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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		57-0360058	
C Name of organization United Way of York County SC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 925 City or town, state or country, and ZIP + 4 Rock Hill, SC 29731		E Telephone number (803) 324-2735	
F Name and address of principal officer Debbie Hayworth PO Box 925 York, SC 29731		G Gross receipts \$ 1,639,568	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: www.unitedwayofyc.org		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	
L Year of formation 1942		M State of legal domicile SC	

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	1,009
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,488,125	Current Year 1,627,967
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,715	415
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,831	11,186
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,493,671	1,639,568
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	917,157
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		265,567	257,727
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 61,054			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		259,713	309,982
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,442,437	1,419,244
19 Revenue less expenses Subtract line 18 from line 12		51,234	220,324
Net Assets or Fund Balances		Beginning of Current Year	
	20 Total assets (Part X, line 16)	988,457	1,213,204
	21 Total liabilities (Part X, line 26)	5,064	9,487
	22 Net assets or fund balances Subtract line 21 from line 20	983,393	1,203,717

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

Sign Here	***** Signature of officer			2012-10-11 Date	
	Debbie Hayworth President/CPO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Allyson T DeHart CPA	Date	Check if self-employed <input checked="checked" type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	The Hobbs Group PA 1704 Laurel Street Columbia, SC 29201			EIN
					Phone no (803) 799-0555

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

1

Briefly describe the organization's mission

United Way of York County, SC will be the nonprofit leader in identifying community needs, facilitating collaboration and maximizing resources that positively impact our community

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 816,662 including grants of \$) (Revenue \$)

UWYC conducts an annual Community Care Campaign to provide funding resources for local programs and initiatives that meet identified needs and community issues related to Basic Needs-Financial Stability, Education-Family Support and Health-Wellness Agencies seeking funding through UWYC must meet eligibility standards, financial reporting requirements and demonstrate their ability to provide services that will change behavior and conditions Our 34 partner agencies served more than 50,000 York County participants through 42 programs funded through UWYC's 2011-12 Allocation Investment process and donor designations See SCHEDULE O for additional program detail

4b

(Code) (Expenses \$ 368,910 including grants of \$) (Revenue \$)

United Way of York County, SC ("UWYC") was organized for the purpose of uniting contributors, citizens and agencies in a common effort to determine, develop, support, deliver, and monitor effective programs and services that are responsive to current community needs and issues Fundraising and the distribution of those funds have been a key function of our organization for the past 70 years, but is not the only function UWYC engages existing donors, business and community partners to convene and facilitate discussion and collaborations to address community issues UWYC's expanded role in the community through UWYC's Community Building initiatives and programs have increased the capacity of local agencies and organizations to address priority issues See SCHEDULE O for additional program detail

4c

(Code) (Expenses \$ 133,587 including grants of \$) (Revenue \$)

Other Program Services/Resource Development UWYC conducts an annual Community Campaign which provides vital financial resources to our partner agencies through our Community Care Fund and agency designations UWYC's Resource Development (RD) efforts seek to build relationships by acknowledging and engaging existing donors, business and community partners RD efforts are also utilized to cultivate relationships with potential donors, business partners and volunteers to enhance Community Building efforts and are used to engage community volunteers, faith community and business partners to see first-hand how UWYC strives to change lives and conditions in York County Volunteerism connects concerned citizens, business partners and civic groups with hands on opportunities to change lives and conditions

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 1,319,159

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	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.	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
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.		No
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.		No
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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
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, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
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.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

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

Part V		Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V				<input type="checkbox"/>	<input type="checkbox"/>
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			No
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?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			No
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a			No
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	SC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	Debbie Hayworth 226 Northpark Drive Suite 100 Rock Hill, SC 29731 (803) 324-2735

