



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

**2008**Open to Public  
Inspection

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

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C</b> Name of organization <b>UNITED WAY OF FLORENCE COUNTY</b>		<b>D</b> Employer identification number <b>57-0368721</b>
		Doing Business As		<b>E</b> Telephone number <b>843-662-2407</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1621 W. PALMETTO STREET</b>		<b>G</b> Gross receipts \$ <b>1,364,712.</b>
		City or town, state or country, and ZIP + 4 <b>FLORENCE, SC 29501</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer <b>E J NEWBY</b> <b>same as C above</b>				
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>www.unitedwayflorence.org</b>				
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1954</b> <b>M</b> State of legal domicile: <b>SC</b>				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>TO UNITE OUR COMMUNITY TO IMPROVE PEOPLE'S LIVES AND BUILD A VITAL, CARING COMMUNITY.</b>																									
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets																									
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>36</b>																								
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>36</b>																								
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>																								
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>353</b>																								
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>0.</b>																								
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>																								
	<b>Revenue</b>	<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td>1,700,692.</td> <td>1,308,668.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td>14,704.</td> <td>16,934.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td>46,877.</td> <td>36,110.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td></td> <td>3,000.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td>1,762,273.</td> <td>1,364,712.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	1,700,692.	1,308,668.	<b>9</b> Program service revenue (Part VIII, line 2g)	14,704.	16,934.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,877.	36,110.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,000.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,762,273.	1,364,712.						
			Prior Year	Current Year																						
<b>8</b> Contributions and grants (Part VIII, line 1h)		1,700,692.	1,308,668.																							
<b>9</b> Program service revenue (Part VIII, line 2g)		14,704.	16,934.																							
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		46,877.	36,110.																							
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			3,000.																							
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,762,273.	1,364,712.																							
<table border="1"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td>1,086,397.</td> <td>1,198,683.</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)</td> <td></td> <td></td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td>183,339.</td> <td>212,417.</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a)</td> <td></td> <td></td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25)</td> <td>80,252.</td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)</td> <td>126,304.</td> <td>108,016.</td> </tr> <tr> <td><b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td>1,396,040.</td> <td>1,519,116.</td> </tr> <tr> <td><b>19</b> Revenue less expenses - Subtract line 18 from line 12</td> <td>366,233.</td> <td>&lt;154,404.&gt;</td> </tr> </tbody> </table>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,086,397.	1,198,683.	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	183,339.	212,417.	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a)			<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	80,252.		<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	126,304.	108,016.	<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1,396,040.	1,519,116.	<b>19</b> Revenue less expenses - Subtract line 18 from line 12	366,233.	<154,404.>	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,086,397.	1,198,683.																							
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)																										
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	183,339.	212,417.																								
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a)																										
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	80,252.																									
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	126,304.	108,016.																								
<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1,396,040.	1,519,116.																								
<b>19</b> Revenue less expenses - Subtract line 18 from line 12	366,233.	<154,404.>																								
<table border="1"> <thead> <tr> <th></th> <th>Beginning of Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td>2,497,767.</td> <td>2,188,243.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td>17,317.</td> <td>9,577.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances - Subtract line 21 from line 20</td> <td>2,480,450.</td> <td>2,178,666.</td> </tr> </tbody> </table>		Beginning of Year	End of Year	<b>20</b> Total assets (Part X, line 16)	2,497,767.	2,188,243.	<b>21</b> Total liabilities (Part X, line 26)	17,317.	9,577.	<b>22</b> Net assets or fund balances - Subtract line 21 from line 20	2,480,450.	2,178,666.														
	Beginning of Year	End of Year																								
<b>20</b> Total assets (Part X, line 16)	2,497,767.	2,188,243.																								
<b>21</b> Total liabilities (Part X, line 26)	17,317.	9,577.																								
<b>22</b> Net assets or fund balances - Subtract line 21 from line 20	2,480,450.	2,178,666.																								

