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UNITED WAY OF THE LOWCOUNTRY
P.O. BOX 202
BEAUFORT, SC 29901

UNITED WAY OF THE LOWCOUNTRY:

ENCLOSED IS THE 2015 EXEMPT ORGANIZATION RETURN, AS
FOLLOWS...

2015 FORM 990

INSTRUCTIONS FOR FILING THE ABOVE FORM ARE FURNISHED FOR EASY
REFERENCE. YOUR COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

MICHAEL R. PUTICH, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

MARCH 31, 2016

Prepared for	UNITED WAY OF THE LOWCOUNTRY P.O. BOX 202 BEAUFORT, SC 29901
Prepared by	ROBINSON GRANT & CO., P.A. P.O. DRAWER 22959 HILTON HEAD ISLAND, SC 29925
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US AS SOON AS POSSIBLE.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2015 calendar year, or tax year beginning APR 1, 2015 and ending MAR 31, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite P.O. BOX 202 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 \$ 3,520,663. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UWLOWCOUNTRY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 53 6 Total number of volunteers (estimate if necessary) 6 745 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) 2,629,003. Prior Year 2,640,654. Current Year 9 Program service revenue (Part VIII, line 2g) 207,871. 143,549. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 128,274. 479,954. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 58,090. 66,332. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,023,238. 3,330,489.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,028,150. 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) 846,876. 817,357. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 255,388. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 926,755. 859,008. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,801,781. 2,683,265. 19 Revenue less expenses. Subtract line 18 from line 12 221,457. 647,224.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,947,055. Beginning of Current Year 3,353,525. End of Year 21 Total liabilities (Part X, line 26) 1,464,900. 1,451,141. 22 Net assets or fund balances. Subtract line 21 from line 20 1,482,155. 1,902,384.	

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 TINA GENTRY, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MICHAEL R. PUTICH, CPA	Preparer's signature Date 03/16/17
	Firm's name ▶ ROBINSON GRANT & CO., P.A. Firm's address ▶ P.O. DRAWER 22959 HILTON HEAD ISLAND, SC 29925	Check <input type="checkbox"/> if self-employed PTIN P00853466 Firm's EIN ▶ 57-0735924 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 Accomplishments

Check 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 the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] 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 \$ 1,343,351. including grants of \$ 1,006,900.) (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 \$ 218,050. 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 \$ 170,361. 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 \$ 596,038. including grants of \$) (Revenue \$)

4e Total program service expenses 2,327,800.

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields (e.g., 45, 0, 53).

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 19		
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	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?		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	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?		
10b			
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	
12c		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?		
16b			

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: **CAROLINE LOVELL - 843-982-3040**
1277 RIBAUT ROAD, BEAUFORT, SC 29901

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

Check 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) MARK O'NEILL BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) BRAD TALBERT CHAIR-ELECT	2.00	X		X				0.	0.	0.
(3) J.ASHLEY TWOMBLEY IMMEDIATE PAST CHAIR	2.00	X						0.	0.	0.
(4) TRACY GRECO TREASURER	2.00	X		X				0.	0.	0.
(5) PETER POST DIRECTOR	2.00	X						0.	0.	0.
(6) CHARLES T. FRANCIS DIRECTOR	2.00	X						0.	0.	0.
(7) JON REMBOLD DIRECTOR	2.00	X						0.	0.	0.
(8) DR. RENARTA TOMPKINS DIRECTOR	2.00	X						0.	0.	0.
(9) KATIE PHIFER DIRECTOR	2.00	X						0.	0.	0.
(10) CRAIG HARNEY DIRECTOR	2.00	X						0.	0.	0.
(11) CHRISTOPHER MCCORKENDALE DIRECTOR	2.00	X						0.	0.	0.
(12) RANDY LAMKIN DIRECTOR	2.00	X						0.	0.	0.
(13) PHYLLIS DOYLE DIRECTOR	2.00	X						0.	0.	0.
(14) BERNIE KOLE DIRECTOR	2.00	X						0.	0.	0.
(15) MICHAEL NIX DIRECTOR	2.00	X						0.	0.	0.
(16) GALE BROWN DIRECTOR	2.00	X						0.	0.	0.
(17) GERALD SCHULZE DIRECTOR	2.00	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 (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			
(18) MARTY GLEASON DIRECTOR	2.00	X						0.	0.	0.
(19) TINA GENTRY PRESIDENT	50.00			X				115,500.	0.	0.
1b Sub-total								115,500.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								115,500.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

