EXTENDED TO NOVEMBER 16, 2015

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2014 Open to Public Inspection

OMB No. 1545-0047

A	For	the 2014 calendar year, or tax year beginning and	ending		
В	Check applic	if C Name of organization		D Employer identif	ication number
	Adi cha Na	UNITED WAY OF LOWNDES COUNTY, INC.			
L	cha	nge Doing business as		64-0	567987
L	retu Fina	Number and street (of P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number	
L_	rettern	in/ 1.0. BOX 200		(662	
r	ate	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	616,752.
	retu	COLUMBOS, MS 39703		H(a) Is this a group r	A STATE OF THE STA
ļ	App tion pen	ding loop	m 6.4	for subordinate:	111111 11111111111
_		1223 22ND STREET NORTH, COLUMBUS, MS 39	701	H(b) Are all subordinates i	ncluded? Yes No
		xempt status: X 501(c)(3)	or 527		list. (see instructions)
*******	~~~~~	site: ► WWW.UWLC-MS.ORG		H(c) Group exemption	
	⊦orm art I	of organization: X Corporation Trust Association Other Summary	L. Year o	of formation: 1991	M State of legal domicile: MS
	1	Briefly describe the organization's mission or most significant activities: OUR	4ISSIO	N IS TO IMP	ROVE LIVES
Activities & Governance	3	BY MOBILIZING THE CARING POWER OF THE LOW			
Ē	2	Check this box if the organization discontinued its operations or dispose			
Š	3			3	1
ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	26
οŏ	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	,,	5	3
ite Te	6	Total number of volunteers (estimate if necessary)		6	0
ξ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
- <	Ŀ	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		642,805.	599,842.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,406.	1,296.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,835.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		647,211.	602,973.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		473,247.	501,699.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
တ္သ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		103,511.	104,807.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
å	b	Total fundraising expenses (Part IX, column (D), line 25) > 95,78	2.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		74,161.	70,585.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		650,919.	677,091.
	19	Revenue less expenses. Subtract line 18 from line 12		-3,708.	-74,118.
vet Assets or und Balances			Beg	inning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		532,313.	458,051.
E.S.	21	Total liabilities (Part X, line 26)		3,275.	3,131.
		Net assets or fund balances. Subtract line 21 from line 20		529,038.	454,920.
	rt II	Signature Block			
		ifties of perjury, I dectare that I have examined this return, including accompanying schedules			knowledge and belief, it is
rue,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer h	as any knowledge.	
		Signature of officer			
Sign				Date	
lere	9	PATRICIA BROCK, EXECUTIVE DIRECTOR Type or print name and title			
			1.0.		
1.2.4		Print/Type preparer's name Preparer's signature		ate Check I	PTIN
aid		THOMAS J. BUCKLEY, CPA THOMAS J. BUCKLE	Y, C 08	3/27/15 sell-employe	
гера		Firm's name T. E. LOTT & COMPANY, CPA'S		Firm's EIN	64-0575804
se l	Only	Firm's address PO BOX 471			
10	the If	COLUMBUS, MS 39703-0471 S discuss this return with the preparer shown above? (see instructions)		Phone no. 66	2-328-5387
чаγ	une ir	o discuss this fethin with the preparer shown above? (see instructions)			X Yes No

Part IV | Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 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? If "Yes," complete Schedule C, Part II Х 4 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? If "Yes," complete Schedule C, Part III X 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? If "Yes," complete Schedule D, Part I X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X я 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? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D. X Part VI 11a 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? If "Yes," complete Schedule D, Part VII X 11b 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? If "Yes." complete Schedule D, Part VIII X 11c 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? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12h Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a 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? If "Yes," complete Schedule F, Parts I and IV X 14b 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? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes." complete Schedule G, Part III Х 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

