

EXTENDED TO FEBRUARY 15, 2018

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**2016**Open to Public
Inspection**A** For the 2016 calendar year, or tax year beginning **APR 1, 2016** and ending **MAR 31, 2017****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**UNITED WAY OF THE LOWCOUNTRY**

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 province, country, and ZIP or foreign postal code

BEAUFORT, SC 29901**F** Name and address of principal officer: **TINA GENTRY****SAME AS C ABOVE****D** Employer identification number**57-0405847****E** Telephone number**843-982-3040****G** Gross receipts \$ **3,094,851.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UWLOWCOUNTRY.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1964** **M** State of legal domicile: **SC****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO MOBILIZE RESOURCES TO SOLVE HUMAN PROBLEMS: THIS IS ACCOMPLISHED BY ASSESSING AND IDENTIFYING		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	59
	6	Total number of volunteers (estimate if necessary)	6	750
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,640,654.	Current Year 2,805,832.
	9	Program service revenue (Part VIII, line 2g)	143,549.	181,942.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	479,954.	33,818.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,332.	49,580.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,330,489.	3,071,172.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,006,900.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	817,357.	770,283.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 242,162.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	859,008.	968,568.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,683,265.	2,712,101.
	19	Revenue less expenses. Subtract line 18 from line 12	647,224.	359,071.
	20	Total assets (Part X, line 16)	Beginning of Current Year 3,353,525.	End of Year 3,352,774.
	21	Total liabilities (Part X, line 26)	1,451,141.	1,210,186.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,902,384.	2,142,588.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	TINA GENTRY, PRESIDENT Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	MICHAEL R. PUTICH, CPA	
	Firm's name ▶ ROBINSON GRANT & CO., P.A.	Firm's EIN ▶ 57-0735924
	Firm's address ▶ P.O. DRAWER 22959 HILTON HEAD ISLAND, SC 29925	Phone no. 843-815-6161

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on theprior 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,280,695. including grants of \$ 973,250.) (Revenue \$)
AWARDS TO HUMAN SERVICE AGENCIES LOCATED IN BEAUFORT & JASPER COUNTIES,
ALL APPROVED BY THE UNITED WAY'S BOARD OF DIRECTORS OR SPECIFICALLY
DESIGNATED BY DONORS.

4b (Code:) (Expenses \$ 214,514. including grants of \$) (Revenue \$)
EARLY GRADE READING - PROGRAM TO AUGMENT ELEMENTARY EDUCATION IN
BEAUFORT AND JASPER COUNTIES BY RECRUITING, TRAINING AND DEPLOYING
VOLUNTEERS TO ASSIST STUDENTS STRUGGLING WITH READING EDUCATION IN
EIGHT ELEMENTARY SCHOOLS. THIS INITIATIVE IS AN EFFORT TO INCREASE
STUDENT MAP SCORES AND TO ULTIMATELY HAVE STUDENTS READING ON THE
APPROPRIATE GRADE LEVEL BY THE TIME THEY ENTER THE FOURTH GRADE.

4c (Code:) (Expenses \$ 202,403. including grants of \$) (Revenue \$)
COMMUNITY DEVELOPMENT - ASSESSES NEEDS AND COORDINATES DEVELOPMENT AND
DELIVERY OF HEALTH AND HUMAN SERVICES AND AGENCY ASSISTANCE.

4d Other program services (Describe in Schedule O.)(Expenses \$ 676,897. including grants of \$) (Revenue \$)**4e** Total program service expenses 2,374,509.

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 <i>Schedule B, Schedule of Contributors</i> ?	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	X	
b 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>		X
c 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>		X
d 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>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	46	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	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	59	
b	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 (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
b	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).		
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	16			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		16		
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?			2	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?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	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			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **TINA GENTRY - 843-982-3040**
1277 RIBAUT ROAD, BEAUFORT, SC 29901