Check 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	158,118.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,482,536.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2,640,654.				
	Program Service Revenue	2 a ST. HELENA AFTER SCHOO	Business Code 900099	40,000.	40,000.		
b TOGETHER FOR BEAUFORT		900099	25,000.	25,000.			
c DSS GRANT		900099	16,274.	16,274.			
d COMMUNITY ALLIANCE EXP		900099	15,000.	15,000.			
e BCECC GRANT		900099	13,813.	13,813.			
f All other program service revenue		900099	33,462.	33,462.			
g Total. Add lines 2a-2f			143,549.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		42,144.			42,144.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	17,645.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	17,645.				
	d Net rental income or (loss)		17,645.	17,645.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	604,000.				
		b Less: cost or other basis and sales expenses		166,190.			
		c Gain or (loss)		437,810.			
	d Net gain or (loss)		437,810.			437,810.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	64,533.				
		b Less: direct expenses	b	23,984.			
c Net income or (loss) from fundraising events			40,549.			40,549.	
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 CASH VALUE LIFE INSURA	900099	6,085.	6,085.				
	b CONTRACT REVENUES	900099	1,500.	1,500.			
	c MISCELLANEOUS REVENUE	900099	553.	553.			
	d All other revenue						
e Total. Add lines 11a-11d		8,138.					
12 Total revenue. See instructions.		3,330,489.	169,332.	0.	520,503.		

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	1,006,900.	1,006,900.		
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	115,500.	85,470.	28,875.	1,155.
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	546,948.	383,530.	26,316.	137,102.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	94,397.	62,259.	11,033.	21,105.
10 Payroll taxes	60,512.	45,593.	4,282.	10,637.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,000.		6,400.	6,600.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,321.	5,721.	1,200.	1,400.
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	50,378.	29,772.		20,606.
13 Office expenses	43,755.	30,678.	3,575.	9,502.
14 Information technology	20,551.	6,251.	2,500.	11,800.
15 Royalties				
16 Occupancy	45,084.	29,663.	4,331.	11,090.
17 Travel	27,800.	23,032.	568.	4,200.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,456.	7,425.	2,347.	2,684.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,393.	13,893.	2,900.	5,600.
23 Insurance	6,310.	3,921.	1,200.	1,189.
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	336,451.	336,451.		
b ADMINISTERED GRANTS	173,912.	173,912.		
c DUES & SUBSCRIPTIONS	38,826.	30,567.	2,142.	6,117.
d INTERNAL PROGRAMS	29,931.	29,931.		
e All other expenses	29,840.	22,831.	2,408.	4,601.
25 Total functional expenses. Add lines 1 through 24e	2,683,265.	2,327,800.	100,077.	255,388.
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 Sheet

Check 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	180,926.	1	138,167.
	2 Savings and temporary cash investments	663,623.	2	1,233,648.
	3 Pledges and grants receivable, net	710,270.	3	869,205.
	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	1,681.	9	3,067.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 124,175.		
	b Less: accumulated depreciation	10b 81,672.	223,695.	10c 42,503.
	11 Investments - publicly traded securities	1,008,014.	11	902,005.
	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	158,846.	15	164,930.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,947,055.	16	3,353,525.	
Liabilities	17 Accounts payable and accrued expenses	38,057.	17	17,177.
	18 Grants payable		18	
	19 Deferred revenue	122,491.	19	107,892.
	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	1,304,352.	25	1,326,072.
	26 Total liabilities. Add lines 17 through 25	1,464,900.	26	1,451,141.
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	1,127,831.	27	1,545,421.
	28 Temporarily restricted net assets	126,654.	28	115,943.
	29 Permanently restricted net assets	227,670.	29	241,020.
	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	1,482,155.	33	1,902,384.	
34 Total liabilities and net assets/fund balances	2,947,055.	34	3,353,525.	

Part XI Reconciliation of Net Assets

Check 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	3,330,489.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,683,265.
3	Revenue less expenses. Subtract line 2 from line 1	3	647,224.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,482,155.
5	Net unrealized gains (losses) on investments	5	-69,994.
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	-157,001.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,902,384.

