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

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

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

OMB No 1545-0047

2009

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

C Name of organization
UNITED WAY OF AIKEN COUNTY, INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P. O. BOX 699
 City or town, state or country, and ZIP + 4
AIKEN, SC 29802-0699

D Employer identification number
57-0360086

E Telephone number
803-648-8331

G Gross receipts \$ **2,849,659.**

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 **SHARON RODGERS**
235 BARNWELL AVENUE, NW, AIKEN, SC 29801

I Tax-exempt status ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.UWAIKEN.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1975** **M State of legal domicile:** **SC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities **TO SOLICIT AND DISBURSE CHARITABLE FUNDS.**

2 Check this box ☐ 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** **48**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **48**

5 Total number of employees (Part V, line 2a) **5** **6**

6 Total number of volunteers (estimate if necessary) **6** **1733**

7a Total gross unrelated business revenue from Part VIII, column (A), line 12 **7a** **0.**

b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 8	2,616,868.	2,814,161.
9 Program service revenue (Part VIII, line 2a) 9	21,900.	7,904.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10	39,989.	25,563.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9b, 10c, and 11e) 11	2,265.	2,031.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	2,681,022.	2,849,659.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13	2,507,642.	2,226,526.
14 Benefits paid to or for members (Part IX, column (A), line 4) 14		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15	249,499.	261,166.
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 83,007. 16b		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g) 17	213,571.	202,266.
18 Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25) 18	2,970,712.	2,689,958.
19 Revenue less expenses. Subtract line 18 from line 12 19	<289,690.>	159,701.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) 20	3,599,233.	3,692,300.
21 Total liabilities (Part X, line 26) 21	2,816,328.	2,730,460.
22 Net assets or fund balances. Subtract line 21 from line 20 22	782,905.	961,840.

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 **United Way of Aiken County, Inc.** **4/26/10**
 Signature of officer **SHARON RODGERS, PRESIDENT/ CEO** Date
 Type or print name and title

Paid Preparer's Use Only Preparer's signature **Rich L. Evans** Date **04/22/10** Check if self-employed ☐ Preparer's identifying number (see instructions)
 Firm's name (or yours if self-employed), address, and ZIP + 4 **SEROTTA MADDOCKS EVANS & CO., CPA'S** EIN ▶
701 GREENE STREET, SUITE 200
AUGUSTA, GA 30901 Phone no. ▶ **706-722-5337**

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

916 18

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:TO IMPROVE LIVES IN OUR 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

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.

4a (Code) (Expenses \$ 2,382,075. including grants of \$) (Revenue \$)
THE ORGANIZATION COORDINATES, SOLICITS, AND RECEIVES FUNDS THAT ARE
DISBURSED TO SEVERAL PROGRAMS AND APPROXIMATELY 45 AGENCIES OF HEALTH,
RECREATION AND WELFARE IN THE COMMUNITY

4b (Code) (Expenses \$ 119,973. including grants of \$) (Revenue \$)
THE ORGANIZATION PROVIDES TO THE LOCAL COMMUNITY SERVICES SUCH AS
AGENCY RELATIONS, COMMUNICATIONS AND MARKETING, INFORMATION AND
REFERRAL, AND COMMUNITY INITIATIVES. THE ORGANIZATION SOLICITS FUNDS
DISBURSED TO AGENCIES.

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 ► \$ 2,502,048.

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>	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

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>	21 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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	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>	28a	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>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	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>	35	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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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
4b	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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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	48	
1b Enter the number of voting members that are independent	48	
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.		
a The governing body?	X	
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
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?		
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	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c 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?		
a The organization's CEO, Executive Director, or top management official	X	
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
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 **▶**
SHARON RODGERS - 803-648-8331
235 BARNWELL AVE. NW, AIKEN, SC 29801

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			
DAVE APPLEGATE BOARD OF DIRECTORS		X						0.	0.	0.
CLAUDIA ADAMS PAST BOARD CHAIR		X						0.	0.	0.
PAM AMENDOLA BOARD OF DIRECTORS		X						0.	0.	0.
KEN BALDWIN COMMUNITY IMPACT VICE CH		X						0.	0.	0.
ROSIE BERRY BOARD OF DIRECTORS		X						0.	0.	0.
GEORGE BOATWRIGHT COMMUNICATIONS COMMITTEE		X						0.	0.	0.
AL BRANSON BOARD OF DIRECTORS		X						0.	0.	0.
SHARON CORMIER BOARD OF DIRECTORS		X						0.	0.	0.
STEPHANIE DINGLE BOARD OF DIRECTORS		X						0.	0.	0.
MIKE EATON BOARD OF DIRECTORS		X						0.	0.	0.
BENELLA FLOYD BOARD OF DIRECTORS		X						0.	0.	0.
BERNIE GIROUARD BOARD OF DIRECTORS		X						0.	0.	0.
SHARON HAGAN SECOND VICE CHAIR		X						0.	0.	0.
DAVE HEPNER COMMUNITY IMPACT CHAIR		X						0.	0.	0.
P K HIGHTOWER PERSONNEL COMMITTEE CHAI		X						0.	0.	0.
LAURIE HOBBS BOARD OF DIRECTORS		X						0.	0.	0.
TRISH INGLE BOARD OF DIRECTORS		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			
BILL INMAN CHAIR		X						0.	0.	0.
JOE E LEWIS BOARD OF DIRECTORS		X						0.	0.	0.
DR. DEIDRE MARTIN BOARD OF DIRECTORS		X						0.	0.	0.
IVORY MATHEWS BOARD OF DIRECTORS		X						0.	0.	0.
TONY MAXTED BOARD OF DIRECTORS		X						0.	0.	0.
RONNIE MAXWELL BOARD OF DIRECTORS		X						0.	0.	0.
BEN NEWMAN BOARD OF DIRECTORS		X						0.	0.	0.
WALLY OLIVER BOARD OF DIRECTORS		X						0.	0.	0.
JOHN PAVEGLIO TREASURER		X						0.	0.	0.
NORMAN POWELL BOARD OF DIRECTORS		X						0.	0.	0.
1b Total								0.	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

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				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2814161.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,814,161.			
Program Service Revenue	2 a	SUCCESS BY SIX	Business Code 900099	4,065.			4,065.
	b	SCHOOL TOOLS INCOME	900099	3,839.			3,839.
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		7,904.			
	3	Investment income (including dividends, interest, and other similar amounts)		25,563.			25,563.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	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	MISCELLANEOUS INCOME	900099	2,031.			2,031.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		2,031.			
	12	Total revenue. See instructions.		2,849,659.	0.	0.	35,498.