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) JON REMBOLD BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) MARK O'NEILL IMMEDIATE PAST CHAIR	2.00	X						0.	0.	0.
(3) DR. RENARTA TOMPKINS SECRETARY	2.00	X		X				0.	0.	0.
(4) KATIE PHIFER TREASURER	2.00	X		X				0.	0.	0.
(5) BECKY FRANCIS DIRECTOR	2.00	X						0.	0.	0.
(6) PETER POST DIRECTOR	2.00	X						0.	0.	0.
(7) GALE BROWN DIRECTOR	2.00	X						0.	0.	0.
(8) PHYLLIS DOYLE DIRECTOR	2.00	X						0.	0.	0.
(9) MARTY GLEASON DIRECTOR	2.00	X						0.	0.	0.
(10) KIM MALPHRUS DIRECTOR	2.00	X						0.	0.	0.
(11) CHRISTOPHER MCCORKENDALE DIRECTOR	2.00	X						0.	0.	0.
(12) MICHAEL NIX DIRECTOR	2.00	X						0.	0.	0.
(13) GERALD SCHULZE DIRECTOR	2.00	X						0.	0.	0.
(14) J. ASHLEY TWOMBLY DIRECTOR	2.00	X						0.	0.	0.
(15) JAMES DOUGLAS DIRECTOR	2.00	X						0.	0.	0.
(16) TINA GENTRY PRESIDENT	50.00			X				118,000.	0.	0.

Part VII

1b Sub-total	▶	118,000.	0.	0.
c Total from continuation sheets to Part VII, Section A	▶	0.	0.	0.
d Total (add lines 1b and 1c)	▶	118,000.	0.	0.

1

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	172,555.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,633,277.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f			2,805,832.		
Program Service Revenue	Business Code						
	2 a	COMMUNITY ALLIANCE EXP	900099	80,000.	80,000.		
	b	ST. HELENA AFTER SCHOO	900099	35,000.	35,000.		
	c	DSS GRANT	900099	28,136.	28,136.		
	d	HELPLINE GRANT	900099	10,000.	10,000.		
	e	BCECC GRANT	900099	7,813.	7,813.		
	f	All other program service revenue	900099	20,993.	20,993.		
	g	Total. Add lines 2a-2f			181,942.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		33,818.			33,818.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6 a	Gross rents					
	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	53,276.			
	b	Less: direct expenses	b	23,679.			
	c	Net income or (loss) from fundraising events		29,597.			29,597.
	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 REVENUE	900099	13,192.	13,192.			
b	CASH VALUE LIFE INSURA	900099	5,879.	5,879.			
c	CONTRACT REVENUES	900099	912.	912.			
d	All other revenue						
e	Total. Add lines 11a-11d			19,983.			
12	Total revenue. See instructions.			3,071,172.	201,925.	0.	63,415.

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

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 domestic organizations and domestic governments. See Part IV, line 21 ...	973,250.	973,250.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	118,000.	87,320.	29,500.	1,180.
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	506,220.	362,018.	20,466.	123,736.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,046.	18,954.	3,876.	5,216.
9 Other employee benefits	64,134.	41,419.	6,649.	16,066.
10 Payroll taxes	53,883.	38,798.	4,310.	10,775.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,400.		6,597.	6,803.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	17,446.	11,995.	2,516.	2,935.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	60,725.	35,887.		24,838.
13 Office expenses	47,212.	32,920.	3,873.	10,419.
14 Information technology	3,548.	1,081.	431.	2,036.
15 Royalties				
16 Occupancy	45,798.	30,333.	4,423.	11,042.
17 Travel	21,467.	17,785.	439.	3,243.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,597.	9,162.	1,518.	1,917.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,777.	19,715.	4,115.	7,947.
23 Insurance	6,716.	4,173.	1,277.	1,266.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DESIGNATED GRANT FUNDING	307,445.	307,445.		
b ADMINISTERED GRANTS	287,593.	287,593.		
c DUES & SUBSCRIPTIONS	41,566.	32,721.	2,294.	6,551.
d TELEPHONE	29,280.	24,769.	1,051.	3,460.
e All other expenses	41,998.	37,171.	2,095.	2,732.
25 Total functional expenses. Add lines 1 through 24e	2,712,101.	2,374,509.	95,430.	242,162.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	138,167.	1	134,451.
	2 Savings and temporary cash investments	1,233,648.	2	638,979.
	3 Pledges and grants receivable, net	869,205.	3	624,435.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,067.	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 977,093.		
	b Less: accumulated depreciation	10b 113,448.	42,503.	10c 863,645.
	11 Investments - publicly traded securities	902,005.	11	903,192.
	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	164,930.	15	188,072.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,353,525.	16	3,352,774.	
Liabilities	17 Accounts payable and accrued expenses	17,177.	17	38,822.
	18 Grants payable		18	
	19 Deferred revenue	107,892.	19	107,655.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,326,072.	25	1,063,709.
	26 Total liabilities. Add lines 17 through 25	1,451,141.	26	1,210,186.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		1,545,421.	27	1,616,814.
28 Temporarily restricted net assets		115,943.	28	261,404.
29 Permanently restricted net assets		241,020.	29	264,370.
Organizations that do not follow SFAS 117 (ASC 958), 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	1,902,384.	33	2,142,588.	
34 Total liabilities and net assets/fund balances	3,353,525.	34	3,352,774.	