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

Form 990 (2014) UNITED WAY OF LOWNDES COUNTY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Friter the number reported in Box 3 of Form 1096. Enter 4- if not applicable b Enter the number of Forms W2G included in size 4 a. Enter 6- if not applicable c Did the organization comply with backup withholding nulse for reportable payments to vendors and reportable garning gamating) wronings to prize winners? 2a Enter the number of employees reported on Form W3. Transmittad of Wage and Tax Statuments. 8a Enter the number of employees reported on Form W3. Transmittad of Wage and Tax Statuments. 8b If all loast one is reported on line 2a, did the organization 14 of a frequired tederal employment tax returns? 2b If all loast one is reported on line 2a, did the organization 14 of a frequired tederal employment tax returns? 2c) X Note. If the sum of lines 1 and 2a is greater than 150, you may be requised to a rise (in entructions) 3a Did the organization have unrelated business gress income of 11,000 or more during the year? 3a Did the organization than 150 or this year? * * * * * * * * * * * * * * * * * * *		Check if Schedule O contains a response or note to any line in this Part V				1
1a Enter the number reported in Box 3 of Form 1096. Enter of in oil applicable 1 10 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Yes	No
b Enter the number of Forms W26 included in line 1a. Enter 0-if not applicable 10 clot the organization comply with backey without park with the complete gramming (gambling) winnings to prize winners? 2 a. Enter the number of employees reported on Form W3. Transmittal of Wige and Tax Statements, I all a seat one is reported on line 2a, did the organization the all required federal employment tax returns? 3 b If a least one is reported on line 2a, did the organization the all required federal employment tax returns? 3 b If I west sum of lines 1 and 2 is greater than 250, you may be roughed to e-the (see instructions) 3 b If Yee, "set win of lines 1 and 2 is greater than 250, you may be roughed to e-the (see instructions) 3 b If Yee, "set in a filed a form 950 The firsh year 97 "/ho, 7 to line 3b, provide an explanation in Schedule 0" 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts? 4 b If "Yes," enter the name of the foreign country. 5 b If wiss, the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 c If "Yes," in the set of the did the organization that it was are is a party to a prohibited tax shelter transaction? 5 c If "Yes," in the Se or 5b, did the organization that it was are is a party to a prohibited tax shelter transaction? 5 c If "Yes," in the Se or 5b, did the organization that it was are is a party to a prohibited tax shelter transaction? 5 c If "Yes," indicate the presentation include with every solicitation an express statement that such contributions or gifts were not tax deductible as charable contributions? 6 c If "Yes," indicate the number of Forms 2828 If and during the year 7 b If the organization shall wave notify the donor of the value of the goods or services provided? 7 b If the organization shall were notify the donor of the value of the go	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
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2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendary water ording with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of files at and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a A any time the ream of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5b If "Yes," the file of foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5b Was the organization favor to a prohibited that shefter transaction? 5c If "Yes," to line Sa or 55, did the organization that if wos or is a party to a prohibited tax shefter transaction? 5c If "Yes," to line Sa or 55, did the organization that if wos or is a party to a prohibited tax shefter transaction? 5c If "Yes," to line Sa or 55, did the organization that if wos or is a party to a prohibited tax shefter transaction? 5c If "Yes," to line Sa or 55, did the organization module with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," the file organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c If If "Yes," the file organization module with every solicitation and partly for goods and services provided to the paper of the organization sell, oxchange, or otherwise dispose of tangible personal property for which it was required to file from 8282? 6c If If Yes, "Indicate the number of Forms	c	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
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b If "Yes," has it filed a Form 990-T for this year? If "No," to line 30, provide an explanation in Schedule O 4 At any time during the celebrate year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization apparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 89961? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 7 Organization shall may receive deductible contributions under section 170(c). a bid the organization that may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? c bid the organization shall exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7 If I bid the organization received a contribution of qualified intellect)			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 2 Did the organization receive any payments for indoor tanning services during the tax year? 14a X		Large Co. T. C. Co. C.	ı			
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X						
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a X		Ones to see the see that the se	١			
amounts due or received from them.) 22 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 23 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 25 Section 501(c)(29) qualified nonprofit health insurance issuers. 26 a Is the organization licensed to issue qualified health plans in more than one state? 27 Note. See the instructions for additional information the organization must report on Schedule O. 28 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 28 c Enter the amount of reserves on hand 39 c Enter the amount of reserves on hand 40 Did the organization receive any payments for indoor tanning services during the tax year? 41 X			11a			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			446			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year?				40	ered til t	County.
3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 4a Did the organization receive any payments for indoor tanning services during the tax year?				ıza	100000000000000000000000000000000000000	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13b 13b 13b 13c 14a X			120			
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		in the organization licensed to leave expetited to the state of the st		132		لتت
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			••••••	ioa		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X						
c Enter the amount of reserves on hand	(organization is licensed to issue qualified health plans	13b			
4a Did the organization receive any payments for indoor tanning services during the tax year?	c l	Enter the amount of reserves on hand				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	b l	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule (2	14b		

