONS

22,554.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

1,045,582.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

EXPLANATION

TO ADVANCE THE COMMON GOOD OF THE COMMUNITY AND CREATE OPPORTUNITIES FOR A BETTER LIFE FOR ALL BY FOCUSING ON THE THREE KEY BUILDING BLOCKS OF EDUCATION, INCOME, AND HEALTH.

**AMENDED** 09 '81  
STATEMENT(S) 4, 5

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
	372,063.	135,470.	236,593.
TOTAL TO FORM 990, PART IV, LN 57	372,063.	135,470.	236,593.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EXXON MOBIL CORPORATION	COST	16,859.			16,859.
TO FORM 990, LINE 54A, COL B		16,859.			16,859.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

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.
<del>BILL BENSON PO BOX 320 CONWAY, SC 29528</del>	<del>TREASURER 0.00</del>	<del>0.</del>	<del>0.</del>	<del>0.</del>
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.
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.

**AMENDED** STATEMENT(S) 8

UNITED WAY OF HORRY COUNTY, INC.

57-0558692

DEBI RANDOLPH 4615 OLEANDER DR. MYRTLE BEACH, SC 29577	SECRETARY 0.00	0.	0.	0.
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DOUG WHITE 809 82ND PARKWAY MYRTLE BEACH, SC 29572	VP OF AGENCY ALLOCATIONS 0.00	0.	0.	0.
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TOTALS INCLUDED ON FORM 990, PART V-A		<u>52,968.</u>	<u>2,400.</u>	<u>0.</u>
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**AMENDED** 788 84  
STATEMENT(S) 8