Form 990 (2016)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,071,172.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,712,101.
3	Revenue less expenses. Subtract line 2 from line 1	3	359,071.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,902,384.
5	Net unrealized gains (losses) on investments	5	58,487.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-177,354.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,142,588.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Form 990 (2016)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE LOWCOUNTRY

Employer identification number

57-0405847

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 12, 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 (Form 990 or 990-EZ).)
 - 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
 - 10 ☐ 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.)
 - 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,286,877.	2,570,284.	2,812,874.	2,848,327.	2,987,724.	13,506,086.
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	2,286,877.	2,570,284.	2,812,874.	2,848,327.	2,987,724.	13,506,086.
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.						13,506,086.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	2,286,877.	2,570,284.	2,812,874.	2,848,327.	2,987,724.	13,506,086.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,235.	41,669.	126,274.	42,144.	33,818.	276,140.
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 VI.)	32,533.	43,991.	50,883.	25,783.	19,983.	173,173.
11 Total support. Add lines 7 through 10						13,955,399.
12 Gross receipts from related activities, etc. (see instructions)					12	41,100.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	96.78	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	96.26	%
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 VI 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 - 2015. 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 VI 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 B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

UNITED WAY OF THE LOWCOUNTRY

57-0405847

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

UNITED WAY OF THE LOWCOUNTRY**57-0405847****Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>PUBLIX SUPERMARKETS</u> <u>1936 GEORGE JENKINS BLVD.</u> <u>LAKELAND, FL 33815</u>	\$ <u>316,131.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<u>ANONYMOUS DONOR</u> <u>PO BOX 202</u> <u>BEAUFORT, SC 29901</u>	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<u>CHARLIE AND BECKY FRANCIS</u> <u>PO BOX 757</u> <u>BEAUFORT, SC 29901</u>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE LOWCOUNTRY

Employer identification number

57-0405847

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 education)	<input type="checkbox"/> Preservation of a 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.

a Total number of conservation easements	2a	Held at the End of the Tax Year
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, and not on a historic structure listed in the National Register	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, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:

a Revenue included on 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 XIII.

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" on 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 XIII 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	902,005.	963,215.	812,743.	694,093.	594,797.
b Contributions	23,350.	14,350.	119,750.	39,460.	79,800.
c Net investment earnings, gains, and losses	92,305.	-29,640.	40,028.	91,057.	49,532.
d Grants or scholarships	104,993.	4,719.		4,379.	23,922.
e Other expenditures for facilities and programs					
f Administrative expenses	9,475.	41,201.	9,306.	7,489.	6,115.
g End of year balance	903,192.	902,005.	963,215.	812,742.	694,092.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		142,000.		142,000.
b Buildings		664,115.	14,190.	649,925.
c Leasehold improvements				
d Equipment		163,478.	97,175.	66,303.
e Other		7,500.	2,083.	5,417.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				863,645.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LIFE INSURANCE POLICY	170,821.
(2) RECEIVABLE - OTHER	17,251.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	188,072.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	12,462.
(3) AGENCIES, DESIGNATIONS, GIFTS &	
(4) GRANTS PAYABLE	1,051,247.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,063,709.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,099,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	58,487.
b	Donated services and use of facilities	2b	123,180.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-153,675.
e	Add lines 2a through 2d	2e	27,992.
3	Subtract line 2e from line 1	3	3,071,172.
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 XIII.)	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	3,071,172.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,858,960.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	123,180.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	23,679.
e	Add lines 2a through 2d	2e	146,859.
3	Subtract line 2e from line 1	3	2,712,101.
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 XIII.)	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	2,712,101.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNCOLLECTIBLE PLEDGES RECEIVABLE -177,355.

