

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type: **C** Name of organization: **UNITED WAY OF HORRY COUNTY, INC.**
Doing Business As: _____
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**

G Gross receipts \$: **1,093,126.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

F Name and address of principal officer: **OLIVIA F GARREN**
SAME AS C ABOVE

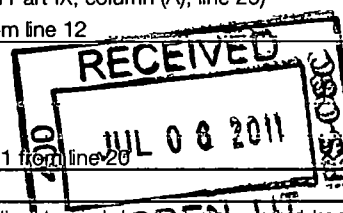
I Tax-exempt status: 501(c) (**3**) (insert no) 4947(a)(1) or 527

J Website: **UNITEDWAYHCSC.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1973** **M** State of legal domicile: **SC**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO ADVANCE THE COMMON GOOD OF THE COMMUNITY AND CREATE OPPORTUNITIES FOR A BETTER LIFE FOR ALL BY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	77
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	76
	5	Total number of employees (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	500
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,544,639.	1,057,306.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,459.	13,536.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,314.	22,284.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,589,412.	1,093,126.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,140,642.	759,205.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	198,397.	228,330.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) 95,234.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	119,473.	180,748.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,458,512.	1,168,283.	
19	Revenue less expenses. Subtract line 18 from line 12	130,900.	-75,157.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,981,623.	1,685,961.
	22	Net assets or fund balances Subtract line 21 from line 20	1,131,351.	913,407.
			850,272.	772,554.



Part II Signature Block

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.

Sign Here
Signature of officer: *Olivia F. Garren* Date: **6-29-11**
Type or print name and title: **OLIVIA F GARREN, EXECUTIVE DIRECTOR**

Paid Preparer's Use Only
Preparer's signature: *Sharon Thomas CPA* Date: **6/22/11** 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 identifying number (see instructions): _____
EIN: _____
Phone no.: **843-665-5900**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED JUL 15 2011

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO PROVIDE LEADERSHIP IN UNITING OUR COMMUNITY TO IMPROVE PEOPLE'S LIVES AND MEET HUMAN SERVICES NEEDS AND BUILD A VITAL CARING COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 837,727. including grants of \$ 759,205.) (Revenue \$)

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.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 837,727.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **SC**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **OLIVIA F. GARREN, EXECUTIVE DIRECTOR - 843-347-5195**
761 CENTURY CIRCLE, CONWAY, SC 29528

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
OLIVIA GARREN EXECUTIVE DIRECTOR	40.00	X					66,680.	0.	0.	
JILL WATTS TREASURER				X			0.	0.	0.	
WOODY FORD VP OF FINANCE				X			0.	0.	0.	
VERN HEARL VP OF COMMUNICATIONS				X			0.	0.	0.	
DOROTHY LONG SECRETARY				X			0.	0.	0.	
SUSAN MEANS FIRST VICE PRESIDENT				X			0.	0.	0.	
DOUG WHITE VP OF AGENCY ALLOCATIONS				X			0.	0.	0.	
DAVID DURANT PRESIDENT				X			0.	0.	0.	
FRAN KOPNICKY VP OF AGENCY OPERATIONS				X			0.	0.	0.	
STEVE CHAPMAN GENERAL CAMPAIGN CHAIRMAN				X			0.	0.	0.	
DR. BOB SQUATRIGLIA VP OF PLANNING				X			0.	0.	0.	
BILL BENSON MEMBER							0.	0.	0.	
RICHARD CAUSEY MEMBER							0.	0.	0.	
ORBY FERGUSON MEMBER							0.	0.	0.	
REBECCA HINDS MEMBER							0.	0.	0.	
DEBI RANDOLPH MEMBER							0.	0.	0.	
LAWTON BENTON MEMBER							0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS WADE IMMEDIATE PAST CAMPAIGN CH								0.	0.	0.
DAVID BENNETT MEMBER								0.	0.	0.
DAVID BENTON MEMBER								0.	0.	0.
LISA BOURCIER MEMBER								0.	0.	0.
DAVID BRITTAIN MEMBER								0.	0.	0.
JOHNNY BROWN MEMBER								0.	0.	0.
PAM CLIFTON MEMBER								0.	0.	0.
BRAD DEAN MEMBER								0.	0.	0.
DON GONYA MEMBER								0.	0.	0.
REBECCA HARDWICK MEMBER								0.	0.	0.
1b Total								66,680.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

