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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 **04/01/09**, and ending **03/31/10**

B Check if applicable:
Address change
Name change
Initial return
☐ Termination
☐ Amended return
Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

UNITED WAY OF THE LOWCOUNTRY, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 202

Room/suite

City or town, state or country, and ZIP + 4

BEAUFORT SC 29901

D Employer identification number

57-0405847

E Telephone number

843-982-3040

G Gross receipts \$ 2,630,524

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)

I Tax-exempt status ☒ 501(c) (3) (insert no) 4947(a)(1) or 527J Website **uwlowcountry.org**

H(c) Group exemption number

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ OtherL Year of formation **1964**M State of legal domicile **SC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities

See Schedule O

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 28

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

4 28

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

5 10

6 Total number of volunteers (estimate if necessary)

6 452

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

7a

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

2,271,679 2,287,267

9 Program service revenue (Part VIII, line 2g)

232,805 233,766

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

1,144 1,216

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

35,564 85,223

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

2,541,192 2,607,472

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

1,437,550 1,220,000

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

714,071 605,464

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 229,833

535,623 621,217

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

2,687,244 2,446,681

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

-146,052 160,791

19 Revenue less expenses Subtract line 18 from line 12

Beginning of Current Year End of Year

20 Total assets (Part X, line 16)

2,273,542 2,422,822

21 Total liabilities (Part X, line 26)

1,598,148 1,437,565

22 Net assets or fund balances Subtract line 21 from line 20

675,394 985,257

Part II Signature Block

Sign Here

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.

Clarence S. Walker

Signature of officer

Nov. 8, 2010

Date

Clarence S. Walker, President

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Michael G. Canady

Date

10/28/10

Check if self-employed ☐

Preparer's identifying number (see instructions) P00913262

Firm's name (or yours if self-employed), address, and ZIP + 4

Canady, Richbourg, Woodward, LLP
5302 Frederick St. Suite 200
Savannah, GA 31405-4823

EIN ▶

Phone

no ▶ 912-354-2910

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

☒ Yes ☐ No

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

See Schedule O

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 \$ **1,312,342** including grants of \$ **1,220,002**) (Revenue \$)
AWARDS TO HUMAN SERVICE AGENCIES LOCATED IN BEAUFORT & JASPER COUNTIES, ALL APPROVED BY THE UNITED WAY'S BOARD OF DIRECTORS OR DESIGNATED BY LARGE DONORS.

4b (Code) (Expenses \$ **241,386** including grants of \$) (Revenue \$)
DIRECT SERVICES INCLUDES CASEWORK, DISASTER ASSISTANCE, VOLUNTEER CENTER, CANCER FUND, DIRECTOR'S FUND, FAMILY LEARNING CENTER, AND HOPE PROGRAM ESCROWS

4c (Code) (Expenses \$ **185,336** including grants of \$) (Revenue \$)
HELPLINE - AN INFORMATION AND REFERRAL SERVICE THAT LINKS PEOPLE IN NEED TO APPROPRIATE HEALTH, HUMAN, AND ADVOCACY SERVICES.

4d Other program services (Describe in Schedule O)

(Expenses \$ **444,244** including grants of \$) (Revenue \$)4e Total program service expenses ► **2,183,308**

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)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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? If "Yes," complete Schedule D, Part X 		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II		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? If "Yes," complete Schedule F, Part III		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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.	1a	10
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	2a	10
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?	X	
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?		
9a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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	28	
b Enter the number of voting members that are independent	28	
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	
b 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 ► **CAROLINE LOVELL** **2266 BOUNDARY ST.**
BEAUFORT **SC 29902**