**Part II Signature Block**

<b>Sign Here</b>	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.			
	Signature of officer <i>E J Newby</i> <b>E J NEWBY, PRESIDENT</b> Type or print name and title		Date <b>2/26/10</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Anne Marie Hanna, CPA</i>	Date <b>02/23/10</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Anne Marie Hanna, CPA, LLC</b> <b>1515 Heritage Lane</b> <b>Florence, South Carolina 29505</b>		EIN ▶ Phone no ▶ <b>(843) 673-9700</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No617  
25

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission: See Schedule O for Continuation  
To provide community leadership and resource development to positively  
impact the needs of our community by strengthening relationships,  
programs and services that produce measurable results and improve the  
quality of life. To be recognized as the leading health and human

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

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

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

See Schedule O for Continuation(s)

4a (Code ) (Expenses \$ 1,212,019. including grants of \$ 1,180,051. ) (Revenue \$ )  
THE UNITED WAY PROVIDES PROGRAM SUPPORT AND FUNDING TOTALING \$1,180,051  
FOR 20 LOCAL NON-PROFIT ORGANIZATIONS IN SIX COMMUNITY FOCUS AREAS.  
THESE FOCUS AREAS ARE YOUTH SERVICES, FAMILY SERVICES, SPECIAL NEEDS,  
EMERGENCY SERVICES, ABUSE, AND ELDERLY SERVICES.

4b (Code ) (Expenses \$ 46,945. including grants of \$ 18,632. ) (Revenue \$ )  
THE UNITED WAY PROVIDES LEADERSHIP IN THE AREA OF COMMUNITY INVESTMENT.  
DURING 2008-2009, UNITED WAY PARTNERED WITH THE FLORENCE FAMILY YMCA TO  
HELP BUILD A COMPUTER LEARNING LAB TO BE USED BY THE YMCA CHILDREN'S  
CENTER FOR FACILITATION OF HOMEWORK AND COMPUTER LEARNING. THE GRANT  
FOR \$9,000 HELPED PROVIDE A COMPUTER CENTER THAT WILL ENABLE COMPUTER  
TRAINING FOR A NUMBER OF UNDERPRIVILEGED CHILDREN WHO HAVE NO COMPUTER  
TRAINING OPPORTUNITIES IN THEIR HOME ENVIRONMENTS.

THE UNITED WAY ALSO PROVIDED FUNDING TO LIGHTHOUSE MINISTRIES' RAMP  
(RAMP ASSISTANCE MEDICAL PROGRAM). THE RAMP PROGRAM PROVIDES HANDRAIL,  
WHEELCHAIR RAMP AND LIMITED VAN LIFT ASSISTANCE TO HELP ADDRESS  
MOBILITY ISSUES. THE PROGRAM IS DESIGNED TO PROVIDE MATERIAL FOR

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ 3,142. )  
FEMA GRANT - UNITED WAY COORDINATES THE ALLOCATION OF FEDERAL EMERGENCY  
MANAGEMENT AGENCY FUNDS FOR ELIGIBLE 501(C)(3)'S IN FLORENCE COUNTY.

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ► \$ 1,258,964. (Must equal Part IX, Line 25, column (B))

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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>		
<b>6</b> Did the organization maintain any donor advised funds or any 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>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U S ?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		<b>X</b>
<b>15</b> 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>		<b>X</b>
<b>16</b> 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>		<b>X</b>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		<b>X</b>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> 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>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>

Form **990** (2008)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	<b>X</b>	
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> 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>		<b>X</b>
<b>35</b> 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>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>

Form **990** (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	0	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	5	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter <b>N/A</b>		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter <b>N/A</b>		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		

Form 990 (2008)

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	36	
<b>b</b> Enter the number of voting members that are independent	36	
<b>2</b> 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	
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> 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?		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
<b>11</b> Is there any officer, director or 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**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
<b>16a</b> 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
<b>b</b> 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 ►  
 ANNE MARIE HANNA, CPA, LLC - (843) 673-9700  
 1515 HERITAGE LN, FLORNCCE, SC 29505

**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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- 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 officer, director, trustee, or key employee