AMENDED

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 1057306.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1057306.			
Program Service Revenue	2 a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,536.		13,536.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	22,284.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	22,284.			
	d Net rental income or (loss)		22,284.		22,284.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		1093126.	0.	0.	35,820.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	759,205.	759,205.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	66,680.	13,336.	36,674.	16,670.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	115,042.	23,008.	63,273.	28,761.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	33,479.	6,696.	18,413.	8,370.
10 Payroll taxes	13,129.	2,626.	7,221.	3,282.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	61,000.		61,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	3,571.		1,786.	1,785.
14 Information technology				
15 Royalties				
16 Occupancy	4,503.	901.	2,476.	1,126.
17 Travel	3,692.		1,846.	1,846.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,897.		15,897.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CAMPAIGN EXPENSE	16,651.			16,651.
b LICENSE, FEES, & DUES	15,163.		12,130.	3,033.
c INITIATIVE GRANT VISION	13,020.	13,020.		
d DAY OF CARING	12,016.	12,016.		
e POSTAGE	8,409.		4,205.	4,204.
f All other expenses	26,826.	6,919.	10,401.	9,506.
25 Total functional expenses. Add lines 1 through 24f	1,168,283.	837,727.	235,322.	95,234.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	191,537.	1	238,261.
	2	Savings and temporary cash investments	621,848.	2	562,704.
	3	Pledges and grants receivable, net	899,601.	3	650,478.
	4	Accounts receivable, net	15,600.	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,629.	9	3,568.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 379,980.		
	b	Less: accumulated depreciation	10b 164,032.	10c 231,845.	215,948.
	11	Investments - publicly traded securities	17,563.	11	15,002.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,981,623.	16	1,685,961.	
Liabilities	17	Accounts payable and accrued expenses	1,131,351.	17	913,407.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,131,351.	26	913,407.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-234,931.	27	-46,380.
	28	Temporarily restricted net assets	1,085,203.	28	818,934.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	850,272.	33	772,554.
	34	Total liabilities and net assets/fund balances	1,981,623.	34	1,685,961.

Form 990 (2009)

AMENDED

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2009)

AMENDED

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,337,309.	1,190,404.	1,414,761.	1,544,639.	1,057,306.	6,544,419.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,337,309.	1,190,404.	1,414,761.	1,544,639.	1,057,306.	6,544,419.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						6,544,419.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,337,309.	1,190,404.	1,414,761.	1,544,639.	1,057,306.	6,544,419.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,489.	39,108.	40,578.	44,773.	35,820.	175,768.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						6,720,187.

12 Gross receipts from related activities, etc (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.38 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.64 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

AMENDED

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

AMENDED

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF HORRY COUNTY, INC.

Employer identification number

57-0558692

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,030.		14,030.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		365,950.	164,032.	201,918.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				215,948.

AMENDED

Part VII Investments - Other Securities. See Form 990, Part X, line 12

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)

Part VIII Investments - Program Related. See Form 990, Part X, line 13

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation.

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Row 1 includes Federal income taxes.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,093,126.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,168,283.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-75,157.
4	Net unrealized gains (losses) on investments	-2,561.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	-2,561.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-77,718.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1,090,565.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	-2,561.
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	-2,561.
3	Subtract line 2e from line 1	1,093,126.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1,093,126.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1,168,283.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	0.
3	Subtract line 2e from line 1	1,168,283.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1,168,283.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

THE AUDITED FINANCIAL STATEMENTS OF THE UNITED WAY INCLUDED AN UNREALIZED LOSS ON INVESTMENTS IN THE AMOUNT OF \$2,561.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF HORRY COUNTY, INC.