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	2,226,526.	2,226,526.		
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				
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	201,230.	135,516.	34,500.	31,214.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	40,485.	25,971.	7,620.	6,894.
10 Payroll taxes	19,451.	12,691.	3,549.	3,211.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	22,657.	13,594.	4,758.	4,305.
17 Travel	505.	303.	106.	96.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	164.	99.	34.	31.
20 Interest				
21 Payments to affiliates	36,468.		36,468.	
22 Depreciation, depletion, and amortization	1,200.	720.	252.	228.
23 Insurance	2,173.	1,304.	456.	413.
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 CONTRACT SERVICES	58,763.	49,643.	4,788.	4,332.
b CAMPAIGN COSTS	21,087.			21,087.
c SUPPLIES	20,817.	12,544.	4,343.	3,930.
d EQUIPMENT	15,368.	9,221.	3,227.	2,920.
e TELEPHONE & NETWORKING	9,433.	5,660.	1,981.	1,792.
f All other expenses	13,631.	8,256.	2,821.	2,554.
25 Total functional expenses. Add lines 1 through 24f	2,689,958.	2,502,048.	104,903.	83,007.
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	1,074,942.	1	1,515,713.
	2 Savings and temporary cash investments	588,163.	2	101,213.
	3 Pledges and grants receivable, net	1,878,266.	3	1,997,919.
	4 Accounts receivable, net		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		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 37,898.		
	b Less accumulated depreciation	10b 34,357.	3,182.	10c 3,541.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	54,680.	12	73,914.
	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)	3,599,233.	16	3,692,300.	
Liabilities	17 Accounts payable and accrued expenses	15,520.	17	13,554.
	18 Grants payable	2,797,693.	18	2,714,768.
	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	3,115.	25	2,138.
	26 Total liabilities. Add lines 17 through 25	2,816,328.	26	2,730,460.
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	782,905.	27	961,840.
	28 Temporarily restricted net assets		28	
	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	782,905.	33	961,840.	
34 Total liabilities and net assets/fund balances	3,599,233.	34	3,692,300.	

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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?
- b** Were the organization's financial statements audited by an independent accountant?
- 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.
☒ Separate basis ☐ Consolidated basis ☐ 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?
- 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.

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

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF AIKEN COUNTY, INC.

Employer identification number

57-0360086

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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.")	2610247.	2727476.	2677974.	2616868.	2814161.	13446726.
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	2610247.	2727476.	2677974.	2616868.	2814161.	13446726.
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						13446726.

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	2610247.	2727476.	2677974.	2616868.	2814161.	13446726.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,790.	43,574.	51,400.	39,989.	25,563.	191,316.
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)	42,970.	99,505.	42,714.	24,165.	9,935.	219,289.
11 Total support. Add lines 7 through 10						13857331.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.04	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.68	%
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 ▶ <input checked="" type="checkbox"/>			
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 ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

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 ► <input type="checkbox"/>						

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 ► ☐

UNITED WAY OF AIKEN COUNTY, INC.
 SCHEDULE OF EXPENDITURES OF FEDERAL AWARD
 YEAR ENDED DECEMBER 31, 2009

<u>Program</u>	<u>Grantor</u>	<u>CFDA Number</u>	<u>Award Period</u>	<u>State Expenditures</u>
<u>State Pass-Through</u>				
Housing Opportunities for Persons with AIDS (HOPWA)	S.C. Department of Health and Environmental Control	14.241	2009	\$ 500

UNITED WAY OF AIKEN COUNTY, INC.
STATEMENTS OF ACTIVITIES
YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
Revenue		
Annual campaign	\$ 2,846,243	\$ 2,740,203
Less: Provision for uncollectible pledges	<u>(189,092)</u>	<u>(185,963)</u>
Net campaign revenue	2,657,151	2,554,240
Recovery of excess provision for uncollectible pledges	155,206	51,467
Other public support and revenue	1,804	11,161
Grants and contracts	7,904	21,900
Interest income	25,563	39,989
Unrealized investment income (loss)	19,234	(27,576)
Miscellaneous income	<u>2,031</u>	<u>2,265</u>
Total Revenue	<u>2,868,893</u>	<u>2,653,446</u>
Expenses		
Program services		
Allocations to agencies	2,307,496	2,591,419
Volunteer services	74,579	73,977
Community services	<u>119,973</u>	<u>119,009</u>
Total program services	<u>2,502,048</u>	<u>2,784,405</u>
Supporting services		
Organizational administration	68,435	67,286
Fundraising	83,007	83,157
United Way dues	<u>36,468</u>	<u>35,864</u>
Total supporting services	<u>187,910</u>	<u>186,307</u>
Total Allocations and Expenses	<u>2,689,958</u>	<u>2,970,712</u>
CHANGES IN NET ASSETS	178,935	(317,266)
NET ASSETS - beginning of year	<u>782,905</u>	<u>1,100,171</u>
NET ASSETS - end of year	<u><u>\$ 961,840</u></u>	<u><u>\$ 782,905</u></u>