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		£ 1 1 .	X
Se	ction A. Governing Body and Management			
			Yes	No
18	a Enter the number of voting members of the governing body at the end of the tax year 1a 26	4.50	\$12.5	V()
	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 0.			
k	Enter the number of voting members included in line 1a, above, who are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a		<u> </u>		
- ***	more members of the governing body?	7		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
-				₩-
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	7	X
a	· · · · · · · · · · · · · · · · · · ·		v	11.45,743
b	The governing body? Each committee with authority to act on behalf of the governing body?	8a	X	
9		8b	_X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		**
Sec	organization's mailing address? If "Yes " provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	т	T	
100	Did the organization have local chanters bronches or officiated		Yes	No
IUα K	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		<u> </u>
J				
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		37
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		<u>X</u>
12a	The state of the s	59900	77	43375
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X	
·	· ·		.	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	12c	<u> </u>	37
14		13	77	X
15	Did the organization have a written document retention and destruction policy?	14	Х	
10	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?			
_				V.
a	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b		X
46.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	i initia l		
L	taxable entity during the year?	16a		X
a	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		eire P	
Sact	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed MS			
	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 inspection, ladicate because made these qualitations.	ulable		
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and fi	nancia	il	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	PATRICIA BROCK - 662-328-0943 223 22ND STREET NORTH COLUMBUS MS 39701	-		

INC. 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

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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior) than	one	Reportable	Reportable	Estimated
	hours per	box	, unie:	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	a a a	recic	rirus	10e)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	왏			Sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	truste	si irus		36	mper		(** 27 1000 Miloo)		organization and related
	below	ndividual trustee or director	nstitutional trustee	hii	Кеу етріоуее	Highest compensated employee	نة			organizations
	line)	Indiv	insti	Officer	Key e	High	Бэгтег			J
(1) KEVIN STAFFORD	1.00									
NOMINATIONS CHAIR		Х						0.	0.	0.
(2) BRANDT GALLOWAY	1.00			*******	l		Ī			
DIRECTOR		Х						0.	0.	0.
(3) PAUL CADE	1.00			**********	<u> </u>				***************************************	***************************************
DIRECTOR		Х						0.	0.	0.
(4) JUSTIN CASANO	1.00									
DIRECTOR		Х			-			0.	0.	0.
(5) PAT MITCHELL	1.00									
DIRECTOR		х						0.	0.	0.
(6) FRANCES JUTMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) BRENDA LATHAN	1.00									
DIRECTOR		Х		ı				0.	0.	0.
(8) STUART PHILLIPS	1.00									* ****
DIRECTOR		Х						0.	0.	0.
(9) JASON SHARP	1.00				Ċ					***************************************
PERSONNEL CHAIR		Х		Ì				0.	0.	0.
(10) REGGIE HANKINS	1.00									
ALLOCATIONS CHAIR		Х						0.	0.	0.
(11) LYNN ATKINS	1.00									****
DIRECTOR		Х						0.	0.	0.
(12) DR. JIM BORSIG	1.00									
DIRECTOR		X						0.	0.	0.
(13) NANCY BURTON	1.00									
DIRECTOR		Х						0.	0.	0.
(14) RODGER COAN	1.00									
DIRECTOR		X						0.	0.	0.
(15) WILLIAM CORDER	1.00		T							
DIRECTOR		Х						0.	0.	0.
(16) JOHN R. DAVIS	1.00	T		\Box						
DIRECTOR		Х]					0.	0.	0.
(17) ALICIA HARPER	1.00	\Box	T	T						
DIRECTOR		Х				1		0.	0.	0.

Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	ompensated Employee	s (continued)	***************************************
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c		sitior more	1 than	one	Reportable	Reportable	Estimated
	hours per week					is boti or/trus		compensation	compensation	amount of
	(list any		T	Г		T	T	from the	from related	other
	hours for	director				123		organization	organizations (W-2/1099-MISC)	compensation from the
	related		ustee			sasat		(W-2/1099-MISC)	(** = / ********************************	organization
	organizations		nai tr	1	oyee	iduo a				and related
	below line)	individual	institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations
(18) DEBRA HOPKINS	1.00	1.5	-	-	×	Ξ.	ш			
DIRECTOR		Х			l			0.	0	. 0.
(19) RICK "SONIC" JOHNSON	1.00	1			T					
DIRECTOR		Х						0.	0	. 0.
(20) AARON OBERSCHMIDT	1.00									
DIRECTOR		Х						0.	0	. 0.
(21) WALTER THATCHER	1.00									
DIRECTOR		Х						0.	0	0.
(22) SCOTT FERGUSTON	2.00									
PRESIDENT				Х				0.	0	0.
(23) TODD DAVIS	2.00									
VICE PRESIDENT / CAMPAIGN CHAIR				X	<u> </u>			0.	0	0.
(24) MARILYN AGNEW	2.00						l			
IMMEDIATE PAST PRESIDENT				Х				0.	0	0.
(25) JOHN BOWEN	2.00									
FINANCE CHAIRMAN & TREASUR				Х				0.	0	0.
(26) SHAWN HANNAH	2.00									
SECRETARY				Х				0.	0	
1b Sub-total							>	0.	0	
c Total from continuation sheets to Part V							>	0.	0	
d Total (add lines 1b and 1c)							≥ l	0.	0	0.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove)) wh	o red	ceived more than \$100,0	000 of reportable	
compensation from the organization										0
										Yes No
3 Did the organization list any former officer,									• •	
line 1a? If "Yes," complete Schedule J for s	uch individual			• • • • • • • • • • • • • • • • • • • •						3 X
4 For any individual listed on line 1a, is the su	im of reportable	e co	mpe	nsat	tion	and	othe	er compensation from th	e organization	
and related organizations greater than \$150),000? If "Yes,	" cor	mple	te S	iche	dule	J fo	or such individual		4 X
5 Did any person listed on line 1a receive or a							late	d organization or individ	ual for services	
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	<u>Jfc</u>)r.su	ch r	ersc	n .				5 X
Complete this table for your five highest contains.	managed ind						. 44	-t t t t t t	100.000 (
the organization. Report compensation for										ation from
(A)	ine calendar ye	al C	HORE	g wi		1 AAHE	<u>'</u>	(B)	aı.	(C)
Name and business	address	NO	NE					Description of se	rvices	(C) Compensation
							十			
					***************************************		\top			
				··			\perp			
										· · · · · · · · · · · · · · · · · · ·
2 Total number of independent contractors (in		t lim	ited	to t	hose	e list	ed a	above) who received mor	e than	
\$100,000 of compensation from the organiz	ation >				0					
										_ ^^^