Employer identification number
57-0558692

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CAROLINA AUTISM SOCIETY 806 12TH AVENUE WEST COLUMBIA, SC 29169	23-7350663	501 (C)(3)	6,000.	0.			PROVIDES AWARENESS, ADVOCACY AND SUPPORT FOR PEOPLE WITH AUTISM SPECTRUM DISORDERS, THEIR
TARA HALL P.O. BOX 955 GEORGETOWN, SC 29442	23-7111696	501 (C)(3)	22,917.	0.			HOME FOR ABUSED OR NEGLECTED BOYS AND PROVIDES A HOME
AMERICAN RED CROSS 2795 PAMPAS DRIVE MYRTLE BEACH, SC 29577	53-0196605	501 (C)(3)	80,000.	0.			PROVIDES DISASTER RELIEF, EMERGENCY PREPAREDNESS, EDUCATION AND COMMUNICATIONS
BIG BROTHERS/BIG SISTERS 1422 4TH AVENUE CONWAY, SC 29526	57-1051611	501 (C)(3)	35,000.	0.			AIDS CHILDREN FROM SINGLE PARENT FAMILIES IN ADJUSTING TO THE COMMUNITY
BOYS AND GIRLS CLUB-SALVATION ARMY 1400 CHURCH STREET CONWAY, SC 29526	58-0660607	501 (C)(3)	45,000.	0.			AFTER SCHOOL CHILD CARE HOMEWORK ASSISTANCE, ETC
CHURCHES ASSISTING PEOPLE (CAP) 206 MAIN STREET CONWAY, SC 29526	57-0865901	501 (C)(3)	25,000.	0.			CRISIS INTERVENTION

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

33.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

UNITED WAY OF HORRY COUNTY, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE UNITED WAY OF HORRY COUNTY PROVIDES GRANTS ONLY TO REPUTABLE 501 (C)(3) ORGANIZATIONS. THE ORGANIZATIONS THAT RECEIVE GRANTS MUST SUBMIT QUARTERLY REPORTS IN ORDER TO RECEIVE THEIR FUNDING. THE QUARTERLY REPORTS ARE REVIEWED BY OUR VICE PRESIDENT OF AC ALLOCATIONS AND THE STAFF TO MONITOR THE APPROPRIATE USE OF FUNDING.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH CAROLINA AUTISM SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES AWARENESS, ADVOCACY AND

**SCHEDULE I-1
(Form 990)**
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

UNITED WAY OF HORRY COUNTY, INC.

Employer identification number
57-0558692

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARED CARE P.O. BOX 3387 MYRTLE BEACH, SC 29578	54-2075560	501 (C)(3)	10,000.	0.			PROVIDES LEARNING FACILITIES THROUGH THE GAME OF GOLF.
CITIZENS AGAINST SPOUSE ABUSE (CASA) - P.O. BOX 912 - MYRTLE BEACH, SC 29578	57-0703560	501 (C)(3)	22,917.	0.			OFFERS SUPPORT SERVICES TO VICTIMS OF SPOUSE ABUSE
CHILDRENS RECOVERY CENTER P.O. BOX 1499 MYRTLE BEACH, SC 29578	57-1047247	501 (C)(3)	21,000.	0.			PROVIDES FORENSIC INTERVIEWS FOR CHILDREN OF SEXUAL ASSAULT
COASTAL SAMARITAN P.O. BOX 2967 MYRTLE BEACH, SC 29578	57-0719507	501 (C)(3)	14,000.	0.			OFFERS AFFORDABLE MENTAL HEALTH COUNSELING
DISABLED AMERICAN VETERANS (DAV) P.O. BOX 30637 MYRTLE BEACH, SC 29578	501 (C)(3)	501 (C)(3)	8,500.	0.			AIDS DISABLED VETERANS THROUGH VARIOUS EFFORTS
FRIENDSHIP MEDICAL CENTER 1396 HWY 544 CONWAY, SC 29526	30-0127648	501 (C)(3)	67,000.	0.			PROVIDES BASIC PRIMARY MEDICAL CARE AND MEDICATION TO LOW INCOME ADULTS IN HORRY COUNTY
HORRY COUNTY COUNCIL ON AGING P.O. BOX 1693 CONWAY, SC 29528	57-0620852	501 (C)(3)	42,000.	0.			PROVIDES A MEAL TO ILL AND FRAIL SENIOR ADULTS IN THE COMMUNITY
HORRY COUNTY LITERACY COUNCIL 101 OAK STREET MYRTLE BEACH, SC 29577	57-0708397	501 (C)(3)	27,500.	0.			HELPS REDUCE THE NUMBER OF NON-READERS AND RAISE THE READING LEVEL