SEE NOTES TO FINANCIAL STATEMENTS

UNITED WAY OF AIKEN COUNTY, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2009

	Program Services			Total	Support Services				Total
	Allocation Services	Volunteer Services	Community Services		Program Services	Organizational Administration	Fundraising	United Way Dues	
Salaries	\$ 36,946	\$ 37,785	\$ 60,785	\$ 135,516	\$ 34,500	\$ 31,214	\$ -	\$ 65,714	\$ 201,230
Payroll taxes	2,551	3,887	6,253	12,691	3,549	3,211	-	6,760	19,451
Employee benefits	4,200	8,346	13,425	25,971	7,620	6,894	-	14,514	40,485
Sub-total	43,697	50,018	80,463	174,178	45,669	41,319	-	86,988	261,166
Contract services	35,963	5,244	8,436	49,643	4,788	4,332	-	9,120	58,763
Supplies	1,310	4,306	6,928	12,544	4,343	3,930	-	8,273	20,817
Printing and copying	-	792	1,275	2,067	723	655	-	1,378	3,445
Postage and shipping	-	228	367	595	208	189	-	397	992
Telephone and networks	-	2,170	3,490	5,660	1,981	1,792	-	3,773	9,433
Occupancy	-	5,211	8,383	13,594	4,758	4,305	-	9,063	22,657
Meeting expense	-	38	61	99	34	31	-	65	164
Travel	-	116	187	303	106	96	-	202	505
Board/Staff development	-	581	934	1,515	530	480	-	1,010	2,525
Insurance	-	500	804	1,304	456	413	-	869	2,173
Miscellaneous	-	1,564	2,515	4,079	1,360	1,230	-	2,590	6,669
Equipment	-	3,535	5,686	9,221	3,227	2,920	-	6,147	15,368
Depreciation	-	276	444	720	252	228	-	480	1,200
Sub-total	37,273	24,561	39,510	101,344	22,766	20,601	-	43,367	144,711
Campaign costs	-	-	-	-	-	21,087	-	21,087	21,087
United Way of America	-	-	-	-	-	-	27,013	27,013	27,013
United Way of South Carolina	-	-	-	-	-	-	9,455	9,455	9,455
Annual allocations	1,965,590	-	-	1,965,590	-	-	-	-	1,965,590
Special allocations	260,936	-	-	260,936	-	-	-	-	260,936
Sub-total	2,226,526	-	-	2,226,526	-	21,087	36,468	57,555	2,284,081
TOTAL FUNCTIONAL EXPENSES	\$ 2,307,496	\$ 74,579	\$ 119,973	\$ 2,502,048	\$ 68,435	\$ 83,007	\$ 36,468	\$ 187,910	\$ 2,689,938

SEE NOTES TO FINANCIAL STATEMENTS

UNITED WAY OF AIKEN COUNTY, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2008

	Program Services			Total Program Services	Support Services			Total Support Services	
	Allocation Services	Volunteer Services	Community Services		Organizational Administration	Fundraising	United Way Dues		
Salaries	\$ 32,038	\$ 38,292	\$ 61,601	\$ 131,931	\$ 34,962	\$ 31,633	\$ -	\$ 66,595	\$ 198,526
Payroll taxes	3,037	3,525	5,671	12,233	3,219	2,912	-	6,131	18,364
Employee benefits	4,200	6,534	10,511	21,245	5,966	5,398	-	11,364	32,609
Sub-total	39,275	48,351	77,783	165,409	44,147	39,943	-	84,090	249,499
Contract services	33,717	4,508	7,252	45,477	4,116	3,724	-	7,840	53,317
Supplies	10,785	2,929	4,713	18,427	3,725	3,370	-	7,095	25,522
Printing and copying	-	1,706	2,744	4,450	1,557	1,409	-	2,966	7,416
Postage and shipping	-	1,366	2,198	3,564	1,247	1,129	-	2,376	5,940
Telephone and networks	-	1,889	3,038	4,927	1,725	1,560	-	3,285	8,212
Occupancy	-	5,641	9,074	14,715	5,150	4,660	-	9,810	24,525
Meeting expense	-	380	612	992	347	314	-	661	1,653
Travel	-	289	465	754	264	239	-	503	1,257
Insurance	-	417	671	1,088	381	344	-	725	1,813
Miscellaneous	-	497	800	1,297	454	411	-	865	2,162
Equipment	-	2,373	3,818	6,191	858	777	-	1,635	7,826
Depreciation	-	3,427	5,513	8,940	3,129	2,831	-	5,960	14,900
Loss on sale of furniture and equipment	-	204	328	532	186	169	-	355	887
Sub-total	44,502	25,626	41,226	111,354	23,139	20,937	-	44,076	155,430
Campaign costs	-	-	-	-	-	22,277	-	22,277	22,277
United Way of America	-	-	-	-	-	-	26,566	26,566	26,566
United Way of South Carolina	-	-	-	-	-	-	9,298	9,298	9,298
Annual allocations	2,130,326	-	-	2,130,326	-	-	-	-	2,130,326
Special allocations	377,316	-	-	377,316	-	-	-	-	377,316
Sub-total	2,507,642	-	-	2,507,642	-	22,277	35,864	58,141	2,565,783
TOTAL FUNCTIONAL EXPENSES	\$ 2,591,419	\$ 73,977	\$ 119,009	\$ 2,784,405	\$ 67,286	\$ 83,157	\$ 35,864	\$ 186,307	\$ 2,970,712

SEE NOTES TO FINANCIAL STATEMENTS

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 AIKEN COUNTY, INC.

Employer identification number

57-036086

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 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?		<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 a certified historic structure
<input type="checkbox"/> 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

	Held at the End of the Tax 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 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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

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				
1b Buildings				
1c Leasehold improvements				
1d Equipment		37,898.	34,357.	3,541.
1e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,541.