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Scott Wells Director	1 00	X						0	0	0
(2) Sandi Worley Director	1 00	X						0	0	0
(3) Dr Kimberly Faust Director	1 00	X						0	0	0
(4) Mike Hill Director	1 00	X						0	0	0
(5) Phyllis Fauntleroy Director	1 00	X						0	0	0
(6) Mane McFadden Director	1 00	X						0	0	0
(7) Dan Love Director	1 00	X						0	0	0
(8) Martha Jean Stames Director	1 00	X						0	0	0
(9) Maria Duncan Director	1 00	X						0	0	0
(10) Allison Harvey Director	1 00	X						0	0	0
(11) Dr Robert Copeland Director	1 00	X						0	0	0
(12) Sherfff Bruce Bryant Director	1 00	X						0	0	0
(13) Twana Burnis-Alcide Director	1 00	X						0	0	0
(14) Dan Ballou Director	1 00	X						0	0	0
(15) Debbie Abels Director	1 00	X						0	0	0
(16) Debbie Hayworth President/CPO	38 00			X				60,300	0	11,110
(17) Ellen Byrd Campaign Chair	3 00			X				0	0	0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Chantay Bouler Past Chairman	3 00			X				0	0	0
(19) Trna Ricks Vice Campaign	3 00			X				0	0	0
(20) Harvey Hawkins Treasurer	3 00			X				0	0	0
(21) Jim Morris Chairman	3 00			X				0	0	0
(22) Judy Mobley Vice Chairman	3 00			X				0	0	0
(23) Elizabeth Starnes Finance Manager	38 00				X			47,993	0	11,421
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								108,293		22,531

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶0

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

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	47,761				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,580,206				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		1,627,967				
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		0				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		415	415		
4		Income from investment of tax-exempt bond proceeds . .		0				
5		Royalties		0				
6a		Gross rents	(i) Real	(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)			0			
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss)			0			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
			a	3,355				
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events . .			3,355			
9a		Gross income from gaming activities See Part IV, line 19						
			a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities . .			0			
10a		Gross sales of inventory, less returns and allowances						
		a						
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . .			0				
Miscellaneous Revenue		Business Code						
11a	Reimburse - Other UW			6,581	6,581			
b	Miscellaneous Income			1,250	1,250			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			7,831				
12	Total revenue. See Instructions			1,639,568	8,246			

Part IX

Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	816,662	816,662		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	34,873	34,873		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	134,111	102,205	18,260	13,646
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	93,302	73,367	2,645	17,290
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	12,104	9,392	1,057	1,655
10	Payroll taxes	18,210	14,061	1,673	2,476
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	8,449	2,985	5,337	127
12	Advertising and promotion	6,154	3,725	260	2,169
13	Office expenses	0			
14	Information technology	16,554	12,780	1,522	2,252
15	Royalties	0			
16	Occupancy	20,567	15,880	2,577	2,110
17	Travel	1,466	1,314	49	103
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	15,147	13,204	462	1,481
20	Interest	0			
21	Payments to affiliates	19,364	14,950	1,780	2,634
22	Depreciation, depletion, and amortization	9,506	7,339	874	1,293
23	Insurance	1,365	1,054	125	186
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Warming Centers	15,356	15,356		
b	United Way 2-1-1 Contract Fee	28,500	28,500		
c	Pathways to Housing	14,706	14,706		
d	Community Restricted	82,500	82,500		
e	Christmas Assistance - TFH/ESF	24,852	24,852		
f	All other expenses	45,496	29,454	2,410	13,632
25	Total functional expenses. Add lines 1 through 24f	1,419,244	1,319,159	39,031	61,054
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			36,405	1	69,288
	2	Savings and temporary cash investments			207,010	2	314,108
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			467,651	4	564,200
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	0
	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges			3,325	9	1,433
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	338,739			
	b	Less: accumulated depreciation	10b	84,179	264,066	10c	254,560
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities. See Part IV, line 11				12	0
	13	Investments—program-related. See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11			10,000	15	9,615
	16	Total assets. Add lines 1 through 15 (must equal line 34)			988,457	16	1,213,204
Liabilities	17	Accounts payable and accrued expenses			5,064	17	9,487
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			5,064	26	9,487
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			935,337	27	1,143,912
	28	Temporarily restricted net assets			48,056	28	59,805
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			983,393	33	1,203,717
	34	Total liabilities and net assets/fund balances			988,457	34	1,213,204

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,639,568
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,419,244
3	Revenue less expenses Subtract line 2 from line 1	3	220,324
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	983,393
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,203,717

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		No

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization United Way of York County SC	Employer identification number 57-0360058
--	--

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,991,654	1,858,577	1,509,865	1,488,125	1,627,966	8,476,187
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	1,991,654	1,858,577	1,509,865	1,488,125	1,627,966	8,476,187
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public Support. Subtract line 5 from line 4						8,476,187

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,991,654	1,858,577	1,509,865	1,488,125	1,627,966	8,476,187
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,758	1,843	2,282	1,715	415	20,013
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets				3,831	11,186	15,017
11 Total support (Add lines 7 through 10)						8,511,217

12 Gross receipts from related activities, etc (See instructions)

12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99.590 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99.580 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
United Way of York County SC