(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			
FRANK BRAND BOARD CHAIR		X						0.	0.	0.
ART JUSTICE CAMPAIGN CHAIR		X						0.	0.	0.
JOHN HANNA CAMPAIGN CHAIR-ELECT		X						0.	0.	0.
JIM O'LAUGHLIN PAST BOARD CHAIR		X						0.	0.	0.
RUDY DEAN TREASURER		X						0.	0.	0.
SANDY DURANT SECRETARY		X						0.	0.	0.
BRADLEY CALLICUTT COMMUNITY INVESTMENT CHA		X						0.	0.	0.
JAMES AIKEN BOARD MEMBER		X						0.	0.	0.
BOBBY ANDERSON BOARD MEMBER		X						0.	0.	0.
LOVITH ANDERSON BOARD MEMBER		X						0.	0.	0.
KAY ANDREWS BOARD MEMBER		X						0.	0.	0.
CARY ASHWORTH BOARD MEMBER		X						0.	0.	0.
STEVE ATEYEH BOARD MEMBER		X						0.	0.	0.
JODI BEAUREGARD BOARD MEMBER		X						0.	0.	0.
LINDSEY BILLINGS BOARD MEMBER		X						0.	0.	0.
PIERCE CAMPBELL BOARD MEMBER		X						0.	0.	0.
JASON COKER BOARD MEMBER		X						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			
SCOTTY DAVIS BOARD MEMBER		X						0.	0.	0.
ELAINE DEAN BOARD MEMBER		X						0.	0.	0.
TRIP DuBARD BOARD MEMBER		X						0.	0.	0.
JILL HEIDEN BOARD MEMBER		X						0.	0.	0.
QUINCY KENNEDY BOARD MEMBER		X						0.	0.	0.
STEVE KNIGHT BOARD MEMBER		X						0.	0.	0.
MARK LASKOWSKI BOARD MEMBER		X						0.	0.	0.
JEFFRY MAY BOARD MEMBER		X						0.	0.	0.
CONNIE MORRIS BOARD MEMBER		X						0.	0.	0.
SCOTT MUNN BOARD MEMBER		X						0.	0.	0.
<b>1b Total</b>								<b>70,662.</b>	<b>0.</b>	<b>0.</b>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

0

- 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
- 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
- 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

	Yes	No
3		X
4		X
5		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 those in 1) who received more than \$100,000 in compensation from the organization

0

See Schedule J-2 for Part VII, Section A Continuation

Form 990 (2008)

**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				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,142.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,305,526.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	<b>Total.</b> Add lines 1a-1f		1308668.			
Program Service Revenue	2 a	<u>SERVICE FEE INCOME</u>	Business Code 561000	10,756.	10,756.		
	b	<u>MISCELLANEOUS</u>	561000	6,178.	6,178.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		16,934.			
	3	Investment income (including dividends, interest, and other similar amounts)		36,110.			36,110.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross Rents	(i) Real 3,000.				
	b	Less rental expenses					
	c	Rental income or (loss)	3,000.				
	d	Net rental income or (loss)		3,000.	3,000.		
	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	b				
	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	b				
	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	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue			Business Code			
	11 a						
	b						
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1364712.	19,934.	0.	36,110.	

**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	1,198,683.	1,198,683.		
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	70,662.	19,797.	32,339.	18,526.
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	101,508.	28,438.	46,456.	26,614.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	26,699.	8,243.	9,897.	8,559.
10 Payroll taxes	13,548.	3,803.	6,202.	3,543.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	24,620.		24,620.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	5,809.		241.	5,568.
13 Office expenses	5,568.		5,115.	453.
14 Information technology	4,688.		4,688.	
15 Royalties				
16 Occupancy	19,861.		15,008.	4,853.
17 Travel	2,316.		2,316.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,460.			7,460.
20 Interest				
21 Payments to affiliates	15,001.		15,001.	
22 Depreciation, depletion, and amortization	7,525.		7,525.	
23 Insurance	5,049.		5,049.	
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 <b>PRINTING &amp; PUBLICATION</b>	3,697.			3,697.
b <b>MEMBERSHIP DUES</b>	2,373.		2,373.	
c <b>STAFF DEVELOPMENT</b>	1,889.		1,889.	
d <b>MISCELLANEOUS</b>	1,217.		238.	979.
e <b>BANK CHARGES</b>	943.		943.	
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,519,116.	1,258,964.	179,900.	80,252.
26 <b>Joint Costs</b> 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
<b>Assets</b>	1 Cash - non-interest-bearing		1	304,490.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	718,019.	3	553,965.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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	1,953.	9	1,911.
	10a Land, buildings, and equipment - cost basis	10a 178,385.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 99,379.	10c	79,006.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,691,890.	12	1,248,871.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,497,767.	16	2,188,243.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	17,317.	17	9,577.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	17,317.	26	9,577.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	2,480,433.	27	2,178,666.
	28 Temporarily restricted net assets	17.	28	0.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	2,480,450.	33	2,178,666.
	34 <b>Total liabilities and net assets/fund balances</b>	2,497,767.	34	2,188,243.