-			Check if Schedule O conf	tains a respoi	nse or note to any li	ne 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
ţ	<u>4</u> 1	a	Federated campaigns	<u>1a</u>					
ra	3	b	Membership dues	1b					
0	1		Fundraising events						
ŧ,	a		Related organizations						
w`€	3		Government grants (contribut		143,562.				
ĕ	7		All other contributions, gifts, gran						
ž	9		similar amounts not included abo		456,280.				
ĔĊ	3	а	Noncash contributions included in lines	***************************************	5,466.				
Contributions, Gifts, Grants			Total. Add lines 1a-1f			599,842.			
		•		4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Business Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
a.	2	а							
Š	 ~								-
- Se d	•								-
EŠ					P. Committee of the com				
ga Ba				·····					
Program Service Revenue	İ .	e	All palace man and a second						<u> </u>
ш.	i		All other program service rever				The Same and the s		ļ.,
			Total. Add lines 2a-2f						A SHE CHANGE OF FIRE FOR F
	3		Investment income (including			1 200	1 000		
	_		other similar amounts)			1,296.	1,296.		
	4		Income from investment of tax				·		
i	5		Royalties		t t				
				(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)			sold the listing in			
	(d	Net rental income or (loss)		.				
	7 8	a	Gross amount from sales of	(i) Securitie	s (ii) Other				
			assets other than inventory						
	ŧ)	Less: cost or other basis						
			and sales expenses						rest in the little N
	(۱ د	Gain or (loss)						
1			Net gain or (loss)						
6			Gross income from fundraising						
nue		i	including \$	of					
eve			contributions reported on line 1						
Other Reven			Part IV, line 18		a 15,614.				
the the	b		Less: direct expenses		ь 13,779.				
0			Net income or (loss) from fundr		***************************************	1,835.	VIOLENCE DE LA COMP		1,835.
			Gross income from gaming act	_					Alban Alah Sabatan Ing
			Part IV, line 19		a				
	h		.ess: direct expenses		b				
			Net income or (loss) from gamin		>			STATE OF STREET STREET, SAN STREET	Production Newscond of the Conference of
			Gross sales of inventory, less re	~				diakidy kwakwana	i i de la marca de la compania de l
	u		and allowances		ء ا				
	h		ess: cost of goods sold		b				
- 1			Net income or (loss) from sales			ga nekala ay kata tahiri kata a terbitangan biranga	garaga kan darawa ganda da baba da		energase pedigrafi nejecti (1986)
۲		!.	Miscellaneous Revenue						
-	11 ~				Business Code		act, 14 (4, 15) (1 (5), 14 (5) V 1 (14) (15) (14) (1		
			***************************************		1 1				
	b	_							
	c		Il other revenue						
			All other revenue						222
		Ī	otal. Add lines 11a-11d	•••••		600 000			
	<u> 12 </u>	- 0	otal revenue. See instructions.		•	602,973.	1,296.	0.	1.835.