Employer identification number
57-0360058

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	10,000				
b Contributions		10,000			
c Investment earnings or losses	-385				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,615	10,000			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		272,750	47,732	225,018
c Leasehold improvements		30,000	5,384	24,616
d Equipment		35,989	31,063	4,926
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				254,560

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,639,568
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,419,244
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	220,324
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	220,324

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,639,568
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,639,568
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	1,639,568

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

1	Total expenses and losses per audited financial statements	1	1,419,244
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,419,244
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	1,419,244

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
United Way of York County SC

Employer identification number
57-0360058

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

23

3

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

5

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Feel the Heat - Heating for individuals on SS/SSI	12			0	N/A
(2) EFSP - Assistance with rent/mortgages	56			0	N/A

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Additional Supplemental Information		Each year agencies must meet eligibility and financial reporting requirements and demonstrate that their local programs meet identified needs and issues. Agencies must provide various documents including the most recent IRS 990, SC Charitable Organization Registration and overall budget. The annual Allocation Investment Council (AIC) process utilizes more than 40 local volunteers assigned to teams that review program applications, tour agencies and interview agency leadership to make informed decisions and funding recommendations. The AIC evaluates the funding proposals in relationship to local priorities and potential for creating lasting change with available funds for program distribution. The AIC's funding recommendation is acted upon and approved by UWYC's Board of Directors based on each year's projected campaign and revenue results. Agencies receive Allocation Investment Award notification letters and Memorandum of Agreement (MOA). As stated in the MOA, agencies must submit quarterly financial reports to maintain accountability and transparency to receive additional funds. Agencies failing to submit reports in a timely manner may face penalty or forfeit remaining funds for noncompliance of Memorandum of Agreement.

Software ID: 11000144
Software Version: 2011v1.2
EIN: 57-0360058
Name: United Way of York County SC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
York Co First Steps507 E Black St PO Box 969 Rock Hill, SC 29731	57-1097951		7,009	0			Community Investment, Designations
York Co Council on Aging917 Standard St PO Box 11519 York, SC 29745	23-7068964		68,764	0			Community Investment, Designations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
York Co Cancer AssociationPO Box 4975 CRS Rock Hill, SC 29730	57-0742470		6,499	0			Community Investment, Designations
York Co Bd of DisabiliPO Box 549 York, SC 29745	57-0749958		6,560	0			Community Investment, Designations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Upper Palmetto YMCA 323 Oakland Ave Rock Hill, SC 29731	57-0335422		30,564	0			Community Investment, Designations
United Way of LancasterPO Box 56 Lancaster, SC 29721	57-0564440		7,233	0			Designations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Youth Source 1365 Ebenezer Road Rock Hill, SC 29731	57-1109838		5,084	0			Community Investment, Designations
The Salvation Army 119 S Charlotte Ave Rock Hill, SC 29730	58-0660607		103,747	0			Community Investment, Designations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Haven Mens Shelter1435 Archive Street Rock Hill, SC 29731	20-5867184		7,785	0			Community Investment, Designations
Serenity Club of York CoPO Box 11044 209 Grayson Rd Rock Hill, SC 29731	57-0709116		6,200	0			Community Investment, Designations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Safe Passage Inc 104 Oakland Ave PO Box 11458 Rock Hill, SC 29731	57-0951338		84,969	0			Community Investment, Designations
Rock Hill Sch Dist FouPO Box 12286 Rock Hill, SC 29731	57-0862203		14,275	0			Community Investment, Designations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pilgrims InnPO Box 11328 Rock Hill, SC 29731	57-0789205		34,065	0			Community Investment, Designations
PATH IncPO Box 52 204 Raille St York, SC 29745	57-0565029		24,240	0			Community Investment, Designations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Palmetto Council Boy Scouts of420 S Church Street Spartanburg, SC 29306	57- 0314450		21,197	0			Community Investment, Designations
Literacy Center of the Piedmo1234 Flint Street Rock Hill, SC 29730	57- 0818093		6,482	0			Community Investment, Designations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Keystone Substance Abuse SvcsPO Box 4437 199 Herlong Ave Rock Hill, SC 29731	57-0526943		11,999	0			Community Investment, Designations
Hospice & Community Care 2275 India Hook Road PO Box 993 Rock Hill, SC 29731	57-0761549		26,359	0			Community Investment, Designations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fort Mill Care Center Inc513 Banks St PO Box 1401 Fort Mill, SC 29715	57-0897461		18,133	0			Community Investment, Designations
Early Learning Partnership of Yo 403 Withers Bldg Winthrop Univ Rock Hill, SC 29731	20-3146968		6,373	0			Community Investment, Designations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Clover Area Assistance Center 1130 Highway 55 East Clover, SC 29710	57-0785168		17,299	0			Community Investment, Designations
Childrens Attention Home Chart1149 Edgemont Ave Rock Hill, SC 29731	57-1570408		14,377	0			Community Investment, Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catawba Care Coalition Inc1152 Camden Ave Rock Hill, SC 29731	57-1092940		39,028	0			Community Investment, Designations
Boys & Girls Clubs of York CoPO Box 226 Rock Hill, SC 29731	57-0951118		41,392	0			Community Investment, Designations