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 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?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		



**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,635,704.	1,608,620.	1,449,257.	1,700,692.	1,308,668.	7,702,941.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	1,635,704.	1,608,620.	1,449,257.	1,700,692.	1,308,668.	7,702,941.
<b>5</b> 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)						191,958.
<b>6 Public Support.</b> Subtract line 5 from line 4						7,510,983.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	1,635,704.	1,608,620.	1,449,257.	1,700,692.	1,308,668.	7,702,941.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,097.	41,265.	53,823.	46,877.	36,110.	202,172.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	9,494.	19,792.	9,716.	14,704.	19,934.	73,640.
<b>11 Total support.</b> Add lines 7 through 10						7,978,753.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	94.14 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	94.22 %
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶ ☐

## Part IV

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions)

Schedule A, Part II, Line 10, Explanation for Other Income:

### SERVICE FEES & MISCELLANEOUS



**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF FLORENCE COUNTY

Employer identification number

57-0368721

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 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 d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

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 Trust, 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 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	1013919.				
b Contributions	300,000.				
c Investment earnings or losses	<65,048.>				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1248871.				

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

- a Board designated or quasi-endowment ▶ 100.00 %  
 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)		X
3a(ii)		X
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) Depreciation	(d) Book value
1a Land		10,143.		10,143.
b Buildings		116,958.	61,164.	55,794.
c Leasehold improvements				
d Equipment		51,284.	38,215.	13,069.
e Other				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				79,006.

Schedule D (Form 990) 2008

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>INVESTMENTS - BOARD DESIGNATED</b>	<b>1,248,871.</b>	<b>End-of-Year Market Value</b>
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.)	<b>1,248,871.</b>	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.)	

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

(a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.)	

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 Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,364,712.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,519,116.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<154,404.>
4	Net unrealized gains (losses) on investments	4	<92,267.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<55,113.>
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<147,380.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<301,784.>

**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	1,058,479.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<92,267.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<92,267.>
3	Subtract line 2e from line 1	3	1,150,746.
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	4a	
b	Other (Describe in Part XIV)	4b	213,966.
c	Add lines 4a and 4b	4c	213,966.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,364,712.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,305,150.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,305,150.
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	4a	
b	Other (Describe in Part XIV)	4b	213,966.
c	Add lines 4a and 4b	4c	213,966.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,519,116.

**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, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

**Part V, line 4: THE ENDOWMENT FUNDS BALANCE IN PART V CONSISTS OF**

**THREE FUNDS DESIGNATED BY THE BOARD: \$272,000 HAS BEEN DESIGNATED FOR**

**FUTURE COMMUNITY INVESTMENT PROGRAMS, \$75,000 IS DESIGNATED FOR A SPECIAL**

**EMERGENCY, AND \$901,871 IS DESIGNATED AS THE QUASI-ENDOWMENT FUND.**

**Part XII, Line 4b - Other Adjustments:**

**DONOR DESIGNATIONS: 213966.**

**Part XIV** Supplemental Information (continued)

Part XIII, Line 4b - Other Adjustments:

DONOR DESIGNATIONS: 213966.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

**UNITED WAY OF FLORENCE COUNTY**

Employer identification number  
**57-0368721**

**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" on 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
ALSTON WILKES SOCIETY 3519 MEDICAL DRIVE COLUMBIA, SC 29203	57-0477907	501(C)(3)	6,922.	0.			PROGRAM OPERATING COSTS
ALSTON WILKES SOCIETY 3519 MEDICAL DRIVE COLUMBIA, SC 29203	57-0477907	501(C)(3)	78.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BIG BROTHERS BIG SISTERS ASSOCIATION - 110 TOLEDO ROAD - FLORENCE, SC 29505	57-0346791	501(C)(3)	111,866.	0.			PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS ASSOCIATION - 110 TOLEDO ROAD - FLORENCE, SC 29505	57-0346791	501(C)(3)	3,134.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF FLORENCE & TIMMONSVILLE - PO BOX 93 - FLORENCE, SC 29503	57-6026677	501(C)(3)	183,520.	0.			PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF FLORENCE & TIMMONSVILLE - PO BOX 93 - FLORENCE, SC 29503	57-6026677	501(C)(3)	10,480.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

**3** Enter total number of other organizations

22.  
0.

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

Schedule I (Form 990) 2008

**Part III.** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Use 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 COMMUNITY INVESTMENT COMMITTEE (CIC), WHICH

IS COMPOSED OF UNITED WAY STAFF, BOARD MEMBERS, AND COMMUNITY VOLUNTEERS

OVERSEES THE REVIEW PROCESS AND ALLOCATION OF FUNDS TO THE PARTNER AGENCIES

ANNUALLY. THE FUNDING YEAR RUNS FROM JULY 1ST TO JUNE 30TH. IN MARCH THE

PARTNER AGENCIES SUBMIT APPLICATIONS FOR FUNDING REQUESTS. FOR EACH

AGENCY, THE CIC MEMBERS REVIEW ORGANIZATIONAL DOCUMENTS INCLUDING: THE

MOST RECENT AUDIT; FINANCIAL STATEMENTS; PROGRAM AND ORGANIZATIONAL

BUDGETS; OUTCOME MEASUREMENT AND IMPROVEMENT; AND AN EXECUTIVE SUMMARY. THE

CIC PERFORMS THESE REVIEWS TO ENSURE THAT THE PARTNER AGENCIES ARE MEETING

**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**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047  
2008

Open to Public  
Inspection

Name of the organization

Employer identification number

**UNITED WAY OF FLORENCE COUNTY**

**57-0368721**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CARE HOUSE OF THE PEE DEE 1500 PATTEN DRIVE FLORENCE, SC 29501	20-3852301	501(C)(3)	19,162.	0.			PROGRAM OPERATING COSTS
CARE HOUSE OF THE PEE DEE 1500 PATTEN DRIVE FLORENCE, SC 29501	20-3852301	501(C)(3)	1,838.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CIRCLE PARK PO BOX 6196 FLORENCE, SC 29502	57-0559761	501(C)(3)	19,604.	0.			PROGRAM OPERATING COSTS
CIRCLE PARK PO BOX 6196 FLORENCE, SC 29502	57-0559761	501(C)(3)	396.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CONSUMER CREDIT COUNSEL PO BOX 7876 COLUMBIA, SC 29202		501(C)(3)	13,594.	0.			PROGRAM OPERATING COSTS
CONSUMER CREDIT COUNSEL PO BOX 7876 COLUMBIA, SC 29202		501(C)(3)	406.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FLORENCE AREA LITERACY COUNCIL 240 S DARGAN STREET FLORENCE, SC 29506	57-0735362	501(C)(3)	32,844.	0.			PROGRAM OPERATING COSTS
FLORENCE AREA LITERACY COUNCIL 240 S DARGAN STREET FLORENCE, SC 29506	57-0735362	501(C)(3)	1,156.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