843-982-3040

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			
JACK ALDERMAN DIRECTOR	2.00	X						0	0	0
MORRIS CAMPBELL DIRECTOR	2.00	X						0	0	0
SANDRA CHAVEZ DIRECTOR	4.00	X						0	0	0
AMY CROSS SEC. /TREAS.	4.00	X		X				0	0	0
KEVIN CUPPIA DIRECTOR	4.00	X						0	0	0
ERIN DEAN DIRECTOR	2.00	X						0	0	0
HUNTLEY DURYEA DIRECTOR	2.00	X						0	0	0
JUDY EVANS DIRECTOR	4.00	X						0	0	0
SANDY GILLIS DIRECTOR	2.00	X						0	0	0
MALCOLM GOODRIDGE DIRECTOR	2.00	X						0	0	0
ROBERT HALFACRE DIRECTOR	1.00	X						0	0	0
PAUL HART DIRECTOR	2.00	X						0	0	0
TOM HENZ DIRECTOR	2.00	X						0	0	0
TRAY HUNTER DIRECTOR	2.00	X						0	0	0
PETER KEBER DIRECTOR	4.00	X						0	0	0
RANDY KRAUSE DIRECTOR	2.00	X						0	0	0
ELIZABETH LAMKIN DIRECTOR	4.00	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			
KENDALL MALPHRUS DIRECTOR	2.00	X						0	0	0
THOMAS McCLARY DIRECTOR	2.00	X						0	0	0
RAY MOLONY CHAIR	4.00	X		X				0	0	0
WALTER NESTER DIRECTOR	4.00	X						0	0	0
RICHARD NORRIS DIRECTOR	2.00	X						0	0	0
PETER POST DIRECTOR	2.00	X						0	0	0
MICHAEL REEVES DIRECTOR	1.00	X						0	0	0
HELEN RYAN DIRECTOR	2.00	X						0	0	0
ED SAXON DIRECTOR	2.00	X						0	0	0
MARK SIMPSON DIRECTOR	1.00	X						0	0	0
SCOTT STOWE DIRECTOR	2.00	X						0	0	0
CLARECE WALKER PRESIDENT	55.00			X				127,402	0	17,617
1b Total								127,402		17,617

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 **1**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(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**

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	1a 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	2,287,267			
	g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f			2,287,267			
Program Service Revenue	2a VITA-Volunteer Tax Assistance		Busn. Code	96,482	96,482	
	b VOICES program			32,400	32,400	
	c TOGETHER FOR BEAUFORT			29,300	29,300	
	d OTHER			17,524	17,524	
	e ABUSE PREVENTION SERVICES			17,348	17,348	
	f All other program service revenue			40,712	40,712	
	g Total. Add lines 2a-2f			233,766		
	3 Investment income (including dividends, interest, and other similar amounts)			1,216		1,216
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6a Gross Rents	(i) Real 21,095	(ii) Personal			
	b Less rental exps					
	c Rental inc or (loss)	21,095				
	d Net rental income or (loss)			21,095		21,095
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	80,540			
	b Less direct expenses	b	23,052			
	c Net income or (loss) from fundraising events			57,488		57,488
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a 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		Busn. Code			
11a LEADERSHIP EVENT			3,450	3,450		
b MISCELLANEOUS			3,190		3,190	
c						
d All other revenue						
e Total. Add lines 11a-11d			6,640			
12 Total Revenue. See instructions			2,607,472	237,216	0	82,989

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,220,000	1,220,000		
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	145,019	104,712	4,465	35,842
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	370,068	266,449	11,102	92,517
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,229	7,973	561	2,695
9 Other employee benefits	41,343	31,007	1,240	9,096
10 Payroll taxes	37,805	26,842	1,134	9,829
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	16,100	1,380	5,250	9,470
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	46,741	13,825		32,916
13 Office expenses	37,336	24,430	1,463	11,443
14 Information technology	14,105	1,406		12,699
15 Royalties				
16 Occupancy	37,868	22,582	2,221	13,065
17 Travel	23,537	18,517	600	4,420
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,601	9,200	600	5,801
20 Interest	1,418	1,200	50	168
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,693	12,081	716	3,896
23 Insurance	8,697	6,897	600	1,200
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 SUB-RECIPIENT GRANTS	170,224	170,224		
b DESIGNATED AWARDS	92,340	92,340		
c TOGETHER FOR BEAUFORT	62,057	62,057		
d DUES-NATIONAL & STATE	34,832	26,432	1,200	7,200
e CONSULTANTS & CONTRACT LA	20,346	18,546		1,800
f All other expenses	23,322	45,208	2,338	-24,224
25 Total functional expenses. Add lines 1 through 24f	2,446,681	2,183,308	33,540	229,833
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	
	2 Savings and temporary cash investments	771,049	2	834,392
	3 Pledges and grants receivable, net	714,528	3	652,678
	4 Accounts receivable, net	45,106	4	45,204
	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	2,054
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 466,734		
	b Less: accumulated depreciation	10b 239,792	238,487	10c 226,942
	11 Investments—publicly traded securities	391,291	11	536,280
	12 Investments—other securities. See Part IV, line 11.		12	
	13 Investments—program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.	113,081	15	125,272
16 Total assets. Add lines 1 through 15 (must equal line 34).	2,273,542	16	2,422,822	
Liabilities	17 Accounts payable and accrued expenses	28,878	17	41,931
	18 Grants payable		18	
	19 Deferred revenue	42,475	19	20,235
	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.	1,526,795	25	1,375,399
	26 Total liabilities. Add lines 17 through 25.	1,598,148	26	1,437,565
	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		396,388	27	732,339
28 Temporarily restricted net assets		133,393	28	103,210
29 Permanently restricted net assets		145,613	29	149,708
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		675,394	33	985,257
34 Total liabilities and net assets/fund balances	2,273,542	34	2,422,822	