FUNDRAISING EXPENSES NETTED AGAINST REVENUES ON FORM 990 23,679.

ROUNDING 1.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -153,675.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING COSTS NETTED AGAINST REVENUES ON PAGE NINE OF

990 23,679.

Part XIII	Supplemental Information <i>(continued)</i>
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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

UNITED WAY OF THE LOWCOUNTRY

57-0405847

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 POWER OF THE PURSE (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	32,110.	21,166.		53,276.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	32,110.	21,166.		53,276.
Direct Expenses	4 Cash prizes	830.			830.
	5 Noncash prizes				
	6 Rent/facility costs	5,795.			5,795.
	7 Food and beverages	5,531.	4,999.		10,530.
	8 Entertainment		400.		400.
	9 Other direct expenses	1,581.	4,543.		6,124.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				23,679.
	11 Net income summary. Subtract line 10 from line 3, column (d)				29,597.

Part III Gaming. Complete if the organization answered "Yes" on 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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 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
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter 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?
- ☐
- Yes
- ☐
- No

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? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Part IV	Supplemental Information <i>(continued)</i>
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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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE LOWCOUNTRY

Part I General Information on Grants and Assistance

Employer identification number
57-0405847

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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 noncash assistance	(h) Purpose of grant or assistance
AGAPE FAMILY LIFE CENTER, INC. 5855 S. OKATIE HIGHWAY HARDEEVILLE, SC 29927	57-1106874	501(C)	30,000.	0.			PROGRAMS
ALZHEIMER'S FAMILY SERVICES PO BOX 1514 BEAUFORT, SC 29901	57-0879175	501(C)	9,350.	0.			PROGRAMS
COMMUNITY SERVICE ORGANIZATION 69 ROBERT SMALLS PARKWAY, STE. 3E BEAUFORT, SC 29902		501(C)	15,000.	0.			PROGRAMS
AMIKIDS BEAUFORT 60 HONEYBEE ISLAND ROAD SEABROOK, SC 29940	59-2878383	501(C)	22,950.	0.			PROGRAMS
BLUFFTON SELF-HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)	33,400.	0.			PROGRAMS
BORN TO READ 2201 BOUNDARY STREET, STE. 111 BEAUFORT, SC 29902	20-8599185	501(C)	15,300.	0.			PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2016)

Part II 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
BOYS AND GIRLS CLUB OF THE LOWCOUNTRY - PO BOX 21909 - HILTON HEAD ISLAND, SC 29925	57-0811876	501(C)	91,715.	0.			PROGRAMS
CHILD ABUSE PREVENTION ASSOCIATION PO BOX 531 BEAUFORT, SC 29901	57-0722206	501(C)	77,850.	0.			PROGRAMS
CITIZENS OPPOSED TO DOMESTIC VIOLENCE - PO BOX 1775 - BEAUFORT, SC 29901	57-0814522	501(C)	52,500.	0.			PROGRAMS
COASTAL CAROLINA COUNCIL BOY SCOUTS - 1025 SAM RITTENBURG BLVD. - CHARLESTON, SC 29407	57-0327870	501(C)	10,200.	0.			PROGRAMS
CONSUMER CREDIT COUNSELING SERVICES - 7505 WATERS AVENUE, STE. C-11 - SAVANNAH, GA 31406	58-0958705	501(C)	114,500.	0.			PROGRAMS
HILTON HEAD ISLAND DEEP WELL PROJECT - 154A BEACH CITY ROAD - HILTON HEAD ISLAND, SC 29926	57-0566098	501(C)	45,000.	0.			PROGRAMS
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD, BUILDING D101 BLUFFTON, SC 29910	20-5647589	501(C)	40,000.	0.			PROGRAMS
GOOD NEIGHBOR FREE MEDICAL CLINIC 30 PROFESSIONAL VILLAGE CIRCLE BEAUFORT, SC 29907	26-0335357	501(C)	8,500.	0.			PROGRAMS
HELP OF BEAUFORT PO BOX 472 BEAUFORT, SC 29901	57-0721545	501(C)	33,455.	0.			PROGRAMS

Schedule I (Form 990)