Part XII Financial Statements and Reporting

Check 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		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	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.	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? _____		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 _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization UNITED WAY OF THE LOWCOUNTRY	Employer identification number 57-0405847
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,308,920.	2,286,877.	2,570,284.	2,812,874.	2,848,327.	12,827,282.
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	2,308,920.	2,286,877.	2,570,284.	2,812,874.	2,848,327.	12,827,282.
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.						12,827,282.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2,308,920.	2,286,877.	2,570,284.	2,812,874.	2,848,327.	12,827,282.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,861.	32,235.	41,669.	126,274.	42,144.	276,183.
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.)	69,434.	32,533.	43,991.	50,883.	25,783.	222,624.
11 Total support. Add lines 7 through 10						13,326,089.
12 Gross receipts from related activities, etc. (see instructions)					12	27,400.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	96.26 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	95.96 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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"/>	

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

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

2015

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).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	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, 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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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	963,215.	812,743.	694,093.	594,797.	575,405.
b Contributions	14,350.	119,750.	39,460.	79,800.	12,210.
c Net investment earnings, gains, and losses	-29,640.	40,028.	91,057.	49,532.	13,077.
d Grants or scholarships	4,719.		4,379.	23,922.	
e Other expenditures for facilities and programs					
f Administrative expenses	41,201.	9,306.	7,489.	6,115.	5,895.
g End of year balance	902,005.	963,215.	812,742.	694,092.	594,797.

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

- a Board designated or quasi-endowment 72.00 %
- b Permanent endowment 26.70 %
- c Temporarily restricted endowment 1.30 %

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				
b Buildings				
c Leasehold improvements				
d Equipment		124,175.	81,672.	42,503.
e Other				0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				42,503.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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	19,748.
(3) AGENCIES, DESIGNATIONS, GIFTS &	
(4) GRANTS PAYABLE	1,306,324.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,326,072.

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	3,215,302.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-69,994.	
b	Donated services and use of facilities	2b	87,824.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-133,017.	
e	Add lines 2a through 2d	2e		-115,187.
3	Subtract line 2e from line 1		3	3,330,489.
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	3,330,489.

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	2,795,073.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	87,824.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	23,984.	
e	Add lines 2a through 2d	2e		111,808.
3	Subtract line 2e from line 1		3	2,683,265.
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	2,683,265.

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	-157,000.
FUNDRAISING EXPENSES NETTED AGAINST REVENUES ON FORM 990	23,984.
ROUNDING	-1.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-133,017.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING COSTS NETTED AGAINST REVENUES ON PAGE NINE OF	
990	23,984.

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization
UNITED WAY OF THE LOWCOUNTRY

Employer identification number
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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- 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 ten 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						

- 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT	POWER OF THE PURSE	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	46,840.	17,693.		64,533.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	46,840.	17,693.		64,533.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,602.	3,382.		23,984.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				23,984.
	11 Net income summary. Subtract line 10 from line 3, column (d)				40,549.

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).

**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

2015

Open to Public
Inspection

Name of the organization **UNITED WAY OF THE LOWCOUNTRY** 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? 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 non-cash assistance	(h) Purpose of grant or assistance
ABLE FOUNDATION 100 CLEAR WATER WAY BEAUFORT, SC 29906	30-0223168	501(C)	12,000.	0.			PROGRAMS
ACCESS NETWORK, INC. 5710 OKATIE HIGHWAY, STE. B RIDGELAND, SC 29936	57-0958723	501(C)	30,000.	0.			PROGRAMS
ALZHEIMER'S FAMILY SESRVICES PO BOX 1514 BEAUFORT, SC 29901	57-0879175	501(C)	11,000.	0.			PROGRAMS
AMERICAN RED CROSS PO BOX 2839 BLUFFTON, SC 29910	53-0196605	501(C)	18,500.	0.			PROGRAMS
AMIKIDS BEAUFORT 60 HONEYBEE ISLAND ROAD SEABROOK, SC 29940	59-2878383	501(C)	32,000.	0.			PROGRAMS
BLUFFTON SELF-HELP PO BOX 2420 BLUFFTON, SC 29910	57-0862658	501(C)	50,000.	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) (2015)