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)

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.")	2,363,707	2,430,647	2,511,658	2,504,484	2,287,267	12,097,763
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	2,363,707	2,430,647	2,511,658	2,504,484	2,287,267	12,097,763
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						12,097,763

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	2,363,707	2,430,647	2,511,658	2,504,484	2,287,267	12,097,763
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,438	13,544	67,070	28,789	22,311	140,152
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			268	7,919	83,730	91,917
11 Total support. Add lines 7 through 10						12,329,832
12 Gross receipts from related activities, etc. (see instructions)					12	413,083
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	98.12 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.89 %
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"/>		

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 ► ☐

**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

2009Open to Public
Inspection

Name of the organization

Employer identification number

UNITED WAY OF THE LOWCOUNTRY, INC.**57-0405847****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 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 taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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	▶ \$ <u> </u>
(ii) Assets included in Form 990, Part X	▶ \$ <u> </u>

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	▶ \$ <u> </u>
b Assets included in Form 990, Part X	▶ \$ <u> </u>

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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	391,291	332,127			
b Contributions	4,420	231,480			
c Net investment earnings, gains, and losses	160,639	-153,378			
d Grants or scholarships					
e Other expenditures for facilities and programs	-14,921	-15,007			
f Administrative expenses	-5,149	-3,931			
g End of year balance	536,280	391,291			

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

- a Board designated or quasi-endowment ▶ 72.85 %
 b Permanent endowment ▶ 27.15 %
 c Term endowment ▶ _____ %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		78,559		78,559
b Buildings		188,132	82,427	105,705
c Leasehold improvements		4,635	1,313	3,322
d Equipment		195,408	156,052	39,356
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				226,942

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	2,607,472
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,446,681
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	160,791
4	Net unrealized gains (losses) on investments	4	149,072
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	149,072
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	309,863

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	2,798,946
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	149,072
b	Donated services and use of facilities	2b	19,350
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	23,052
e	Add lines 2a through 2d	2e	191,474
3	Subtract line 2e from line 1	3	2,607,472
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	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,607,472

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

1	Total expenses and losses per audited financial statements	1	2,489,083
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	19,350
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	23,052
e	Add lines 2a through 2d	2e	42,402
3	Subtract line 2e from line 1	3	2,446,681
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	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,446,681

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.

Part XI, Line 8 - Reconciliation of Changes - Other

GOLF TOURNAMENT EXP. REPORTED NET OF REVENUE \$ 23,052

GOLF TOURNAMENT EXP. REPORTED NET OF REVENUE \$ -23,052

Part XII, Line 2d - Revenue Amounts Included in Financials - Other

GOLF TOURNAMENT EXP. REPORTED NET OF REVENUE \$ 23,052

Part XIV Supplemental Information (continued)

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

GOLF TOURNAMENT EXP.	REPORTED NET OF REVENUE	\$	23,052
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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>2008 GOLF TOURN</u>		<u>None</u>	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	80,540			80,540
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	80,540			80,540
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,052			23,052
	10 Direct expense summary Add lines 4 through 9 in column (d)				23,052
	11 Net income summary Combine line 3, column (d), and line 10				57,488

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

- 9 Enter the state(s) in which the organization operates gaming activities
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," Explain
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," Explain
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$**c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**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, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

Employer identification number

57-0405847**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?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☐ Yes
 ☒ No