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross - Upper Palm200 Piedmont Blvd Rock Hill, SC 29731	53-0196605		104,352	0			Community Investment, Designations
Alston Wilkes Society3519 Medical Drive Columbia, SC 29203	57-0477907		19,047	0			Community Investment, Designations

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adult Enrichment Centers359 Park Avenue Rock Hill, SC 29730	57-0812738		53,532	0			Community Investment, Designations
A Place For Hope IncPO Box 1123 Rock Hill, SC 29731	26-0013162		8,210	0			Community Investment, Designations

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization United Way of York County SC	Employer identification number 57-0360058
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Identifier	Return Reference	Explanation
	Form 990 Page 2 Part III Line 4c	Other Program Services/Resource Development continued UWYC initiatives and funded programs utilized nearly 1,000 volunteers for more than 6,200 volunteer hours valued at \$136,277 in 2011-12

Identifier	Return Reference	Explanation
	Form 990 Page 2 Part III Line 4b	<p>Community Building continued Increased access to services through UWYC's 2-1-1 Information and Referral System, Familywise Discount Prescription Cards, and leveraged resources help meet growing needs related to three areas Basic Needs-Financial Stability, Education-Family Support and Health-Wellness UWYC seeks opportunities to connect clients, agencies and available resources to maximize access and distribution of resources UWYC facilitated agency trainings and new collaborations with The Benefit Bank on-line registration system which increased access to food stamps and other benefits for clients valued at \$175,000 UWYC also provides support to local agencies and organizations to obtain several grant awards related to homelessness, financial stability and prevention of chronic disease through physical activity, healthy nutrition and decreased tobacco use UWYC's involvement and leadership role in various community organizations and groups increases opportunities for collaborations to achieve common goals, maximize resources and decreases duplication of efforts The Sleigh Bell Network is an example of how individual programs are able to serve 3,400 children in an efficient and effective manner when they work together Examples include Community TEAMS, Feel the Heat, Sleigh Bell Network's Toys for Happiness and Empty Stocking Fund, etc Community TEAMS (Teaching, Enriching And Mentoring Students) Successful transition to middle school is a key indicator for high school completion To increase high school completion rates, UWYC developed an enrichment and mentoring camp for rising sixth graders Partnering in July 2011 with the City of Rock Hill and First Baptist Church of Rock Hill for facility usage, and Rock Hill School District for student referrals and transportation, UWYC provided a diverse group of 49 rising sixth grade students an early intervention, mentoring and academic program Community volunteers and business sponsors offered classes, field trips, enrichment opportunities and social interaction to build self-confidence and social awareness Continued interaction with school counselors and families revealed that 12 students received "D's and F's" on their first six week report cards Collaboration with teachers and families resulted in bi-weekly tutoring and mentoring sessions provided at UWYC office available to all TEAMS students Quarterly pot luck suppers also provided opportunities to develop a support system for students and family members All students maintaining their involvement received a "C" average or better grades, with several students enrolled in Advanced Placement classes Donations and in-kind services are utilized for summer camp participants and program Feel the Heat York County Natural Gas Authority established this program in 2006 through customer contributions added to natural gas billing statements to assist senior citizens and/or disabled individuals with utility payments United Way of York County, SC administers the program with direct services and case management provided by UWYC partner agencies The Salvation Army, PATH, Pilgrims' Inn, Clover Area Assistance Center and Fort Mill Care Center Upon payment verification and recommendation for assistance from UWYC partner agencies, UWYC issues payment on behalf of client to York County Natural Gas Authority Sleigh Bell Network Partners In 2010 The UWYC created Sleigh Bell Network for additional collaborative partnerships including WRHI Radio Station's Toys for Happiness, US Marine Corps' Toys for Tots, The Herald's Empty Stocking Fund, The Salvation Army Angel Tree and Second Harvest Food Bank of Metrolina Sleigh Bell Network's purpose is to share resources and reduce duplication of services through a shared database system Rock Hill School District Three provides the warehouse location Program registrations are taken at ParentSmart Resource Center York School District's Family Resource Center also takes applications and distributes toys to their families Other agencies including Department of Social Services, Keystone Substance Abuse Services, and Safe Passage receive holiday assistance through this collaborative effort Applicants must meet income qualifications to receive services A total of 3,400 children received gifts through this collaboration UWYC also serves as fiscal agent for Toys for Happiness and Empty Stocking funds as described below Toys for Happiness WHRI Radio began this holiday assistance program in 1985 to collect toys for York County families in need UWYC partnered with Toys for Happiness in 1992 to manage the toy warehouse, volunteers and provide toy distribution to families who qualify for assistance Cash donations to the TFH program are utilized to purchase toys and gifts when the community toy drive is not sufficient to meet needs Empty Stocking Fund Established and promoted by The Herald for more than 26 years, this program provided financial resources to agencies serving</p>