Part II 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
HOPE HAVEN OF THE LOWCOUNTRY PO BOX 2502 BEAUFORT, SC 29901	57-1063332	501(C)	55,250.	0.			PROGRAMS
LOWCOUNTRY HABITAT FOR HUMANITY 616 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	57-0920920	501(C)	30,000.	0.			PROGRAMS
LOVE HOUSE MINISTRIES 423 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	57-1122533	501(C)	23,375.	0.			PROGRAMS
LOWCOUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)	28,000.	0.			PROGRAMS
NEIGHBORHOOD OUTREACH CONNECTION PO BOX 23558 HILTON HEAD ISLAND, SC 29925	54-2083947	501(C)	14,450.	0.			PROGRAMS
PROGRAMS FOR EXCEPTIONAL PEOPLE 10 OAK PARK DRIVE HILTON HEAD ISLAND, SC 29926	57-1036680	501(C)	15,500.	0.			PROGRAMS
RONALD McDONALD CHARITIES OF THE LOWCOUNTRY - 4710 WATERS AVENUE - SAVANNAH, GA 31404	58-1630107	501(C)	15,725.	0.			PROGRAMS
SALVATION ARMY PO BOX 105 BEAUFORT, SC 29902	58-0650607	501(C)	83,000.	0.			PROGRAMS
SECOND HELPINGS PO BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)	30,000.	0.			PROGRAMS

Schedule I (Form 990)

Part II 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
THUMBS UP, INC. 914 HAMAR STREET BEAUFORT, SC 29902	57-1025876	501(c)	8,500.	0.			PROGRAMS
WARDLE FAMILY YMCA 1801 RICHMOND AVENUE PORT ROYAL, SC 29935	57-0910326	501(c)	80,875.	0.			PROGRAMS
COLLABORATIVE ORGANIZATION SERVICES YOUTH - PO DRAWER 1228 - BEAUFORT, SC 29901	57-0405847	501(c)	5,000.	0.			PROGRAMS
REVERSAL OF FUNDING FROM PRIOR YEAR - ACCESS NETWORK - 5710 OKATIE HIGHWAY, STE. 3 - RIDGELAND, SC 29936	APPLIED FOR 501(c)		-16,145.	0.			PROGRAMS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE LOWCOUNTRY

Employer identification number

57-0405847

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

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 NOT-FOR-PROFIT AGENCIES, SERVICES AND PARTNERSHIPS TO PROVIDE
CRITICAL SERVICES THAT IMPROVE THE HUMAN CONDITION IN THE AREAS OF
EDUCATION, BASIC NEEDS, FAMILY/FINANCIAL STABILITY AND HEALTH BY
PROVIDING MANAGEMENT SUPPORT AND TRAINING TO NOT-FOR-PROFIT
ORGANIZATIONS AND CONNECTING PEOPLE IN NEED TO THE APPROPRIATE
COMMUNITY SERVICE.

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

OTHER GRANTS BY SOLICITING CONTRIBUTIONS FROM INDIVIDUALS, FOUNDATIONS,
BUSINESSES AND EMPLOYEE GROUPS AND DISTRIBUTING THE NET PROCEEDS (NET
OF EXPENSES) TO NUMEROUS LOCAL NON-PROFIT AGENCIES, SERVICES 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 NOT-FOR-PROFIT ORGANIZATIONS AND CONNECTING PEOPLE IN NEED TO THE
APPROPRIATE COMMUNITY SERVICE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

COMMUNITY INVESTMENT - INVESTMENT OF ANNUAL CAMPAIGN FUNDS BASED ON
ASSESSMENT OF THE NEED FOR SERVICES PROVIDED BY LOCAL 501(C)(3)

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

Schedule O (Form 990 or 990-EZ) (2016)

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NOT-FOR-PROFIT ORGANIZATIONS, THE ORGANIZATION'S FINANCIAL NEEDS AND
THE OUTCOMES THEY REPORT AS MEASURES OF THEIR IMPACTS ON THE LOCAL
COMMUNITY; EXPENSES = \$235,041

DIRECT SERVICES - THESE SERVICES INCLUDE CASEWORK, REFERRALS, DISASTER
ASSISTANCE, BASIC EMERGENCY ASSISTANCE, EXPENDITURES FROM CANCER FUND,
DIRECTOR'S FUND, OPERATION HOLIDAY HEROES, PROJECT SHELTER ESCROWS,
VOLUNTEER CENTER AND A COUNTYWIDE VOLUNTEER RESOURCE DEVELOPMENT AND
PLACEMENT NETWORK; EXPENSES = \$83,581