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
BORN TO READ 2201 BOUNDARY STREET, STE. 111 BEAUFORT, SC 29902	20-8599185	501(C)	18,000.	0.			PROGRAMS
BOYS AND GIRLS CLUB OF THE LOWCOUNTRY - PO BOX 21909 - HILTON HEAD ISLAND, SC 29925	57-0811876	501(C)	87,900.	0.			PROGRAMS
CHILD ABUSE PREVENTION ASSOCIATION PO BOX 531 BEAUFORT, SC 29901	57-0722206	501(C)	57,000.	0.			PROGRAMS
CITIZENS OPPOSED TO DOMESTIC VIOLENCE - PO BOX 1775 - BEAUFORT, SC 29901	57-0814522	501(C)	57,000.	0.			PROGRAMS
COASTAL CAROLINA COUNCIL BOY SCOUTS - 1025 SAM RITTENBURG BLVD. - CHARLESTON, SC 29407	57-0327870	501(C)	12,000.	0.			PROGRAMS
CONSUMER CREDIT COUNSELING SERVICES - 7505 WATERS AVENUE, STE. C-11 - SAVANNAH, GA 31406	58-0958705	501(C)	30,000.	0.			PROGRAMS
HILTON HEAD ISLAND DEEP WELL PROJECT - 154A BEACH CITY ROAD - HILTON HEAD ISLAND, SC 29926	57-0566098	501(C)	17,500.	0.			PROGRAMS
FAMILY PROMISE OF BEAUFORT COUNTY 181 BLUFFTON ROAD, BUILDING D101 BLUFFTON, SC 29910	20-5647589	501(C)	20,000.	0.			PROGRAMS
GOOD NEIGHBOR FREE MEDICAL CLINIC 30 PROFESSIONAL VILLAGE CIRCLE BEAUFORT, SC 29907	26-0335357	501(C)	10,000.	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
HELP OF BEAUFORT PO BOX 472 BEAUFORT, SC 29901	57-0721545	501(C)	26,500.	0.			PROGRAMS
HOPE HAVEN OF THE LOWCOUNTRY PO BOX 2502 BEAUFORT, SC 29901	57-1063332	501(C)	65,000.	0.			PROGRAMS
JASPER COUNTY COUNCIL ON AGING PO BOX 641 RIDGELAND, SC 29936	57-0564656	501(C)	44,000.	0.			PROGRAMS
JASPER COUNTY DSN RESOURCE FOUNDATION - PO BOX 747 - RIDGELAND, SC 29936	57-1062419	501(C)	20,500.	0.			PROGRAMS
LOWCOUNTRY HABITAT FOR HUMANITY 616 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	57-0920920	501(C)	17,000.	0.			PROGRAMS
LOVE HOUSE MINISTRIES 423 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	57-1122533	501(C)	27,500.	0.			PROGRAMS
LOWCOUNTRY LEGAL VOLUNTEERS PO BOX 2496 BLUFFTON, SC 29910	56-2202319	501(C)	21,000.	0.			PROGRAMS
NEIGHBORHOOD OUTREACH CONNECTION PO BOX 23558 HILTON HEAD ISLAND, SC 29925	54-2083947	501(C)	17,000.	0.			PROGRAMS
PROGRAMS FOR EXCEPTIONAL PEOPLE 10 OAK PARK DRIVE HILTON HEAD ISLAND, SC 29926	57-1036680	501(C)	8,000.	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
RONALD MCDONALD CHARITIES OF THE LOWCOUNTRY - 4710 WATERS AVENUE - SAVANNAH, GA 31404	58-1630107	501(C)	18,500.	0.			PROGRAMS
SALVATION ARMY PO BOX 105 BEAUFORT, SC 29902	58-0660607	501(C)	38,000.	0.			PROGRAMS
SECOND HELPINGS PO BOX 23621 HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)	26,000.	0.			PROGRAMS
SENIOR SERVICES PO BOX 1776 BEAUFORT, SC 29901	57-0527861	501(C)	25,000.	0.			PROGRAMS
THE LITERACY CENTER PO BOX 3725 BLUFFTON, SC 29910	57-0727884	501(C)	62,500.	0.			PROGRAMS
THUMBS UP, INC. 914 HAMAR STREET BEAUFORT, SC 29902	57-1025876	501(C)	10,000.	0.			PROGRAMS
WARDLE FAMILY YMCA 1801 RICHMOND AVENUE PORT ROYAL, SC 29935	57-0910326	501(C)	77,500.	0.			PROGRAMS
THE CHILDREN'S CENTER 8 NATURE'S WAY HILTON HEAD ISLAND, SC 29928	57-0485356	501(C)	35,000.	0.			PROGRAMS
COLLABORATIVE ORGANIZATION OF SERVICES FOR YOUTH - PO DRAWER 1228 - BEAUFORT, SC 29901	57-6000311	501(C)	5,000.	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

2015

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)

Name of the organization

UNITED WAY OF THE LOWCOUNTRY

Employer identification number

57-0405847

NOT-FOR-PROFIT ORGANIZATIONS, THE ORGANIZATION'S FINANCIAL NEEDS AND THE OUTCOMES THEY REPORT AS MEASURES OF THEIR IMPACTS ON THE LOCAL COMMUNITY; EXPENSES = \$164,127

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 = \$87,474

HELPLINE - AN INFORMATION AND REFERRAL SERVICE THAT LINKS PEOPLE IN NEED TO APPROPRIATE HEALTH, HUMAN AND ADVOCACY SERVICES; EXPENSES = \$116,572

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 = \$71,319

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 = \$164,645.