Schedule D (Form 990) 2009

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	2,849,659.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,689,958.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	159,701.
4	Net unrealized gains (losses) on investments	4	19,234.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	19,234.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	178,935.

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	2,868,893.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	19,234.
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	19,234.
3	Subtract line 2e from line 1	3	2,849,659.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,849,659.

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

1	Total expenses and losses per audited financial statements	1	2,689,958.
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,689,958.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,689,958.

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.

**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 AIKEN COUNTY, INC.

Employer identification number
57-0360086

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
AIKEN AREA COUNCIL ON AGING, INC. P.O. BOX 3156 AIKEN, SC 29802-3156	23-7170157	501(C)3	93,000.	0.	FMV		GENERAL OPERATING
ACTS 340 PARK AVE. SW AIKEN, SC 29801	57-0826271	501(C)3	50,000.	0.	FMV		GENERAL OPERATING
AIKEN BOXING CLUB, INC. 707 RICHLAND AVE. AIKEN, SC 29801	57-1023932	501(C)3	18,000.	0.	FMV		GENERAL OPERATING
AIKEN COMMISSION ON ALCOHOL AND DRUG ABUSE - 122 LAURENS ST. SW - AIKEN, SC 29801-3888	57-0569761	501(C)3	36,000.	0.	FMV		GENERAL OPERATING
AIKEN COUNTY HELP LINE P.O. BOX 2712 AIKEN, SC 29802-2712	57-0677574	501(C)3	76,307.	0.	FMV		GENERAL OPERATING
AIKEN COUNTY TEEN PREGNANCY PREVENTION COUNCIL - P.O. BOX 355 - AIKEN, SC 29802-0355	57-1045740	501(C)3	37,700.	0.	FMV		GENERAL OPERATING

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

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

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: FUNDING ALLOCATIONS WERE REVIEWED AND APPROVED BY OUR COMMUNITY IMPACT COUNCIL, EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS. FUNDING IS MADE TO PROGRAMS THAT MEET CRITICAL NEEDS IN AIKEN COUNTY. PROGRAMS ARE REQUIRED TO ESTABLISH GOALS AND OBJECTIVES AND METHODS FOR MEASURING THE SUCCESS OF THEIR PROGRAMS. EACH FUNDED PROGRAM IS ASSIGNED TO A CARE COUNCIL. THE FOUR CARE COUNCILS ARE: PROMOTING HEALTH AND HEALING, NURTURING OUR CITIZENS, ASSURING SELF-SUFFICIENCY OF OUR CITIZENS AND PROVIDING ASSISTANCE IN CRISIS. THE MEMBERS OF THE COMMUNITY IMPACT COUNCIL ARE THE CARE COUNCIL CHAIRS, THE COMMUNITY IMPACT

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 AIKEN COUNTY, INC.

Employer identification number
57-0360086

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		
AMERICAN RED CROSS 1314 PINE LOG ROAD AIKEN, SC 29803	57-0374342	501(C)3	95,000.	0. FMV			GENERAL OPERATING		
BROTHERS & SISTERS OF AIKEN COUNTY P.O. BOX 1349 AIKEN, SC 29802-1349	57-0789578	501(C)3	28,000.	0. FMV			GENERAL OPERATING		
GIRL SCOUTS OF SC MOUNTAINS TO MIDLANDS - FIVE INDEPENDENCE POINTE, SUITE 120 - GREENVILLE, SC 29615	57-0314407	501(C)3	35,000.	0. FMV			GENERAL OPERATING		
CHILDREN'S PLACE 310 BARNWELL AVE NE AIKEN, SC 29801-4406	57-0407808	501(C)3	211,000.	0. FMV			GENERAL OPERATING		
CUMBEE CENTER TO ASSIST ABUSED PERSONS - P.O. BOX 1293 - AIKEN, SC 29802-1293	57-0697237	501(C)3	120,000.	0. FMV			GENERAL OPERATING		
GEORGIA-CAROLINA BOY SCOUTS 1450 GREENE ST. AUGUSTA, GA 30901	58-0566185	501(C)3	35,000.	0. FMV			GENERAL OPERATING		
GOLDEN HARVEST FOOD BANK 13 ENTERPRISE DR. AIKEN, SC 29803	58-1466516	501(C)3	60,000.	0. FMV			GENERAL OPERATING		
HELPING HANDS, INC. P.O. BOX 503 AIKEN, SC 29802-0503	57-0564484	501(C)3	198,000.	0. FMV			GENERAL OPERATING		

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

Schedule I-1 (Form 990) 2009

Name of the organization

UNITED WAY OF AIKEN COUNTY, INC.

Employer identification number
57-0360086

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
HITCHCOCK HEALTHCARE INCORPORATED 690 MEDICAL PARK DR. AIKEN, SC 29801-6348	57-0371732	501(C)3	207,000.	0. FMV			GENERAL OPERATING
JACKSON 1ST ALERT P.O. BOX 332 JACKSON, SC 29831-0332	57-0857580	501(C)3	5,000.	0. FMV			GENERAL OPERATING
MENTAL HEALTH ASSOCIATION IN SOUTH CAROLINA - P.O. BOX 1074 - AIKEN, SC 29802-1074	57-6026607	501(C)3	113,000.	0. FMV			GENERAL OPERATING
SALVATION ARMY 322 GAYLE AVE. NW AIKEN, SC 29801	58-0660607	501(C)3	119,000.	0. FMV			GENERAL OPERATING
TRI-DEVELOPMENT CENTER OF AIKEN COUNTY - 1016 VAUCLUSE RD. - AIKEN, SC 29801-3261	57-0669586	501(C)3	248,582.	0. FMV			GENERAL OPERATING
UNITED WAY OF AIKEN P.O. BOX 699 AIKEN, SC 29802-0699	57-0360086	501(C)3	240,937.	0. FMV			GENERAL OPERATING
THE FAMILY Y 3570 WHEELER ROAD AUGUSTA, GA 30909	58-0566254	501(C)3	23,000.	0. FMV			GENERAL OPERATING
COMMUNITY MEDICAL CLINIC 244 GREENVILLE ST. NW AIKEN, SC 29801	57-1063263	501(C)3	110,000.	0. FMV			GENERAL OPERATING