Form 990 (2014) UNITED WAY OF Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	501,699.	501,699.		
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,	45.000	5 005	10.500	
	trustees, and key employees	47,000.	6,885.	12,690.	27,425
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	En 212	77 7 7 7 7	12 505	00 055
	persons described in section 4958(c)(3)(B)	50,313.	7,371.	13,585.	29,357
7	Other salaries and wages	······			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,494.	1,098.	2,023.	4 272
10 11	Payroll taxes Fees for services (non-employees):	1,474.	1,090.	4,043.	4,373
a b					
C		11,958.		11,958.	
d		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11,330.	
e					
f	Investment management fees		A STATE OF THE STA	the spirit of the section of the property of the section of the se	
g	A				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	8,859.	748.	1,379.	6,732.
13	Office expenses	3,003.	, , , , , , , , , , , , , , , , , , , ,		0,132
4	Information technology				
15	Royalties				
6	Occupancy	3,900.	571.	1,053.	2,276.
7	Travel				2/2/0
8	Payments of travel or entertainment expenses				··········
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				***************************************
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,845.	270.	498.	1,077.
3	Insurance	3,822.	560.	1,032.	2,230.
4	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 0.)				
а	MISCELLANEOUS	11,371.	1,666.	3,069.	6,636.
b	SUPPLIES	9,870.	1,446.	2,665.	5,759.
C	CAMPAIGN SUPPLIES AND E	6,467.		,,	6,467.
ď	UTILITIES	5,913.	866.	1,597.	3,450.
	All other expenses	6,580.	3,639.	2,941.	3,200.
5	Total functional expenses. Add lines 1 through 24e	677,091.	526,819.	54,490.	95,782.
	Joint costs. Complete this line only if the organization		-		<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	İ			

		Check if Schedule O contains a response or no	te to any line i	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			505,184.	1	421,204.
	2	Savings and temporary cash investments	4)/4///			2	
	3	Pledges and grants receivable, net			21,709.	3	32,093.
	4	Accounts receivable, net			0.	4	915.
	5	Loans and other receivables from current and for	ormer officers,	directors,			
		trustees, key employees, and highest compensation	ated employee	es. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of sect		· }			
Ş]	employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
	l	basis. Complete Part VI of Schedule D	10a	34,832.			
	b	Less: accumulated depreciation	10b	30,993.	4,112.	10c	3,839.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,308.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)		532,313.	16	458,051.
	17	Accounts payable and accrued expenses		3,275.	17	1,143.	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to current and former	officers, direc				
≝		key employees, highest compensated employees	s, and disqual	ified persons.			
Liabilities		Complete Part II of Schedule L				22	
<u> </u>	23	Secured mortgages and notes payable to unrelate	ted third parti	es		23	
	24	Unsecured notes and loans payable to unrelated	third parties			24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Comp	lete Part X of			
		Schedule D	• • • • • • • • • • • • • • • • • • • •		0.	25	1,988.
_		Total liabilities. Add lines 17 through 25	4444444444	11	3,275.	26	3,131.
		Organizations that follow SFAS 117 (ASC 958)	, check here	➤ X and			
g		complete lines 27 through 29, and lines 33 and	134.	\$			
ĕ		Unrestricted net assets			432,114.	27	402,761.
<u> </u>	28	Temporarily restricted net assets			96,924.	28	52,159.
5	29	process and the second				29	
5		Organizations that do not follow SFAS 117 (AS					
5		and complete lines 30 through 34.					
2		Capital stock or trust principal, or current funds				30	
2		Paid-in or capital surplus, or land, building, or equ				31	
Net Assets of Fund Balances	32	Retained earnings, endowment, accumulated inc	ome, or other	funds		32	
2					529,038.	33	454,920.
	34	Total liabilities and net assets/fund balances			532,313.	34	458,051.

	m 990 (2014) UNITED WAY OF LOWNDES COUNTY, INC.	64-05679	87	Pac	ge 12
P	art XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				
				~	_Winner_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	602	,9'	73.
2	Total expenses (must equal Part IX, column (A), line 25)	2	677		
3	Revenue less expenses. Subtract line 2 from line 1	3	-74	,13	18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	529	, 03	38.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
,	column (B))	10	454	. 92	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• • • • • • • • • • • • • • • • • • • •			
			Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	Ţ.	335 B		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	5.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	\neg	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	330 0		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	<u> </u>	2b 2	ĸ	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
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?	· · · · · · · · · · · · · · · · · · ·	2c	1	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schee	tule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?	·	За	\top	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require			\top	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ı	3h	l	

Form **990** (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

Employer identification number UNITED WAY OF LOWNDES COUNTY. 64-0567987 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1.9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