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

Name of the organization UNITED WAY OF THE LOWCOUNTRY	Employer identification number 57-0405847
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ORGANIZATION.

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

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, SECTION B, LINE 11:

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

Name of the organization UNITED WAY OF THE LOWCOUNTRY	Employer identification number 57-0405847
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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	-157,000.
ROUNDING	-1.
TOTAL TO FORM 990, PART XI, LINE 9	-157,001.

Name of the organization

UNITED WAY OF THE LOWCOUNTRY

Employer identification number

57-0405847

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

2015 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	(D)HVAC - CAROLINA AIR	05/29/01	SL	7.00		16	2,893.				2,893.	2,893.		0.	
3	ACCESS INTERNAL VSU EQUIPMENT	10/29/01	SL	5.00		16	3,600.				3,600.	3,600.		0.	3,600.
4	(D)HVAC - CAROLINA AIR	10/31/01	SL	7.00		16	4,242.				4,242.	4,242.		0.	
5	(D)HVAC - CAROLINA AIR	03/31/02	SL	7.00		16	3,418.				3,418.	3,418.		0.	
6	LEATHER CHAIR	08/29/02	SL	7.00		16	147.				147.	147.		0.	147.
7	ENTERPRISE SERVER	04/19/04	SL	5.00		16	1,656.				1,656.	1,656.		0.	1,656.
8	SOFTWARE - CRYSTAL REPORT WRITER	01/08/02	SL	5.00		16	830.				830.	830.		0.	830.
9	(D)AIR ACCUMULATOR	10/21/05	SL	5.00		16	881.				881.	881.		0.	
10	SIGN - RIDGELAND	06/07/07	SL	7.00		16	892.				892.	892.		0.	892.
11	SIGNS - CAMPAIGN	08/17/07	SL	5.00		16	10,414.				10,414.	10,414.		0.	10,414.
12	SIGN - BEAUFORT BUILDING	02/15/08	SL	7.00		16	8,806.				8,806.	8,806.		0.	8,806.
13	CARPET - RIDGELAND	06/25/07	SL	7.00		16	1,005.				1,005.	1,005.		0.	1,005.
14	CITRIX LICENSES	04/23/04	SL	5.00		16	3,465.				3,465.	3,465.		0.	3,465.
15	(D)SIGN - BUILDING DIRECTORY	03/08/08	SL	7.00		16	1,500.				1,500.	1,500.		0.	
16	(D)AIR DUCT SYSTEM	06/02/08	SL	10.00		16	2,950.				2,950.	2,016.		197.	
17	(D)PARKING LOT RESURFACE	07/28/08	SL	10.00		16	7,874.				7,874.	5,249.		525.	
18	(D)NEW SOFFITT & TRIM	05/16/08	SL	10.00		16	4,119.				4,119.	2,815.		275.	
19	SIGN - HILTON HEAD OFFICE	02/01/10	SL	10.00		16	2,371.				2,371.	1,225.		237.	1,462.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
20	(2) REMOTE DEPOSIT SCANNERS	01/27/11	SL	5.00		16	1,250.				1,250.	1,042.		208.	1,250.
21	WEBSITE DESIGN	02/11/11	SL	5.00		16	6,110.				6,110.	5,092.		1,018.	6,110.
22	EPSON DIGITAL PROJECTOR	03/03/11	SL	5.00		16	888.				888.	726.		162.	888.
23	HP LAPTOP COMPUTER (CLARECE)	03/03/11	SL	5.00		16	909.				909.	743.		166.	909.
24	CAMERA/VIDEO DEVICE	03/31/11	SL	5.00		16	2,260.				2,260.	1,808.		452.	2,260.
25	COMPUTER EQUIPMENT	05/23/11	SL	5.00		16	18,475.				18,475.	14,164.		3,695.	17,859.
26	COPY MACHINE	06/09/11	SL	5.00		16	288.				288.	221.		58.	279.
27	(D)WATER HEATER	11/16/11	SL	5.00		16	650.				650.	433.		87.	
28	WEBSITE	11/16/11	SL	5.00		16	4,125.				4,125.	2,750.		825.	3,575.
29	40" FLAT SCREEN TELEVISION	04/06/12	SL	5.00		16	3,277.				3,277.	1,357.		655.	2,012.
30	PHONE SYSTEM - UC320	09/30/12	SL	7.00		16	6,966.				6,966.	2,488.		995.	3,483.
31	OFFICE RELOCATION/ASSOC. TECHNOLOGY	07/27/12	SL	5.00		16	2,183.				2,183.	1,092.		437.	1,529.
32	WEBSITE DESIGN	08/06/13	SL	5.00		16	1,150.				1,150.	249.		230.	479.
33	(3) SIGNS	02/17/14	SL	5.00		16	4,118.				4,118.	49.		824.	873.
34	SONICWALL TV	03/16/14	SL	5.00		16	1,444.				1,444.			289.	289.
35	HP ELITEBOOK COMPUTERS	03/24/14	SL	5.00		16	10,895.				10,895.			2,179.	2,179.