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
	ACCESS NETWORK, INC. 5710 North Okatie Highway, Suite B Ridgeland SC 29936	57-0958723		36,000				
	ALZHEIMER'S FAMILY SERVICES P.O. Box 1514 Beaufort SC 29901	57-0879175		49,000				
	AMERICAN RED CROSS P.O. Box 2839 Bluffton SC 29910	57-0441213		33,000				
	AMIKIDS/BEAUFORT MARINE INSTITUTE 60 Honeybee Island Road Seabrook SC 29940	59-2878383		23,000				
	BEAUFORT/JASPER COMP. HEALTH P.O. Box 357 Ridgeland SC 29936	57-0523586		16,500				
	BLUFFTON SELF HELP P.O. Box 2420 Bluffton SC 29910	57-0862658		43,000				
	BOYS & GIRLS CLUB/KIDS PROJECT 17 B Marshellen Drive Beaufort SC 29902	57-0811876		184,000				
	BORN TO READ 2201 Boundary St, Carolina Cv Beaufort SC 29902	20-8599185		16,500				
	BOY SCOUTS COASTAL CAROLINA COUNCIL 1025 Sam Rittenburg Blvd Charleston SC 29407	57-0327870		20,000				

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

▶ 32

3 Enter total number of other organizations

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.

[illegible]

**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 THE LOWCOUNTRY, INC.Employer identification number
57-0405847**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINE HOSPICE 1110 13th Street Port Royal SC 29935	57-0725866		66,000				
CHILD ABUSE PREVENTION ASSOCIATION P.O. Box 531 Beaufort SC 29901	57-0722206		71,000				
CHILDREN'S CENTER 145 Mathews Drive Hilton Head Island SC 29926	57-0485356		42,000				
CITIZENS OPPOSED TO DOMESTIC ABUSE P.O. Box 1775 Beaufort SC 29901	57-0814522		61,000				
COMMUNITY CARING FOR CHILDREN 4710 Waters Avenue Savannah GA 31404	56-2346908		18,500				
DEEP WELL PROJECT- HHI P.O. Box 5543 Hilton Head Island SC 29938	57-0566098		34,000				
HELP MOBILE MEALS P.O. Box 472 Beaufort SC 29901	57-0721545		15,000				
HOPE HAVEN P.O. Box 2502 Beaufort SC 29901	57-1063332		66,000				
JASPER COUNCIL ON AGING P.O. Box 641 Ridgeland SC 29936	57-0564656		7,000				
JASPER CO. BOARD DIS & SPEC NEEDS P.O. Box 747 Ridgeland SC 29936	57-1062419		8,600				
H. H. ISL/REC/SWIM/CAMP P.O. Box 22593 Hilton Head Island SC 29925	57-0827128		17,000				

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

Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

UNITED WAY OF THE LOWCOUNTRY, INC.

Employer identification number
57-0405847

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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOWCOUNTRY HABITAT FOR HUMANITY 616 Parris Island Gateway Beaufort SC 29906	57-0920920		38,900				
LOWCOUNTRY LEGAL AID P.O. Box 2496 Bluffton SC 29910	56-2202319		25,000				
LITERACY VOLUNTEERS 4 Oak Park Drive Hilton Head Island SC 29926	57-0727884		81,000				
PENN COMMUNITY SERVICES P.O. Box 126 St. Helena SC 29920	57-0324930		30,000				
SALVATION ARMY P.O. Box 105 Beaufort SC 29901	58-0660607		47,000				
SECOND HELPINGS P.O. Box 23621 Hilton Head Island SC 29925	57-0938569		21,000				
SENIOR SERVICES OF BEAUFORT COUNTY P.O. Box 1776 Beaufort SC 22901	57-0527861		44,000				
THUMBS UP, INC. P.O. Box 325 Port Royal SC 29935	57-1025876		25,000				
YMCA OF BEAUFORT COUNTY 1801 Richmond Avenue Port Royal SC 29935	57-0910326		69,000				

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

Schedule I-1 (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990Complete 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

2009Open to Public
Inspection

Employer identification number

UNITED WAY OF THE LOWCOUNTRY, INC.**57-0405847****Form 990 - Organization's Mission or Most Significant Activities**