3 Enter total number of other organizations



**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**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

Employer identification number

**UNITED WAY OF FLORENCE COUNTY**

**57-0368721**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FLORENCE COUNTY CHAPTER AMERICAN RED CROSS - 1601-A WEST LUCAS ST - FLORENCE, SC 29501	57-0314426	501(C)(3)	74,027.	0.			PROGRAM OPERATING COSTS
FLORENCE COUNTY CHAPTER AMERICAN RED CROSS - 1601-A WEST LUCAS ST - FLORENCE, SC 29501	57-0314426	501(C)(3)	10,973.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FLORENCE COUNTY SENIOR CITIZENS ASSOCIATION - PO BOX 12207 - FLORENCE, SC 29504	57-0515239	501(C)(3)	78,612.	0.			PROGRAM OPERATING COSTS
FLORENCE COUNTY SENIOR CITIZENS ASSOCIATION - PO BOX 12207 - FLORENCE, SC 29504	57-0515239	501(C)(3)	10,388.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FLORENCE COUNTY DISABILITIES & SPECIAL NEEDS BOARD - 1211 NATIONAL CEMETERY RD - FLORENCE, SC 29506	57-0914939	501(C)(3)	37,800.	0.			PROGRAM OPERATING COSTS
FLORENCE COUNTY DISABILITIES & SPECIAL NEEDS BOARD - 1211 NATIONAL CEMETERY RD - FLORENCE, SC 29506	57-0914939	501(C)(3)	11,200.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FLORENCE FAMILY YMCA 1700 S RUTHERFORD RD. FLORENCE, SC 29505	57-0516770	501(C)(3)	32,876.	0.			PROGRAM OPERATING COSTS
FLORENCE FAMILY YMCA 1700 S RUTHERFORD RD. FLORENCE, SC 29505	57-0516770	501(C)(3)	2,124.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

**3** Enter total number of other organizations

**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**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

Employer identification number

**UNITED WAY OF FLORENCE COUNTY**

57-0368721

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GIRL SCOUT COUNCIL OF THE PEE DEE 2412 PISGAH ROAD FLORENCE, SC 29501	57-0341216	501(C)(3)	17,454.	0.			PROGRAM OPERATING COSTS
GIRL SCOUT COUNCIL OF THE PEE DEE 2412 PISGAH ROAD FLORENCE, SC 29501	57-0341216	501(C)(3)	2,546.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HARVEST HOPE FOOD BANK PO BOX 451 COLUMBIA, SC 29202	57-0725560	501(C)(3)	0.	0.			PROGRAM OPERATING COSTS
HARVEST HOPE FOOD BANK PO BOX 451 COLUMBIA, SC 29202	57-0725560	501(C)(3)	7,116.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LIGHTHOUSE MINISTRIES 201 E ELM STREET FLORENCE, SC 29506	57-1053570	501(C)(3)	40,482.	0.			PROGRAM OPERATING COSTS
LIGHTHOUSE MINISTRIES 201 E ELM STREET FLORENCE, SC 29506	57-1053570	501(C)(3)	9,518.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MERCY MEDICINE 514-E SOUTH DARGAN STREET FLORENCE, SC 29506	31-1693093	501(C)(3)	73,173.	0.			PROGRAM OPERATING COSTS
MERCY MEDICINE 514-E SOUTH DARGAN STREET FLORENCE, SC 29506	31-1693093	501(C)(3)	16,827.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

3 Enter total number of other organizations

Name of the organization

**UNITED WAY OF FLORENCE COUNTY**

Employer identification number  
**57-0368721**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PEE DEE AREA BOY SCOUTS PO BOX 268 FLORENCE, SC 29503	57-0314451	501(C)(3)	40,950.	0.			PROGRAM OPERATING COSTS
PEE DEE AREA BOY SCOUTS PO BOX 268 FLORENCE, SC 29503	57-0314451	501(C)(3)	4,050.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PEE DEE COALITION AGAINST DOMESTIC & SEXUAL ASSAULT - PO BOX 1351 - FLORENCE, SC 29503	57-0830844	501(C)(3)	74,387.	0.			PROGRAM OPERATING COSTS
PEE DEE COALITION AGAINST DOMESTIC & SEXUAL ASSAULT - PO BOX 1351 - FLORENCE, SC 29503	57-0830844	501(C)(3)	15,613.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PEE DEE SPEECH AND HEARING PO BOX 804 FLORENCE, SC 29503	57-0514407	501(C)(3)	58,488.	0.			PROGRAM OPERATING COSTS
PEE DEE SPEECH AND HEARING PO BOX 804 FLORENCE, SC 29503	57-0514407	501(C)(3)	4,512.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY PO BOX 4108 FLORENCE, SC 29502	58-0660607	501(C)(3)	47,706.	0.			PROGRAM OPERATING COSTS
SALVATION ARMY PO BOX 4108 FLORENCE, SC 29502	58-0660607	501(C)(3)	2,294.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