HELPLINE - AN INFORMATION AND REFERRAL SERVICE THAT LINKS PEOPLE IN
NEED TO APPROPRIATE HEALTH, HUMAN AND ADVOCACY SERVICES; EXPENSES =
\$111,451

VITA - PROGRAM TO PROVIDE COMPLIMENTARY TAX PREPARATION SERVICES TO THE
LOW-INCOME POPULATION IN THE COMMUNITY AND TO PROVIDE OUTREACH IN THE
AREA OF CLAIMING REFUNDABLE TAX CREDITS; EXPENSES = \$96,973

AMERICORPS - SUPPLEMENT TO EARLY GRADE READING PROGRAM WHICH PROVIDES
TUTORING SERVICES AND RESOURCE SUPPORT FOR STUDENTS AT EIGHT ELEMENTARY
SCHOOLS IN BEAUFORT AND JASPER COUNTIES IN SOUTH CAROLINA; EXPENSES =
\$149,851.

FORM 990, PART VI, SECTION A, LINE 6:

PER THE ORGANIZATION'S BYLAWS, REGULAR MEMBERS SHALL BE THOSE INDIVIDUALS
WHO CONTRIBUTE FINANCIALLY TO THE ORGANIZATION AND EACH MEMBER AGENCY SHALL
BE ENTITLED TO DESIGNATE A VOLUNTEER TO SERVE AS A MEMBER OF THE

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ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD IS ELECTED BY THE MEMBERSHIP WHICH CONISTS OF REGULAR MEMBERS (INDIVIDUAL DONORS) AND INSTITUTIONAL MEMBERS (ONE PER PARTICIPATING MEMBER AGENCY).

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY BOTH ORGANIZATION STAFF AND THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST DISCLOSURES APPLY TO THE BOTH THE BOARD OF DIRECTORS AND STAFF AND ARE REVIEWED AND RENEWED AT THE BEGINNING OF EACH YEAR. ALSO, DISCUSSIONS ARE CONDUCTED WITH ALL NEW BOARD MEMBERS AND CONFLICT OF INTEREST POLICY DOCUMENTS ARE 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 AGENCIES RECEIVING DISTRIBUTIONS OF FUNDS FROM UNITED WAY FOR POTENTIAL CONFLICTS OF INTEREST. CONFLICTS OF INTEREST ARE ALSO DISCLOSED FROM VOLUNTEERS SERVING ON THE COMMUNITY INVESTMENT COMMITTEE AND THIS MATTER IS DISCUSSED ANNUALLY DURING THEIR TRAINING.

FORM 990, PART VI, SECTION B, LINE 15:

CEO PERFORMANCE AND COMPENSATION REVIEW IS CONDUCTED ANNUALLY. THE REVIEW IS CONDUCTED BY AN EXECUTIVE COMMITTEE THAT CONSISTS OF THE IMMEDIATE PAST CHAIRMAN OF THE BOARD, CURRENT BOARD CHAIR AND THE CHAIR-ELECT. BOTH THE

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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 EXECUTIVE COMMITTEE IS GATHERED THROUGH THE UTILIZATION OF A FORM THAT ALSO ALLOWS FOR GENERAL COMMENTS. THE INPUT FORMS ARE SENT DIRECTLY TO THE CHAIR OR CHAIR-ELECT AND THE DATA IS SUMMARIZED AND CONSOLIDATED THAT REFLECTS ALL INPUT. THE CHAIR OR CHAIR-ELECT MEETS PERSONALLY WITH THE CEO TO DISCUSS AND PLAN FOR THE SUBSEQUENT YEAR. THE REVIEW PRESENTED TO THE CEO IS A COMPOSITE OF FEEDBACK AND COMMENTS.

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, THAT 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. THE CEO DOES NOT RECEIVE A COMPANY AUTOMOBILE OR AUTOMOBILE ALLOWANCE, EXPENSE ACCOUNT OR SOCIAL CLUB MEMBERSHIPS AS A PART OF COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AND CAN BE INSPECTED AT UNITED WAY OFFICE LOCATIONS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNCOLLECTIBLE PLEDGES -177,355.

ROUNDING 1.

TOTAL TO FORM 990, PART XI, LINE 9 -177,354.