P	art II Support Schedule for	Organizations	Described in	Sections 170	b)(1)(A)(iv) and	170(b)(1)(A)(vi	Page 2
	(Complete only if you check						
	fails to qualify under the test	s listed below, plea	ase complete Part	III.)			
Se	ction A. Public Support		 				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1					19,2010	10/2014	III rotai
	membership fees received. (Do not						
	include any "unusual grants.")						
2							·····
	ization's benefit and either paid to						
	or expended on its behalf						
3							
Ŭ	furnished by a governmental unit to						
	the organization without charge]		
4	Total. Add lines 1 through 3						
5	The portion of total contributions	NINGEN NEW ARRESTS	and the last of th	Act (114, 11, 12, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	gragua araban dan		
J	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,						
^	,						·····
	Public support. Subtract fine 5 from line 4.			NO TENNE PROPERTIES	marked a respective		
		1 / > 00.40		r		ı	
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
-	Among such a funcional line of	E .					
	Amounts from line 4						
7 8	Gross income from interest,						
	Gross income from interest, dividends, payments received on						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the						
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain						
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital						
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
9 10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10						
9 10 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities,	•				12	
9 10 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
9 10 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
9 10 11 12 13	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stortion C. Computation of Public	the organization's here c Support Per	first, second, third centage	d, fourth, or fifth ta	x year as a section	501(c)(3)	>
9 10 11 12 13 Sec 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stortion C. Computation of Public Public support percentage for 2014 (li	the organization's here c Support Per ne 6, column (f) div	first, second, third centage vided by line 11, c	d, fourth, or fifth ta	x year as a section	501(c)(3)	▶
9 10 11 12 13 Sec 14 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public Public support percentage for 2014 (li Public support percentage from 2013)	the organization's here c Support Per- ne 6, column (f) dir Schedule A, Part I	first, second, third centage vided by line 11, co l, line 14	d, fourth, or fifth ta	x year as a section	14 15	%
9 10 11 12 13 Sec 14 15 16a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public support percentage for 2014 (li Public support percentage from 2013 33 1/3% support test - 2014. If the consequence is a security of the support test - 2014.	the organization's here C Support Perone 6, column (f) div Schedule A, Part I	first, second, third centage yided by line 11, coll, line 14	olumn (f))	x year as a section	14 15	%
9 10 11 12 13 Sec 14 15 16a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public support percentage for 2014 (li Public support percentage from 2013 33 1/3% support test - 2014. If the ostop here. The organization qualifies is	the organization's here C Support Perone 6, column (f) divided by Schedule A, Part I organization did no as a publicly support	centage vided by line 11, colline 14 t check the box or orded organization	olumn (f))	x year as a section	14 15 ore, check this box a	% and
9 10 11 12 13 Sec 14 15 16a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stortion C. Computation of Public Public support percentage from 2013 33 1/3% support test - 2014. If the citop here. The organization qualifies 33 1/3% support test - 2013. If the citop in the support test - 2013. If the citop here is the simple support test - 2013.	the organization's here C Support Per ne 6, column (f) div Schedule A, Part I organization did no as a publicly support anization did no organization did no organization did no	centage vided by line 11, coll, line 14 t check the box or orted organization the check a box on line in the check a box on line in the check are considered.	olumn (f)) n line 13, and line 1	x year as a section 4 is 33 1/3% or me	14 15 ore, check this box or more, check this	% and box
9 10 11 12 13 Sec 14 15 16a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and storation C. Computation of Public Public support percentage from 2013 33 1/3% support test - 2014. If the cand stop here. The organization qualifies and stop here. The organization qualities and stop here.	the organization's here c Support Per- ne 6, column (f) divided Schedule A, Part I organization did no as a publicly support of the support o	centage vided by line 11, colling 14 t check the box or orted organization to check a box on liupported organization	olumn (f)) n line 13, and line 1 ine 13 or 16a, and	x year as a section 4 is 33 1/3% or meline 15 is 33 1/3%	14 15 ore, check this box and or more, check this	% and box
9 10 11 12 13 Sec 14 15 16a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stortion C. Computation of Public Support percentage from 2013 33 1/3% support test - 2014. If the cand stop here. The organization qualifies and stop here. The organization qualities of 10% -facts-and-circumstances test	the organization's here c Support Per- ne 6, column (f) dir Schedule A, Part I organization did no as a publicly support organization did no fies as a publicly s - 2014. If the organization did	centage vided by line 11, cooling to the cooling to	olumn (f)) n line 13, and line 1 ne 13 or 16a, and tion theck a box on line	x year as a section 4 is 33 1/3% or maline 15 is 33 1/3% 13, 16a, or 16b, a	14 15 ore, check this box and line 14 is 10% or	% and box more,
9 10 11 12 13 Sec 14 15 16a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stortion C. Computation of Public Support percentage from 2013 33 1/3% support test - 2014. If the castop here. The organization qualifies 33 1/3% support test - 2013. If the cand stop here. The organization qualifies and if the organization meets the "facts the organization's here c Support Per- ne 6, column (f) divided Schedule A, Part I organization did no as a publicly support organization did no fies as a publicly s - 2014. If the organization did no fies and-circumstance	centage vided by line 11, control of the control of	olumn (f)) n line 13, and line 1 ne 13 or 16a, and tion theck a box on line is box and stop h	x year as a section 4 is 33 1/3% or malline 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par	14 15 ore, check this box a or more, check this ort tVI how the organize	more,	
9 10 11 12 13 Sec 14 15 16a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stortion C. Computation of Public Support percentage from 2013 33 1/3% support test - 2014. If the cand stop here. The organization qualifies and stop here. The organization qualities of 10% -facts-and-circumstances test	the organization's here c Support Per- ne 6, column (f) divided Schedule A, Part I organization did not as a publicly support as a p	centage vided by line 11, coll, line 14 t check the box on lite the check a box on lite the check a box on lite the check a box on lite the check a box on lite the check a box on lite the check a box on lite the check a box on lite the check a box on lite the check a box on lite the check a box on lite the check the lite the check the	olumn (f)) n line 13, and line 1 ne 13 or 16a, and tion heck a box on line is box and stop houblicly supported	x year as a section 4 is 33 1/3% or moline 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Parorganization	14 15 ore, check this box and line 14 is 10% or tVI how the organization of the state of the sta	% and box more, ation