3 Enter total number of other organizations

**Employer identification number**  
**57-0368721**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

**3** Enter total number of other organizations

**Part IV** Supplemental Information

IDENTIFIED COMMUNITY NEEDS AND ARE EFFICIENT AND EFFECTIVE. BASED ON THE EVALUATION RESULTS, THE CIC MAKES A RECOMMENDATION TO THE BOARD OF TRUSTEES FOR THE ALLOCATION OF FUNDS TO EACH AGENCY BEGINNING IN JULY. AS A FOLLOW-UP TO THIS PROCESS, THE CIC PERFORMS A MID-YEAR REVIEW OF ALL THE PARTNER AGENCIES EVERY JANURAY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF FLORENCE COUNTY

Employer identification number

57-0368721

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision  
of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

☒ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☐ Compensation survey or study

☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008



Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2008

### Open to Public Inspection

Name of the Organization

UNITED WAY OF FLORENCE COUNTY

Employer Identification number  
57-0368721

<b>Part I</b>	<b>Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>
---------------	--

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

Schedule J-2 (Form 990) 2008



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

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization

UNITED WAY OF FLORENCE COUNTY

Employer identification number

57-0368721

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ANNE MARIE HANNA, CPA	MS. HANNA IS SISTER	0.	MS. HANNA'S		X
BRAVO! EVENT RENTALS, LLC	COMPANY IS OWNED BY	0.	BRAVO! EVEN		X
FIRST RELIANCE BANK	BOARD MEMBER, JEFF	0.	UNITED WAY		X
SOUTH CAROLINA BANK & TRUS	BOARD MEMBER, JOHN	0.	UNITED WAY		X
STEIFEL NICOLAUS	BOARD MEMBER, FRANK	0.	UNITED WAY		X

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

Schedule L (Form 990 or 990-EZ) 2008

See Schedule O for Schedule L Continuations

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF FLORENCE COUNTY

Employer identification number

57-0368721

Form 990, Part III, Line 1, Description of Organization Mission:

services support agency in the Pee Dee through resource development and community impact initiatives.

Form 990, Part III, Line 4b, Program Service Accomplishments

MODIFICATIONS TO CREATE SAFE HOME ACCESSIBILITY FOR RESIDENTS OF FLORENCE COUNTY WITH PHYSICAL CHALLENGES AND LIMITED RESOURCES. DURING 2008-2009 GRANTS TO THIS PROGRAM TOTALED \$9,632.

Form 990, Part VI, Section A, line 2: TWO BOARD MEMBERS ARE HUSBAND AND WIFE: RUDY DEAN, TREASURER AND ELAINE DEAN, BOARD MEMBER.

Form 990, Part VI, Section A, line 10: AUDITED FINANCIAL STATEMENTS ARE FIRST REVIEWED BY THE EXECUTIVE COMMITTEE AT ITS MONTHLY MEETING AND THEN THEY ARE PRESENTED TO THE FULL BOARD OF DIRECTORS AT ITS MEETING THE FOLLOWING WEEK. THE 990 IS FIRST REVIEWED BY THE TREASURER AND THE EXECUTIVE DIRECTOR AND THEN IS GIVEN TO THE EXECUTIVE COMMITTEE TO REVIEW. AFTER APPROVAL BY THE EXECUTIVE COMMITTEE, THE 990 IS THEN GIVEN TO ALL THE BOARD MEMBERS TO REVIEW. IF THERE ARE NO OBJECTIONS GIVEN AT THE FULL BOARD MEETING, THE 990 IS THEN MAILED TO THE IRS.