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

Schedule I-1 (Form 990) 2009

Part IV Supplemental Information

CHAIR AND VICE CHAIR. RECOMMENDATIONS FROM THE CARE COUNCILS ARE PROVIDED TO THE COMMUNITY IMPACT COUNCIL. THE COMMUNITY IMPACT COUNCIL THEN MAKES A FUNDING RECOMMENDATION TO THE EXECUTIVE COMMITTEE AND THEN TO THE BOARD OF DIRECTORS. ALL MEMBERS ARE VOLUNTEERS.

THE PARTNER AGENCIES ARE REQUIRED TO MEET UNITED WAY MEMBERSHIP STANDARDS WHICH INCLUDE FINANCIAL AUDIT OR REVIEWS FOR SMALLER AGENCIES, NON-PROFIT STATUS, OPERATING HOURS, VOLUNTEER BOARDS, ETC. THE AGENCIES ARE REQUIRED TO FURNISH TWO REPORTS EACH YEAR DOCUMENTING THEIR USE OF THE ALLOCATED FUNDS AND THEIR ATTAINMENT OF THEIR GOALS AND OBJECTIVES FOR THEIR PROGRAMS. THESE REPORTS ARE REVIEWED BY THE CARE COUNCILS AND COMMUNITY IMPACT COUNCIL. AGENCIES WHO DO NOT MEET FUNDING REQUIREMENTS WILL BE GIVEN AN OPPORTUNITY TO CORRECT DEFICIENCIES. FUNDING WILL BE DISCONTINUED FOR PROGRAMS THAT ARE UNABLE TO MEET REQUIREMENTS.

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 AIKEN COUNTY, INC.

Employer identification number

57-0360086

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			
STEPHEN RAWSON FINANCE COMMITTEE CHAIR		X						0.	0.	0.
JACK SADLER BOARD OF DIRECTORS		X						0.	0.	0.
BARBARA SMOAK 1ST CAMPAIGN VICE CHAIR		X						0.	0.	0.
DR. JIM SCHMIDT CORPORATE SECRETARY		X						0.	0.	0.
MIKE UHLE BOARD OF DIRECTORS		X						0.	0.	0.
SHIRLEY VON BECK SUCCESS BY 6 CHAIR		X						0.	0.	0.
JEFF WALLACE CAMPAIGN CHAIR		X						0.	0.	0.
KEITH WOOD 1ST VICE CHAIR		X						0.	0.	0.
BEN YOUNG PROJECT VISION CHAIR		X						0.	0.	0.
FRANCES ALSTON BOARD OF DIRECTORS		X						0.	0.	0.
CHRIS BETHMANN BOARD OF DIRECTORS		X						0.	0.	0.
JAY BROOKS BOARD OF DIRECTORS		X						0.	0.	0.
TODD GLOVER BOARD OF DIRECTORS		X						0.	0.	0.
ELLEN LUTON BOARD OF DIRECTORS		X						0.	0.	0.
RICHARD PEARCE BOARD OF DIRECTORS		X						0.	0.	0.
EDDIE S. RAY BOARD OF DIRECTORS		X						0.	0.	0.
ANDREW SIDERS BOARD OF DIRECTORS		X						0.	0.	0.
DON SKINNER BOARD OF DIRECTORS		X						0.	0.	0.
BRIAN TUCKER BOARD OF DIRECTORS		X						0.	0.	0.
LIZ STEWART 2ND CAMPAIGN VICE CHAIR		X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Department of the Treasury
Internal Revenue Service

▶ 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

Open to Public Inspection

Name of the Organization

UNITED WAY OF AIKEN COUNTY, INC.

Employer Identification number

57-0360086

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

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 AIKEN COUNTY, INC.

Employer identification number

57-0360086

FORM 990, PART VI, SECTION A, LINE 6: THE OVERALL MEMBERSHIP OF THE CORPORATION SHALL BE GOVERNED BY A SET OF BASIC PRINCIPLES DESCRIBED IN THE BYLAWS OF THE CORPORATION. EACH MEMBER OF THE UNITED WAY BOARD AND EACH MEMBER OF THE UNITED WAY COMMITTEES WHO HAVE SERVED AS MEMBERS DURING THE PREVIOUS YEAR AND UP TO THE DAY PRECEDING THE ANNUAL MEETING SHALL BE A MEMBER OF THIS CORPORATION FOR THE YEAR SUCH SERVICE WAS GIVEN AND SHALL BE ENTITLED TO ATTEND AND VOTE AT ALL MEMBERSHIP MEETINGS DURING THAT PERIOD. ACCEPTANCE OF SUCH MEMBERSHIP WILL INVOLVE THE OBLIGATION TO ABIDE BY THE BYLAWS AND ANY RULES AND REGULATIONS PRESCRIBED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: A VACANCY ON THE BOARD OF DIRECTORS MAY BE FILLED BY AN APPOINTMENT MADE BY THE BOARD CHAIR FOR ANY REMAINING TIME UNTIL THE NEXT ANNUAL MEETING OF THE MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11: A PRINTED COPY OF THE FORM 990 WILL BE PROVIDED TO EACH BOARD MEMBER FOR REVIEW PRIOR TO THE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE DIRECTOR MONITORS ALL CONTRACTS AND OTHER ACTIVITIES ON AN ONGOING BASIS FOR COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER STAFF MEMBERS.