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

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

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.)

Se	ction A. Public Support						***************************************
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and					1 ,_,,	III IOIGI
	membership fees received. (Do not						į
	include any "unusual grants.")	675,606.	660,774.	658,164.	642,805.	599,842.	3237191.
2	Gross receipts from admissions,						
	merchandise sold or services per-	İ					
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose					15,614.	15,614.
3	Gross receipts from activities that					13,014.	13,014.
•	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	- +,,	675,606.	660,774.	658,164.	642,805.	C1E 4EC	2252005
	Total. Add lines 1 through 5	073,000.	000,//4.	000,104.	042,003.	615,456.	3252805.
,,	3 received from disqualified persons						0
H	Amounts included on lines 2 and 3 received						0.
٠.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
	Add lines 7a and 7b		1801. NO 64 4 6 8 7 6 8 6 6 6 6 6				0.
	Public support (Subtract line 7c from line 6.)						3252805.
		(10040	4.50044				
	ndar year (or fiscal year beginning in)	(a) 2010 675,606.	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6 Gross income from interest,	6/3,606.	660,774.	658,164.	642,805.	615,456.	3252805.
ioa	dividends, payments received on						
	securities loans, rents, royalties	F 700	4 246	4 77 5 0	4 405	4 00 5	
	and income from similar sources	5,780.	4,346.	4,750.	4,406.	1,296.	20,578.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	F 600	1 2 1 2	4 550			
	Add lines 10a and 10b	5,780.	4,346.	4,750.	4,406.	1,296.	20,578.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	681,386.	665,120.	·····	647,211.	616,752.	3273383.
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	x year as a section	501(c)(3) organizat	ion,
	check this box and stop here		<u></u>				>
~~~~	tion C. Computation of Public						
	Public support percentage for 2014 (lir			olumn (f))		15	99.37 <u>%</u>
	Public support percentage from 2013					16	99.29 %
	tion D. Computation of Invest						
	Investment income percentage for 20			e 13, column (f))	. <i>.</i>	17	.63 %
	Investment income percentage from 2					18	.71 %
9a	33 1/3% support tests - 2014. If the o	organization did no	ot check the box o	n line 14, and line	15 is more than 33	1/3%, and line 17	is not
1	more than 33 1/3%, check this box and	d stop here. The	organization qualit	fies as a publicly s	upported organizat	ion	►X
b i	33 1/3% support tests - 2013. If the o	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is more	e than 33 1/3%, an	d
	ine 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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3b		
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3c	-	
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		10000
4c	j.	
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	Abstract.	
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9c		
	Veries !	
10a		
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	edule A (Form 990 or 990-EZ) 2014 UNITED WAY OF LOWNDES (	COUNTY	7, INC. 6	4-0567987 Page 6
	- Type in item a distribution of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ctions. All
•	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	Not also also as a visit of the			(optional)
	Net short-term capital gain	11		
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	···	
Sec	ion 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		
<u>b</u>	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	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		·····
Secti	on 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		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting organi	ization (ego
	instructions).	, g. a		rection (and

Schedule A (Form 990 or 990-EZ) 2014

	rt V Type III Non-Functionally Integrated 509			64-0567987 Page
Sec.	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	1\$	
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	he organization is responsive	9	
	(provide details in Part VI). See instructions.	- ·		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
С				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years		The Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of the Section Control of	
	Applied to 2014 distributable amount			
***************************************	Remainder. Subtract lines 4a and 4b from 4.	Section (Control of the Control of t		
	Remaining underdistributions for years prior to 2014, if		A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		ļ	
	Remaining underdistributions for 2014. Subtract lines 3h			A CONTROL THE PROPERTY OF THE PROPERTY.
	and 4b from line 1 (if amount greater than zero, see			
	nstructions).			