Identifier	Return Reference	Explanation
	Form 990 Page 2 Part III Line 4b	<p>g those in need during the holiday season In 2008, UWYC was chosen to administer the Empty Stocking Fund to provide holiday assistance to children and families in need In 2011, Empty Stocking Fund donations, in partnership with Second Harvest Food Bank provided 1,600 food boxes to needy families throughout York County In addition, 100 bikes were purchased to supplement community donations Project Connect UWYC in collaboration with the York County Regional Chamber of Commerce's Leadership York County class of 2008-2009 initiated Project Connect in 2009 to provide services and connect individuals with available resources Designated contributions support and deliver one-stop resource opportunity for homeless individuals in our community In January 2012 - UWYC's Project Connect expanded a partnership with local faith based organizations serving a local Hispanic Community to provide outreach efforts and connections During the event over 126 clients were assisted Over 97 volunteers/exhibitors staffed the event UWYC funds and donations were used to purchase food, school supplies, hygiene items and hospitality bags The Warming Center Established in 2007 as a collaborative venture with York County Council, UWYC administers a grant from the Council to provide facilities for homeless men during winter months when other year-round shelter providers were full Key partners include Bethel United Methodist Church, City of Rock Hill, York County Government, UWYC, York Baptist Association, Catawba Area Coalition for the Homeless and other faith community organizations committed to meeting the needs of the homeless in our area A total of 87 unduplicated men were provided winter shelter and supper November 2011- March 2012 In 2011-12, the United Way of York County changed the funding method for supporting homeless women and children during the winter months The Salvation Army applied for funding for the women and children's shelter through UWYC's annual allocation process They served 46 women and children Pathways to Housing York County's Response to Homelessness In collaboration with the City of Rock Hill, UWYC provided leadership and project management to prepare a gap analysis and action plan to address the multi-faceted issue of homelessness in our area Established as a designated fund administered by UWYC, monies received from contributors provided for staff coordination of community mobilization and development of the long-range strategic plan United Way's Call 2-1-1 In September 2007, UWYC established this county-wide, federally-designated calling code to provide local residents access to comprehensive information and referral for health and human services United Way's Call 2-1-1 is staffed 24/7, a confidential and free service accessible from both cell and land line telephones in York County Callers are connected to our accredited call center in Columbia, SC administered by the United Way Association of South Carolina Certified call specialists make appropriate referrals to all area service providers in York County This service was a direct outcome of the 2005 community needs study commissioned by UWYC to provide an easy, accessible way for citizens to get help, give help or find volunteer opportunities In 2011-2012, more than 3,000 callers identified 5,673 needs and received 5,886 referrals to appropriate agencies and organizations Utility assistance was the most common need resulting in over 27% of all identified needs UWYC's 2-1-1 system connects callers to available resources and support services An example Carolina Community Actions' Low Income Home Energy Assistance Program (LIHEAP) was typically one of the top three referral agencies to maximize access to available funds in York County Partnerships with local United Way agencies to enroll individuals in LIHEAP resulted in over \$1 million in utility assistance to York County residents</p>