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

Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Employer identification number
57-0558692

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Name of the organization
UNITED WAY OF HORRY COUNTY, INC.

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING HANDS OF MYRTLE BEACH P.O. BOX 2886 MYRTLE BEACH, SC 29578	57-0627993	501 (C)(3)	56,500.	0.			MINISTERS TO THE NEEDS OF PERSONS THROUGH CRISIS INTERVENTION
PEE DEE SPEECH AND HEARING P.O. BOX 804 FLORENCE, SC 29503	57-0514407	501 (C)(3)	35,000.	0.			PROVIDES PROFESSIONAL SPEECH PATHOLOGY AND AUDIOLOGY SERVICES FOR ALL AGES
SALVATION ARMY P.O. BOX 500 CONWAY SC, SC 29528	58-0660607	501 (C)(3)	31,500.	0.			PROVIDES LOCAL DISASTER SUPPORT, EMERGENCY AID, CRISIS INTERVENTION IN HORRY COUNTY
FAMILY OUTREACH SERVICES P.O. BOX 2057 CONWAY, SC 29528	57-0761302	501 (C)(3)	28,000.	0.			PROVIDES SUPPORT SERVICES TO PREGNANT AND PARENTAL TEENS
SOUTH STRAND HELPING HANDS P.O. BOX 15968 SURFSIDE BEACH, SC 29587	57-0827131	501 (C)(3)	20,917.	0.			ASSISTS FAMILIES AND INDIVIDUALS IN CRISIS SITUATIONS
BOY SCOUTS 702 COIT STREET FLORENCE, SC 29501	57-0994737	501 (C)(3)	29,000.	0.			BUILDS CHARACTER, SELF RELIANCE AND RESPECT FOR OTHERS
COMMUNITY KITCHEN P.O. BOX 563 MYRTLE BEACH, SC 29578	57-0965358	501 (C)(3)	18,200.	0.			OFFERS HOT MEALS 7 DAYS A WEEK FOR THE HUNGRY AND DISADVANTAGED
GIRL SCOUTS 2412 PISGAH ROAD FLORENCE, SC 29501	57-0341216	501 (C)(3)	24,000.	0.			BUILDS CHARACTER, SELF RELIANCE AND RESPECT FOR OTHERS

Schedule I-1 (Form 990) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

AMENDED

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Name of the organization

Employer identification number
57-0558692

UNITED WAY OF HORRY COUNTY, INC.