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 AIKEN COUNTY, INC.

Employer identification number

57-0360086

FORM 990, PART VI, SECTION C, LINE 19: THE UNITED WAY OF AIKEN COUNTY'S
RECORDS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990 PART XI LINE 2C

OVERSIGHT OF AUDIT PROCESS

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS PROVIDES OVERSIGHT
FOR THE ANNUAL AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT AUDITOR.

UNITED WAY OF AIKEN COUNTY, INC.
FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

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SEROTTA MADDOCKS EVANS & CO
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To The Board of Directors
United Way of Aiken County, Inc.
Aiken, South Carolina

We have audited the accompanying statements of financial position of United Way of Aiken County, Inc. (a nonprofit organization) as of December 31, 2009 and 2008, and the related statements of activities, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of United Way of Aiken County, Inc. as of December 31, 2009 and 2008, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying Schedule of Expenditures of Federal Award and Schedule of Budgeted Allocations Due Agencies in 2010 and 2009 are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Serotta Maddocks Evans & Co.

SEROTTA MADDOCKS EVANS & CO.

Augusta, Georgia
April 22, 2010

UNITED WAY OF AIKEN COUNTY, INC.
STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Cash and cash equivalents	\$ 1,515,713	\$ 1,074,942
Pledges receivable	2,309,654	2,260,998
Allowance for uncollectible pledges	(311,735)	(382,732)
Short-term investments	101,213	588,163
Long-term investments	73,914	54,680
Furniture and equipment, net of accumulated depreciation	<u>3,541</u>	<u>3,182</u>
	<u><u>\$ 3,692,300</u></u>	<u><u>\$ 3,599,233</u></u>
 LIABILITIES AND NET ASSETS		
LIABILITIES		
Allocations payable	\$ 2,444,750	\$ 2,568,644
Designations payable	270,018	229,049
Accrued expenses	13,554	15,520
Other liabilities	<u>2,138</u>	<u>3,115</u>
 Total Liabilities	<u>2,730,460</u>	<u>2,816,328</u>
 NET ASSETS		
Unrestricted		
Undesignated	513,958	325,023
Board designated	<u>447,882</u>	<u>457,882</u>
 Total Net Assets	<u>961,840</u>	<u>782,905</u>
	<u><u>\$ 3,692,300</u></u>	<u><u>\$ 3,599,233</u></u>

SEE NOTES TO FINANCIAL STATEMENTS

UNITED WAY OF AIKEN COUNTY, INC.
STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 178,935	\$ (317,266)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation expense	1,200	887
Provision for uncollectible pledges	189,092	185,963
Loss on disposal of assets	319	-
Net unrealized gains on investments	(19,234)	27,576
Changes in assets and liabilities:		
Pledges receivable	(308,745)	(124,943)
Other current assets	-	920
Allocations payable	(123,894)	283,166
Designations payable	40,969	20,141
Accrued expenses	(1,966)	(11,187)
Other liabilities	(978)	(2,928)
Net cash provided by (used in) operating activities	<u>(44,302)</u>	<u>62,329</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Investment in short-term deposits	486,950	(79,604)
Purchase of furniture and equipment	<u>(1,877)</u>	<u>(2,315)</u>
Net cash provided by (used in) investing activities	<u>485,073</u>	<u>(81,919)</u>
Net increase (decrease) in cash and cash equivalents	440,771	(19,590)
Cash and cash equivalents at beginning of year	<u>1,074,942</u>	<u>1,094,532</u>
Cash and cash equivalents at end of year	<u><u>\$ 1,515,713</u></u>	<u><u>\$ 1,074,942</u></u>

SEE NOTES TO FINANCIAL STATEMENTS

UNITED WAY OF AIKEN COUNTY, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

NATURE OF OPERATIONS - The United Way of Aiken County, Inc. (the "Organization") is a not-for-profit organization that provides a centralized solicitation program to raise and distribute funds to meet health and human service needs served by agencies primarily located in the Aiken County, South Carolina area. Contributions are primarily from individuals and businesses in the Aiken, South Carolina area.

BASIS OF PRESENTATION - The Organization prepares financial statements in accordance with FASB Accounting Standards Codification (ASC) 958-205 and subsections (formerly Statement of Financial Standards [SFAS] No. 117, *Financial Statements of Not-For-Profit Organizations* ["SFAS 117"]). Under FASB ASC 958-205, the Organization is required to report information regarding its financial position and activity according to three classes of net assets as follows:

Unrestricted - includes unrestricted resources and represents expendable funds available for support of the Organization's operations.

Temporarily Restricted - includes gifts from contributions restricted for specific programs or time periods.

Permanently Restricted - includes gifts which contain provisions requiring in perpetuity that the principal be invested and the income or specific portions thereof be used for the Organization's operations.

USE OF ESTIMATES - The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

REVENUE RECOGNITION - Annual campaigns are conducted in the fall of each year to raise support for participating agencies in the subsequent calendar year. Campaign production (contributions and pledges) received or receivable is recognized as support in the year of the campaign and is allocated to agencies as an expense in that same year. All contributions and designations are considered available for unrestricted use when the donor explicitly grants variance power to the Organization. Written pledges are recorded as receivables, and allowances are provided for amounts estimated to be uncollectible. Subsequent changes in pledges, uncollectible estimates and allocations are recognized when the changes are identified. Revenues from grants are recognized as revenues when such amounts are received.

CASH AND CASH EQUIVALENTS - Cash and cash equivalents consist of cash held in checking and money market accounts maintained in several local community and national banks.

PLEDGES RECEIVABLE - Pledges receivable consists of pledges from individuals and businesses and is stated at the amount pledged less an allowance for uncollectible pledges. Management's determination of the allowance for uncollectible pledges is based on an evaluation of the pledges receivable, past experience, current economic conditions, and other risks inherent in the pledges receivable portfolio.