36	HP LED 21.5" MONITOR	03/26/14	SL	5.00		16	795.				795.			159.	159.
37	HP OFFICEJET PRO PRINTER	03/24/14	SL	5.00		16	424.				424.			85.	85.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
38	POWER OF PURSE - VARIOUS EQUIP.	03/31/14	SL	7.00		16	1,012.				1,012.			145.	145.
40	(D)OFFICE BUILDING (BEAUFORT)	09/26/91	SL	40.00		16	183,304.				183,304.	104,255.		3,055.	
41	(D)LAND (BEAUFORT OFFICE)	09/26/91	L				78,559.				78,559.			0.	
42	(D)LEASEHOLD IMPROVEMENTS - BEAUFORT	03/29/01	SL	40.00		16	4,828.				4,828.	1,690.		80.	
43	(D)DECK IMPROVEMENTS	10/18/10	SL	10.00		16	2,068.				2,068.	914.		138.	
44	(D)BACK ENTRY DOOR IMPROVEMENT	10/28/10	SL	10.00		16	1,508.				1,508.	666.		101.	
45	LAPTOPS & PRINTERS	01/24/13	SL	5.00		16	1,679.				1,679.	700.		336.	1,036.
46	(D)2.5 TON HVAC UNIT/HEAT PUMP	12/04/08	SL	10.00		16	4,000.				4,000.	2,533.		267.	
47	COPIERS & EQUIPMENT (ABR)	11/16/14	SL	5.00		16	17,490.				17,490.			3,498.	3,498.
48	LAPTOP COMPUTER (FROM HARGRAY)	07/31/15	SL	5.00		16	1,113.				1,113.			148.	148.
49	LAPTOP COMPUTER (FROM HARGRAY)	07/31/15	SL	5.00		16	1,146.				1,146.			153.	153.
50	SIGN	12/31/15	200DB	5.00		HY19B	1,033.			517.	516.			620.	103.
51	SIGN - CAMPAIGN	12/31/15	SL	5.00		16	1,884.				1,884.			94.	94.
	* TOTAL 990 PAGE 10 DEPR						426,894.			517.	426,377.	198,026.		22,393.	81,672.
	CURRENT ACTIVITY														
	BEGINNING BALANCE						421,718.			0.	421,718.	198,026.			
	ACQUISITIONS						5,176.			517.	4,659.	0.			

Depreciation and Amortization
 (Including Information on Listed Property) 990

▶ Attach to your tax return.
 ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return UNITED WAY OF THE LOWCOUNTRY	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 57-0405847
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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 instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
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 2014 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2016. 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.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	517.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	21,773.

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 2015	17	
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 2015 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		516.	5 YRS.	HY	200DB	103.
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 2015 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 instr.	22	22,393.
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for percentage and cost.

27 Property used 50% or less in a qualified business use: Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 sub-columns for vehicle categories and personal use questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2015 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2015 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNITED WAY OF THE LOWCOUNTRY	Employer identification number (EIN) or 57-0405847
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 202	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEAUFORT, SC 29901	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

CAROLINE LOVELL

• The books are in the care of **1277 RIBAUT ROAD - BEAUFORT, SC 29901**

Telephone No. **843-982-3040** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2017.**

5 For calendar year , or other tax year beginning **APR 1, 2015**, and ending **MAR 31, 2016**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS UNAVAILABLE AT THIS TIME.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **PRESIDENT** Date