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		GRAND STRAND YMCA P.O. BOX 7338 MYRTLE BEACH, SC 29572	57-0747196	501 (C)(3)	13,332.	0.			ASSISTS RAPE VICTIMS FROM THE HOSPITALS ALL THE WAY TO COURT
		MYRTLE BEACH HAVEN 975 CAMPBELL STREET MYRTLE BEACH, SC 29577	57-0760021	501 (C)(3)	28,000.	0.			PROVIDES TEMPORARY SHELTER FOR THE HOMELESS OF HORRY COUNTY
		MOBILE MEALS P.O. BOX 7421 MYRTLE BEACH, SC 29578	57-0640837	501 (C)(3)	14,941.	0.			DELIVERS MEALS TO THE ELDERLY, DISABLED FIVE DAYS A WEEK
		NORTH STRAND HELPING HAND P.O. BOX 115 MYRTLE BEACH, SC 29597	58-7702559	501 (C)(3)	32,500.	0.			CRISIS INTERVENTION
		BOYS AND GIRLS CLUB-GRAND STRAND 1404 CARVER STREET MYRTLE BEACH, SC 29577	57-1051611	501 (C)(3)	16,000.	0.			INSPIRES AND ENABLES YOUNG PEOPLE TO REALIZE THEIR FULL POTENTIAL
		HORRY COUNTY FIRST STEPS 3926 WESLEY STREET UNIT # 303 MYRTLE BEACH, SC 29579	57-1098007	501 (C)(3)	7,500.	0.			ENSURES THAT HORRY COUNTY CHILDREN START TO SCHOOL HEALTHY AND READY TO LEARN
		GRACE MINISTRIES P.O. BOX 50475 MYRTLE BEACH, SC 29579	20-3314190	501 (C)(3)	10,000.	0.			SEEKS TO ASSIST SENIORS TO AGE GRACEFULLY WITH COMMUNITY ENCOURAGEMENT THROUGH ASSESSMENT.
		HORRY COUNTY DISABILITIES AND SPECIAL NEEDS - 250 VICTORY LANE - CONWAY, SC 29526	57-0808109	501 (C)(3)	22,500.	0.			PROVIDES A VARIETY OF SERVICES TO PEOPLE WITH MENTAL RETARDATION

Schedule I-1 (Form 990) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

AMENDED

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Employer identification number
57-0558692

Name of the organization
UNITED WAY OF HORRY COUNTY, INC.

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPE CRISIS CENTER P.O. BOX 613 MYRTLE BEACH, SC 29578	57-0703560	501 (C)(3)	10,000.	0.			ASSISTS RAPE VICTIMS FROM THE HOSPITALS ALL THE WAY TO COURT
HELP 4 KIDS 12053-B HWY 17 BYPASS SOUTH GARDEN CITY, SC 29576	83-0479992	501 (C)(3)	20,000.	0.			PROVIDES CHILDREN WITH THE NECESSITIES TO BE EQUIPPED FOR SCHOOL, THE MEANS TO LIVE A NORMAL PROVIDES HIGH QUALITY BEEF AND PRODUCE, AT NO COST, TO THE NON-PROFIT ORGANIZATIONS THAT FEED
OUTREACH FARMS P.O. BOX 644 PAWLEY'S ISLAND, SC 29585	01-0783649	501 (C)(3)	5,665.	0.			GRANTED IN PRIOR YEAR AND CRITERIA NOT MET. GRANTS DEFUNDED IN CURRENT YEAR.
DEFUNDING OF PRIOR YEAR GRANTS N/A N/A		N/A	-93,684.	0.			

AMENDED

Part IV Supplemental Information

SUPPORT FOR PEOPLE WITH AUTISM SPECTRUM DISORDERS, THEIR FAMILIES AND THE PROFESSIONALS WHO SERVE THEM.

NAME OF ORGANIZATION OR GOVERNMENT: GRACE MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: SEEKS TO ASSIST SENIORS TO AGE GRACEFULLY WITH COMMUNITY ENCOURAGEMENT THROUGH ASSESSMENT, SUPPORT, INFORMATION, LINKAGES WITH AVAILABLE SERVICES AND VOLUNTEER TRANSPORTATION.

NAME OF ORGANIZATION OR GOVERNMENT: HELP 4 KIDS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CHILDREN WITH THE NECESSITIES TO BE EQUIPPED FOR SCHOOL, THE MEANS TO LIVE A NORMAL LIFE AND WEEKEND SNACKS THROUGH SCHOOLS FOR THE LESS FORTUNATE CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: OUTREACH FARMS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES HIGH QUALITY BEEF AND PRODUCE, AT NO COST, TO THE NON-PROFIT ORGANIZATIONS THAT FEED THE HUNGRY IN Horry COUNTY.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

UNITED WAY OF HORRY COUNTY, INC.