UNITED WAY OF AIKEN COUNTY, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

INVESTMENTS - Investments are measured at fair value in the statement of financial position. Investment income or loss (including gains and losses on investments, interest and dividends) is included in the statement of activities as increases or decreases in unrestricted net assets.

FURNITURE AND EQUIPMENT - Furniture and equipment is recorded at cost. Depreciation is provided over the estimated useful lives of the assets and computed on the straight-line method. Donated assets are capitalized at their estimated fair market value at the date of receipt.

NET ASSETS - Campaign contributions are presented as unrestricted support as the Organization has recognized in the current year the related agency allocations, including the subsequent year's supporting services budget. Revenues from grants are presented as unrestricted support when the donor restrictions are met in the same reporting period.

CONTRIBUTED SERVICES - A substantial number of unpaid volunteers have made significant contributions of their time to the Organization's programs and fund-raising campaigns. These donated services have not been recorded in the financial statements because they do not meet the criteria for recognition as contributed services.

INCOME TAX STATUS - The Organization qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. Therefore, no provision for income taxes is included in the accompanying statements.

ALLOCATION OF EXPENSES - Program service and supporting service expenses are allocated on a percentage basis determined by management. This allocation reflects management's estimate of the program or supporting service benefited by the expense.

FUNCTIONAL EXPENSES - The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Certain costs have been allocated among the activities based on management's estimate of direct and indirect usage of resources.

NEW ACCOUNTING PRONOUNCEMENTS - In June 2009, the Financial Accounting Standards Board (FASB) issued Statement of Financial Accounting Standards No. 168, *The FASB Accounting Standards Codification (ASC) and the Hierarchy of Generally Accepted Accounting Principles: a replacement of FASB Statement No. 162*. On July 1, 2009, *The Hierarchy of Generally Accepted Accounting Principles* was rendered irrelevant and the FASB ASC became the source of authoritative U.S. Generally Accepted Accounting Principles (GAAP) recognized by the FASB to be applied by nongovernmental entities. On the effective date of this statement, the ASC will supersede all then-existing non-SEC accounting and reporting standards, effective for financial statements issued for interim and annual periods ending after September 15, 2009.

In accordance with FASB ASC 855-10-50 (formerly FASB Position No. 165), the Organization has evaluated subsequent events through April 22, 2010, the date the financial statements were available to be issued.

UNITED WAY OF AIKEN COUNTY, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The Organization adopted the provisions of FASB ASC 740-10-25 (formerly FASB interpretation No. 48, *Accounting for Uncertainty in Income Taxes* ["FIN 48"]) on January 1, 2009. Under FIN 48, an organization must recognize the tax benefit associated with tax taken for tax return purposes when it is more likely than not the position will be sustained. The implementation of FIN 48 had no impact on the Organization's financial statements. The Organization does not believe there are any material uncertain tax positions and, accordingly, it will not recognize any liability for unrecognized tax benefits. No interest or penalties were accrued as of January 1, 2009, as a result of the adoption of FIN 48. For the year ended December 31, 2009, there were no interest or penalties recorded or included in its financial statements.

NOTE 2 - PLEDGES RECEIVABLE

Included in pledges receivable are the following unconditional promises to give:

	<u>2009</u>	<u>2008</u>
2007 Fall campaign	\$ -	\$ 196,769
Less allowance for uncollectible	<u>-</u>	<u>(196,769)</u>
	<u>-</u>	<u>-</u>
2008 Fall campaign	122,643	2,064,229
Less allowance for uncollectible	<u>(122,643)</u>	<u>(185,963)</u>
	<u>-</u>	<u>1,878,266</u>
2009 Fall campaign	2,187,011	-
Less allowance for uncollectible	<u>(189,092)</u>	<u>-</u>
	<u>1,997,919</u>	<u>-</u>
Total campaign pledges receivable	<u>\$ 1,997,919</u>	<u>\$ 1,878,266</u>

Pledges receivable from members of the board and their affiliated organizations totaled approximately \$1,507,000 and \$1,657,000 as of December 31, 2009 and 2008, respectively. Campaign revenue from members of the board and the affiliated organizations consisted of approximately \$1,906,000 and \$2,060,000 for the years ended December 31, 2009 and 2008, respectively.

NOTE 3 - SHORT-TERM INVESTMENTS

Short-term investments are comprised of a certificate of deposit maintained at an area bank.

UNITED WAY OF AIKEN COUNTY, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 4 - LONG-TERM INVESTMENTS

Investments, stated at fair value, at December 31, 2009 and 2008 consist of mutual funds at an approximate cost of \$72,000 and \$70,000, respectively. Investment income consisted of net unrealized gains of \$19,234 and net unrealized losses of \$27,576 for the years ended December 31, 2009 and 2008, respectively.

NOTE 5 - FAIR VALUE MEASUREMENTS

FASB ASC 820-10 (formerly SFAS No. 157, *Fair Value Measurements*) defines fair value as the amount that would be received from the sale of an asset or paid for the transfer of a liability in an orderly transaction between market participants, i.e. an exit price. To estimate an exit price, a three-tier hierarchy is used to prioritize the inputs:

- Level 1: Quoted prices in active markets for identical securities
- Level 2: Other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment spreads, credit risk, etc.)
- Level 3: Significant unobservable inputs (including the Council's own assumptions in determining the fair value of investments)

The inputs and methodology used for valuing the Organization's financial assets and liabilities are not indicators of the risks associated with those instruments.