	Excess distributions carryover to 2015. Add lines 3j	user following the region page, and the fact of the s		e e a Casal estas locues de Colonia de Casal de Casal
	and 4c.			
	Breakdown of line 7:		. 18 kuru 1864 ta Nati Banda ka papu pin kapati ba pam Kanda da kabulan da kata kabulan kapati banda kata kata	
	Steakdown of line 7:	1995 Billion of Control and Alberton Belleville and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alberton and Alber		
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C				
<u>a</u> 1	Excess from 2014			

Schedule A	(Form 990 or 990-	EZ) 2014 UNI'I	ED WAY	OF LOWNDE	S COUNTY	, INC.	64-0567987 Page 8
Part VI	Supplementa	ıl Information.	Provide the e	xplanations requi	red by Part II, line	e 10; Part II, line	17a or 17b; and Part III, line 12.
	Also complete th	is part for any add	itional informat	ion. (See instruct	ions).		
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

	UNITED WAY OF LOWNDES COUNTY, INC.	64-0567987
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule.	
Note. Only a section 501	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cutor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	or 16b, and that received from
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received from a butions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educate foruelty to children or animals. Complete Parts I, II, and III.	
year, contribution is checked, enter purpose. Do not	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box , charitable, etc., received <i>nonexclusively</i>
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Foet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

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

Name of organization

Employer identification number

Uľ	1ITED	WAY	OF	LOW	NDES	COUN	ΥT	, INC.

64-0567987

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	4-COUNTY ELECTRIC POWER ASSOCIATION P.O. BOX 351 COLUMBUS, MS 39703	\$\$11,554.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BAPTIST MEMORIAL HOSPITAL P.O. BOX 1307 COLUMBUS, MS 39703	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BELK 2031 HIGHWAY 45 N. COLUMBUS, MS 39705	\$\$.	Person X Payroil Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CADENCE BANK P.O. BOX 631 COLUMBUS, MS 39703	- \$ 16,753.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	COLUMBUS MUNICIPAL SCHOOL DISTRICT P.O. BOX 1308 COLUMBUS, MS 39701	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BALDOR 70 INDUSTRIAL PARK ACCESS ROAD COLUMBUS, MS 39702	s9,493.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF LOWNDES COUNTY, INC.	64-0567987
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Faiti	See instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MICROTEK MEDICAL, INC. P.O. BOX 2487 COLUMBUS, MS 39704		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PACCAR 1000 PACCAR DRIVE COLUMBUS, MS 39701	\$35,024.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	T. E. LOTT & COMPANY CPA'S P.O. BOX 471 COLUMBUS, MS 39703		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	TRUSTMARK P.O. BOX 431 COLUMBUS, MS 39703		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	WEITZENHOFFER/SEMINOLE FOUNDATION P.O. BOX 1366 COLUMBUS, MS 39703	- _ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	WEYERHAEUSER CELLULOSE FIBER P.O. BOX 8660 COLUMBUS, MS 39705	\$ <u>37,796.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED	WAY	OF	LOWNDES	COUNTY.	INC.

64-0567987

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JANESVILLE ACOUSTICS 221 AIRPORT ROAD COLUMBUS, MS 39702	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	CECO BUILDING SYSTEMS 2400 U.S. 45 COLUMBUS, MS 39702	\$\$ 8,091.	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	SEVERSTAL 1945 AIRPORT ROAD COLUMBUS, MS 39701	\$\$ 10,562.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	TRONOX 40034 TRONOX ROAD HAMILTON, MS 39746	\$ 8,390.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	AIRBUS HELICOPTERS 1782 AIRPORT ROAD COLUMBUS, MS 39701	\$\$. 11,075.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	CREATE FOUNDATION P.O. BOX 1235 COLUMBUS, MS 39703	\$\$	Person X Payroll

Name of organization Employer identification number

UNITED WAY OF LOWNDES COUNTY, INC.

64-0567987

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	BBB FOUNDATION P.O. BOX 8670 COLUMBUS, MS 39705	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	THE HERMAN AND HAZEL OWEN FOUNDATION P.O. BOX 1366 COLUMBUS, MS 39703	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	UW - METROPOLITAN NASHVILLE 250 VENTURE CIRCLE NASHVILLE, TN 37228	\$7,114.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	MISSISSIPPI UNIVERSITY FOR WOMEN 1100 COLLEGE STREET COLUMBUS, MS 39701	\$5,352 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	TVA - MISSISSIPPI DISTRICT 310 RESEARCH BOULEVARD STARKVILLE, MS 39759	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)