Employer Identification number
57-0558692

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARVIN HEYD MEMBER								0.	0.	0.
EDWIN HINDS MEMBER								0.	0.	0.
MIKE HOGAN MEMBER								0.	0.	0.
NEIL JAMES MEMBER								0.	0.	0.
ALLEN JEFFCOAT MEMBER								0.	0.	0.
RUTHIE KEARNS MEMBER								0.	0.	0.
TOM LEATH MEMBER								0.	0.	0.
LESLIE MCIVER MEMBER								0.	0.	0.
LEIGH MEESE MEMBER								0.	0.	0.
FRANS MUSTERT MEMBER								0.	0.	0.
GLENDA PAGE MEMBER								0.	0.	0.
MIKE POSTON MEMBER								0.	0.	0.
WILLIAM PRITCHARD MEMBER								0.	0.	0.
COLEMAN RANDALL MEMBER								0.	0.	0.
FRED RICHARDSON MEMBER								0.	0.	0.
KIM SAULS MEMBER								0.	0.	0.
MATT SEDOTA MEMBER								0.	0.	0.
CATHE SINGLETON MEMBER								0.	0.	0.
DR. FRANK SLOAN MEMBER								0.	0.	0.
MARC SMITH MEMBER								0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

AMENDED

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the instructions for Form 990.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the Organization

UNITED WAY OF HORRY COUNTY, INC.

Employer identification number
57-0558692

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN SMITHSON MEMBER							0.	0.	0.	
SAMMY SPANN MEMBER							0.	0.	0.	
WALT STANDISH MEMBER							0.	0.	0.	
WAYNE STATON MEMBER							0.	0.	0.	
LANCE THOMPSON MEMBER							0.	0.	0.	
RICK WALL MEMBER							0.	0.	0.	
RANDY WALLACE MEMBER							0.	0.	0.	
DR. JEFFREY WALLEN MEMBER							0.	0.	0.	
DOUG WENDEL MEMBER							0.	0.	0.	
NEYLE WILSON MEMBER							0.	0.	0.	
DALE ZEGLIN MEMBER							0.	0.	0.	
JAY HOOD MEMBER							0.	0.	0.	
PAMELA BROWNING MEMBER							0.	0.	0.	
DAVID DOERRING MEMBER							0.	0.	0.	
MARC JORDAN MEMBER							0.	0.	0.	
MCKENZIE JORDAN MEMBER							0.	0.	0.	
JEFF RIDDLE MEMBER							0.	0.	0.	
MYERS ROLLINGS MEMBER							0.	0.	0.	
DR. ED SHELLEY MEMBER							0.	0.	0.	
SHERRY SMITH MEMBER							0.	0.	0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule J-2 (Form 990) 2009

AMENDED

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

UNITED WAY OF HORRY COUNTY, INC.

Employer Identification number

57-0558692

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JASON ATKINSON MEMBER								0.	0.	0.
JOEL FOSTER MEMBER								0.	0.	0.
DANA GROOME MEMBER								0.	0.	0.
TOM HARRELL MEMBER								0.	0.	0.
ROSE MARIE JOHNSON MEMBER								0.	0.	0.
MONTY MORROW MEMBER								0.	0.	0.
BRANDON SESSIONS MEMBER								0.	0.	0.
DELANE STATHES MEMBER								0.	0.	0.
BOB WRIGGLESWORTH MEMBER								0.	0.	0.
JIM SMITH MEMBER								0.	0.	0.

AMENDED

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF HORRY COUNTY, INC.

Employer identification number
57-0558692

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOCUSING ON THE THREE KEY BUILDING BLOCKS OF EDUCATION, INCOME, AND
HEALTH.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE IS NOTIFIED
THAT A COPY OF THE FORM 990 IS AVAILABLE AT THE OFFICE FOR THEM TO REVIEW
AT THE COMMITTEE'S CONVENIENCE.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR OUR BOARD OF DIRECTORS
WHICH INCLUDES THE EXECUTIVE COMMITTEE ARE ASKED TO FILL OUT A CONFLICT OF
INTEREST FORM, SIGN AND DATE IT. IF ANY ONE HAS A CONFLICT OF INTEREST
THIS IS REVIEWED BY THE EXECUTIVE DIRECTOR AND IF IT IS SERIOUS IT WOULD BE
BROUGHT BEFORE THE EXECUTIVE COMMITTEE AND HANDLED ACCORDINGLY. TO DATE WE
HAVE NOT HAD ANY SERIOUS CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS REVIEWED ANNUALLY,
AS WELL AS ALL OTHER PAID POSITIONS, BY THE COMPENSATION COMMITTEE. THE
COMPENSATION COMMITTEE MAKES RECOMMENDATIONS WHICH ARE REVIEWED BY THE
FINANCE COMMITTEE. THE EXECUTIVE COMMITTEE THEN HAS TO APPROVE THEM BEFORE
THE RECOMMENDATIONS ARE SENT TO THE BOARD FOR THEIR DECISION.