Fair value of long-term investments measured on a recurring basis at December 31, 2009 and 2008 are as follows:

	<u>Fair Value</u>	<u>Quoted Market Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
<u>2009</u>				
Long-term investment	\$ 73,914	\$ 73,914	\$ -	\$ -
Total assets	<u>\$ 73,914</u>	<u>\$ 73,914</u>	<u>\$ -</u>	<u>\$ -</u>
<u>2008</u>				
Long-term investment	\$ 54,680	\$ 54,680	\$ -	\$ -
Total assets	<u>\$ 54,680</u>	<u>\$ 54,680</u>	<u>\$ -</u>	<u>\$ -</u>

Investments are valued at quoted market prices at December 31, 2009 and 2008.

UNITED WAY OF AIKEN COUNTY, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 6 - FURNITURE AND EQUIPMENT

The following is a summary of furniture and equipment at December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Furniture and equipment	\$ 37,898	\$ 39,190
Less accumulated depreciation	<u>(34,357)</u>	<u>(36,008)</u>
	<u>\$ 3,541</u>	<u>\$ 3,182</u>

Furniture and equipment, and related accumulated depreciation at December 31, 2009 and 2008 represent assets in use at the end of each year. All furniture and equipment and related accumulated depreciation that were no longer in service at December 31, 2009 and 2008 were removed from the depreciation schedule and general ledger.

NOTE 7 - DESIGNATED NET ASSETS

The Board of Directors has designated some of the unrestricted net assets to enable continued support of services and funding to member agencies for approximately two months in the case of a major economic loss in the community which might adversely affect the collection of pledges.

In 2008, the Board of Directors released \$300,000 to the unrestricted net assets to fund 2009 agency allocations.

Board imposed designations at December 31, 2009 and 2008 were \$447,882 and \$457,882, respectively.

NOTE 8 - RETIREMENT PLAN

The Organization sponsors an employee retirement plan covering substantially all of its employees. Contributions are based on a percentage of payrolls approved by the Board of Directors. Retirement plan expense for the years ended December 31, 2009 and 2008 was \$15,700 and \$10,297, respectively.

NOTE 9 - SUPPORT FROM MAJOR EMPLOYER

The Organization recognized support in the amount of approximately \$1,345,000 and \$1,250,000 from major donors during the years ended December 31, 2009 and 2008, respectively. Included in pledges receivable at December 31, 2009 and 2008, was approximately \$1,225,000 and \$1,020,000, respectively, due from these companies, their employees and directly-related enterprises. A significant reduction in the level of this support, if it were to occur, might have a significant effect on the Organization's allocations to agencies. Estimated uncollectible pledges from these contributors for the 2009 and 2008 campaigns included consideration of projected work force reductions. This estimate is subject to change in the near term based on future events, and the change may be material.

UNITED WAY OF AIKEN COUNTY, INC.
NOTES TO FINANCIAL STATEMENTS

NOTE 10 - CONCENTRATIONS OF CREDIT RISK

Financial instruments that potentially expose the Organization to concentrations of credit risk consist primarily of cash, short-term investments, and pledges receivable. Credit risk is generally diversified due to the large number of entities comprising the pledge base, although the geographic concentration in the Aiken, South Carolina area and support from major contributors (see Note 9) results in the Organization being susceptible to economic conditions in the region.

At times, cash and short-term investment balances at financial institutions are in excess of Federal Depository Insurance Corporation insurance coverage. The cash and short-term investment balances are maintained at financial institutions with high credit-quality ratings and the Organization believes no significant risk of loss exists with respect to those balances.

NOTE 11 - LEASE COMMITMENTS

The Organization leases office space under a noncancelable operating lease which expires in December 2015. The lease provides that the Organization pay a monthly rental of \$1,800. The total minimum lease commitment at December 31, 2009 is as follows:

2010	\$ 21,600
2011	22,800
2012	24,000
2013	25,200
2014	26,400
Thereafter	<u>26,400</u>
	<u>\$ 146,400</u>

Rent expense for the years ended December 31, 2009 and 2008 was \$21,600 for each year.

SUPPLEMENTAL SCHEDULES
(See Independent Auditors' Report)

UNITED WAY OF AIKEN COUNTY, INC.
SCHEDULE OF BUDGETED ALLOCATIONS DUE AGENCIES IN 2010 AND 2009
DECEMBER 31, 2009 AND 2008

	2010	2009
ACTS	\$ 50,000	\$ 60,000
Aiken Area Council on Aging	93,000	177,315
Aiken Boxing/Youth Development	18,000	18,000
Aiken Center (Alcohol and Drug Abuse)	36,000	36,491
Aiken County Help Line	79,000	90,278
Aiken County Teen Pregnancy	37,700	45,200
American Red Cross - Aiken County Chapter	95,000	100,622
Brothers & Sisters of Aiken County	28,000	23,200
CAC of Aiken County	25,000	-
Children's Place, Inc.	211,000	210,000
Community Medical Clinic	110,000	120,000
Cumbee Center to Assist Abused Persons	120,000	126,000
Georgia-Carolina Council, Boy Scouts of America	35,000	43,900
Girl Scouts of South Carolina - Mountains to Midlands	35,000	35,116
Golden Harvest Food Bank	60,000	64,000
Helping Hands, Inc.	198,000	202,000
Hitchcock Rehabilitation Center	207,000	207,500
Lower Savannah Council of Governments Medical Assistance Program	42,000	-
Mental Health Association of Aiken County	113,000	117,576
The Family Y	23,000	25,000
Project Vision Initiative	90,000	100,000
Rescue Squads:		
Jackson First Alert	5,000	16,000
Salvation Army	119,000	125,700
Tri-Development Center	248,582	248,882
United Way of America	27,013	26,566
United Way of South Carolina	9,455	9,298
Total budgeted agency allocation	2,114,750	2,228,644
United Way of Aiken County Allocation	330,000	340,000
 Total budgeted allocations	 <u>\$ 2,444,750</u>	 <u>\$ 2,568,644</u>