TO MOBILIZE RESOURCES TO SOLVE HUMAN PROBLEMS: THIS IS ACCOMPLISHED BY ASSESSING AND IDENTIFYING CRITICAL COMMUNITY NEEDS, COORDINATING DEVELOPMENT AND DELIVERY OF HUMAN SERVICES, RECRUITING AND PLACING VOLUNTEERS, CONDUCTING AN ANNUAL FUNDRAISING CAMPAIGN AND SECURING OTHER GRANTS BY SOLICITING CONTRIBUTIONS FROM INDIVIDUALS, FOUNDATIONS, BUSINESSES, AND EMPLOYEE GROUPS, AND DISTRIBUTING THE PROCEEDS (NET OF EXPENSES) TO NUMEROUS LOCAL NON-PROFIT AGENCIES AND PARTNERSHIPS TO PROVIDE CRITICAL SERVICES THAT IMPROVE THE HUMAN CONDITION IN THE AREAS OF POVERTY, LITERACY, HUNGER, SHELTER, AND HEALTH, AND INSURE EFFECTIVENESS BY PROVIDING MANAGEMENT SUPPORT AND TRAINING TO NON-PROFITS AND CONNECTING PEOPLE IN NEED TO THE APPROPRIATE COMMUNITY SERVICE.

Form 990, Part III, Line 4d - All Other Achievements

Community Development - Assesses needs and coordinates development and delivery of health and human services and agency assistance. Expenses = \$ 86,816

Success By Six - Program to strengthen the partnership between parents and professionals in meeting the education needs of pre-school children in Beaufort and Jasper Counties through a variety of programs. Expenses = \$73,857.

VITA - Program to provide free tax preparation services for the underserved low-income population in the community, and to provide outreach in the area of claiming federal refundable tax credits. Expenses = \$96,481

Name of the organization

UNITED WAY OF THE LOWCOUNTRY, INC.

Employer identification number

57-0405847

VOICES - Program to strengthen partnerships among parents, teachers, principals, administrators, and other school personnel in meeting the educational needs of children. Expenses = \$32,400

Community Investment - Investment of annual campaign funds based on assessment of the need for services provided by local 501(c)(3) not-for-profit organizations, the organization's financial needs and the outcomes they report as measures of their impact on the local community. Expenses = \$154,690.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

Per the organization's by-laws, regular members shall be those individuals who contribute financially to the United Way of the Lowcountry, Inc., and each member agency shall be entitled to designate a volunteer to serve as a member of the organization.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The board is elected by the membership, which consists of regular members (individual donors) and institutional members (one per participating member agency).

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

A draft copy of the return is provided to the President, Accountant, and Treasurer for review and discussion. After this review, all appropriate revisions are made and then draft copies are provided to all board members for additional review.

Name of the organization

UNITED WAY OF THE LOWCOUNTRY, INC.

Employer identification number

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Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The conflict of interest disclosures apply to the Board of Directors and they are reviewed and renewed at the beginning of each year. Also, discussions are conducted with all new board members and documents signed before they are nominated and elected to the Board of Directors. The board members are required to disclose any additional potential conflicts of interest that may arise during the year and we also review the board members lists from all the agencies receiving distribution of funds from United Way. Conflicts of Interest are also disclosed from the volunteers serving on the Community Investment Committee. This is covered with them in training each year.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
CEO performance and compensation review is conducted annually

The review is conducted by the Personnel Committee that consists of the Immediate Past Chairman of the Board (Committee chairman), current Chairman of the Board, Chair-Elect of the board and other board members as deemed appropriate by the Chairman of the Committee.

Both the CEO and the evaluators prepare for the review in advance.

The CEO reviews the various experiences/accomplishments for the period of time and the evaluators do the same.

Input from the Board of Directors and/or the Executive Committee is gathered through the utilization of a feedback form that also allows for general comments.

The review presented to the CEO is a composite of feedback and comments but the entire committee meets with the CEO for discussion

Name of the organization

UNITED WAY OF THE LOWCOUNTRY, INC.

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of accomplishments and areas of improvement.

Reasonable compensation within the parameters of the approved budget guidelines will be determined by the committee.

Should the committee determine that compensation adjustments outside the parameters of the approved budget are to be considered, the recommendation must go back to the Board of Directors for approval.

Periodic regional, state, and local Salary and Benefit Studies are undertaken to insure fair and reasonable compensation.

CEO receives salary and reasonable employee benefits.

CEO does not receive a company automobile or monthly automobile allowance, bonus, expense account, or social club memberships as part of compensation.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE PRESIDENT PERFORMS EVALUATIONS AND DETERMINES COMPENSATION FOR ALL OTHER KEY EMPLOYEES BASED ON A PRE-APPROVED BUDGET AMOUNT SET BY THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Documents are available upon request to the general public and can be inspected at the United Way offices.

Form **4562**
Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

UNITED WAY OF THE LOWCOUNTRY, INC.

Identifying number

57-0405847

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,690

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	16,690
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

There are no amounts for Page 2