FORM 990, PART VI, SECTION C, LINE 19: THE UNITED WAY OF HORRY COUNTY'S
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE MADE AVAILABLE TO OUR BOARD AND TO THE PUBLIC UPON REQUEST.

FORM 990, PAGE 1, SECTION B

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

AMENDED

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF HORRY COUNTY, INC.

Employer identification number
57-0558692

AMENDED RETURN EXPLANATION

RETURN IS BEING AMENDED TO CORRECTLY REFLECT AUDITED FINANCIAL
STATEMENTS ISSUED AFTER THE ORIGINAL FILING DUE DATE.

PARTS AND SCHEDULES AMENDED DUE TO THESE CHANGES ARE:

PART I, CURRENT YEAR COLUMN, LINES 8, 10, 11, 12, 13, 15, 16B, 17, 18,
19

PART I, END OF YEAR COLUMN, LINES 20, 21, 22

PART III, LINE 4A

PART IV, LINE 12

PART VIII, LINES 1F, 3, 12

PART IX, LINES 1, 5, 7, 9, 10, 11C, 12, 13, 16, 17, 22, 24A-F, 25

PART X, COLUMN B, LINES 1, 2, 3, 4, 9, 10C, 11, 12, 16, 17, 26, 27, 28,
33, 34

SCHEDULE A, PART II, SECTION A, COLUMN E, LINES 1, 4, 6

SCHEDULE A, PART II, SECTION B, COLUMN E, LINES 7, 8, 11

SCHEDULE A, PART II, SECTION C, LINE 14

SCHEDULE B, PART 1, COLUMN C, LINES 1, 2, 3, 4, 5, 6

SCHEDULE D, PART VI, LINES 1A COLUMNS B & D, 1E COLUMNS B, C, & D

SCHEDULE D, PART XI, LINES 1, 2, 3, 4, 9, 10

SCHEDULE D, PART XII, LINES 1, 2A, 2E, 3, 5

SCHEDULE D, PART XIII, LINES 1, 3, 5

SCHEDULE D, PART XIV

SCHEDULE I, PART II, COLUMNS 1A, B, C, D, H

SCHEDULE I, PART II, LINE 2

AMENDED

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- 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. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number	
	UNITED WAY OF HORRY COUNTY, INC.	57-0558692	
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only	
	PO BOX 673		
	City, town or post office, state, and ZIP code For a foreign address, see instructions.		
	CONWAY, SC 29528-0673		

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

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

OLIVIA F. GARREN, EXECUTIVE DIRECTO

- The books are in the care of **▶ 761 CENTURY CIRCLE - CONWAY, SC 29528**
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, 2010**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____

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
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

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.	8a	\$	
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	8b	\$	
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	8c	\$	N/A

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 **▶ Sharon Coyne** Title **▶ CPA** Date **▶ 8/9/2010**

Form 8868 (Rev. 4-2009)

WebsterRogers LLP
P.O. Box 6289
Florence, S.C 29502-6289
EIN 57-0776381

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization UNITED WAY OF HORRY COUNTY, INC.	Employer identification number 57-0558692
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 673	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CONWAY, SC 29528-0673	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

OLIVIA F. GARREN, EXECUTIVE DIRECTO

- The books are in the care of ▶ **761 CENTURY CIRCLE - CONWAY, SC 29528**
 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 corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2009** or
 ▶ tax year beginning _____, and ending _____

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.	3a	\$	
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.	3b	\$	
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.	3c	\$	N/A

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.