Form 990, Part VI, Section B, Line 12c: ANNUALLY, STAFF AND VOLUNTEERS WHO SERVE ON COMMITTEES ARE REQUIRED TO COMPLETE A CODE OF ETHICS CERTIFICATE, WHICH REQUIRES DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST. THE BOARD OF DIRECTORS IS ALSO REQUIRED TO DISCLOSE POTENTIAL CONFLICTS.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF FLORENCE COUNTY

Employer identification number

57-0368721

Form 990, Part VI, Section B, Line 15: THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE PRESIDENT'S PERFORMANCE AND SETS HIS COMPENSATION. THE EXECUTIVE COMMITTEE WITH INPUT FROM THE PRESIDENT ALSO REVIEWS EACH EMPLOYEE AND SETS THEIR COMPENSTAION.

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTERET POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: ANNE MARIE HANNA, CPA

(b) Relationship Between Interested Person and Organization:

MS. HANNA IS SISTER TO THE CAMPAIGN CHAIR-ELECT, JOHN L HANNA.

(d) Description of Transaction: MS. HANNA'S FIRM PROVIDES BOOKKEEPING AND PAYROLL SERVICES, PREPARES MONTHLY FINANCIAL STATEMENTS, AND ALSO THE FORM 990.

(a) Name of Person: BRAVO! EVENT RENTALS, LLC

(b) Relationship Between Interested Person and Organization:

COMPANY IS OWNED BY ELAINE DEAN & RUDY DEAN, BOARD MEMBERS

(d) Description of Transaction: BRAVO! EVENT RENTALS, LLC PERFORMS CERTAIN EVENT SERVICES FOR UNITED WAY. ALL TRANSACTIONS ARE LESS THAN \$5,000 AND ARE CONDUCTED AT ARMS-LENGTH.

(a) Name of Person: FIRST RELIANCE BANK

(b) Relationship Between Interested Person and Organization:

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF FLORENCE COUNTY

Employer identification number  
57-0368721

BOARD MEMBER, JEFF PAOLUCCI, IS AN EMPLOYEE/OFFICER OF THIS BANK

(d) Description of Transaction: UNITED WAY MAINTAINS ITS OPERATING  
ACCOUNT AND SEVERAL CERTIFICATES OF DEPOSIT AT THIS BANK.

(a) Name of Person: SOUTH CAROLINA BANK & TRUST

(b) Relationship Between Interested Person and Organization:

BOARD MEMBER, JOHN L HANNA, IS AN EMPLOYEE/OFFICER OF THIS BANK

(d) Description of Transaction: UNITED WAY MAINTAINS CERTIFICATES OF  
DEPOSIT AT THIS BANK.

(a) Name of Person: STEIFEL NICOLAUS

(b) Relationship Between Interested Person and Organization:

BOARD MEMBER, FRANK BRAND, IS AN EMPLOYEE/OFFICER OF THIS BROKERAGE COMPANY

(d) Description of Transaction: UNITED WAY MAINTAINS ITS QUASI-ENDOWMENT  
ACCOUNT AT THIS BROKERAGE COMPANY

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)	
<b>Type or print</b>	Name of Exempt Organization <b>UNITED WAY OF FLORENCE COUNTY</b>
File by the extended due date for filing the return. See instructions	Employer identification number <b>57-0368721</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>1621 W. PALMETTO STREET</b>
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>FLORENCE, SC 29501</b>

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

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

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

**ANNE MARIE HANNA, CPA, LLC**

- The books are in the care of ☒ **1515 HERITAGE LN - FLORNCCE, SC 29505**

Telephone No. **843-673-9700**

FAX No. **843-673-0220**

- 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 **May 15, 2010**  
 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**  
 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 \_\_\_\_\_

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</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.	<b>8b</b>	\$
<b>c Balance Due.</b> 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.	<b>8c</b>	\$ <b>N/A</b>

### 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  Title **CPA**

Date **2/10/10**

Form **8868** (Rev. 4-2009)

*Mailed  
2/12/10*