Identifier	Return Reference	Explanation
	Form 990 Page 2 Part III Line 4a	<p>Community Investment continued The annual Allocation Investment process utilized more than 40 local volunteers assigned to teams that review program applications, tour agencies and interview agency leadership to make informed decisions and funding recommendations Volunteers represent a cross section of the community and ensure that people who live and work in York County participate in funding decisions The Allocation Investment Cabinet (AIC) consists of two representatives from each team and several UWYC board members The AIC evaluates all funding proposals in relationship to local priorities and potential for creating lasting change with available funds for program distribution The AIC's funding recommendation is acted upon and approved by UWYC's Board of Directors in May based on projected campaign results Agencies maintain accountability and transparency by submitting quarterly financial reports to receive funds Agencies failing to submit reports in a timely manner may face penalty or forfeit remaining funds for noncompliance of Memorandum of Agreement United Way Association of South Carolina/Department of Social Services grant In 2011, United Way of York County, SC participated in the UWASC/DSS partnership to leverage additional federal funding to support local child care programs For a United Way to participate in the program, support must be allocated to an agency's program that provides children's services The United Way of York County supports three agencies who meet the criteria A Place For Hope, Boys and Girls Clubs of York County, and Upper Palmetto YMCA The United Way of York County's board approved \$67,500 in support of these agencies which was used to gain an additional \$10,125 from the UWASC/DSS partnership for the three agencies already mentioned</p>

Identifier	Return Reference	Explanation
	Form 990 Page 1 Part I Summary -	United Way of York County, SC ("UWYC") was organized for the purpose of uniting contributors, citizens and agencies in a common effort to determine, develop, support, deliver, and monitor effective programs and services that are responsive to current community needs and issues. Our mission: United Way of York County will be the nonprofit leader in identifying community needs, facilitating collaboration and maximizing resources that positively impact our community. Fundraising and the distribution of those funds have been key functions of our organization since 1942, but not the only function. UWYC convenes and facilitates community discussion to address community issues related to three areas: Basic Needs-Financial Stability, Education-Family Support and Health-Wellness. We encourage our community to Give, Advocate and Volunteer to change lives and conditions.

Identifier	Return Reference	Explanation
		<p>Avenues to Employment UWYC in collaboration with the York County Regional Chamber of Commerce's Leadership York County class of 2009-2010 initiated Avenues to Employment In May 2010 a one-day event was held with volunteers and business partners that provided workshops and trainings to improve job seeking and interviewing skills Donations received during 2010 were used for marketing, supplies and facility rental UWYC served as fiscal agent and maintained restricted funds for future events As economy improved and local employers began to expand their workforce in 2012, UWYC partnered with SC Works to promote and provide pre-employment workshops, a Veterans' job fair and a community job fair in May 24, 2012 at Baxter Hood Center More than 950 participants were in attendance seeking employment opportunities with 20 employers Participants also received information and resources from local service providers including UWYC's 2-1-1 Information and Referral System and Familywize Discount Prescription cards Citi Financial Individual Development Account (IDA) grant Partnership with Citi Financial in 2011 resulted in a \$15,000 grant award to UWYC to provide opportunity to local agencies to develop IDA program for clients that would match up to \$400 per individual for housing or utility deposits Basic Needs providers were invited to submit program applications A team of local volunteers associated with UWYC Pathw ays to Housing collaborative partnership reviewed program applications and awarded \$15,000 to UWYC partner agency Pilgrims' Inn in June 2012 to expand client programing Healthy South Carolina Initiative (HSCI) grant A partnership with SC Eat Smart Move More resulted in UWYC serving as fiscal agent for Eat Smart Move More York County Strategies of the HSCI grant will enhance local efforts to address the risk factors of poor nutrition, physical inactivity and tobacco use Emergency Food and Shelter National Board Program The Emergency Food & Shelter National Board Program (EFSP) is a federal program administered by the US Department of Homeland Security's Federal Emergency Management Agency (FEMA) and has been entrusted through the McKinney-Vento Homeless Assistance Act (PL 100- 77) "to supplement and expand ongoing efforts to provide shelter, food and supportive services" for the nation's hungry and homeless, and people in economic crisis A National Board, chaired by the U S Department of Homeland Security's Federal Emergency Management Agency, with representatives from the American Red Cross, Catholic Charities, USA, National Council of the Churches of Christ in the U S A , The Salvation Army, United Jewish Communities, and United Way Worldwide governs the EFS Program The National Board has selected United Way Worldwide to once again serve as Secretariat and Fiscal Agent to the National Board In addition to representatives of National Board organizations, the authorization as revised (PL 102-550) in 1992 requires that a homeless or formerly homeless person be a member of each EFSP Local Board York County is a funded jurisdiction under Phase 29 (2011) with a Local Board responsible for advertising the availability of funds, establishing priorities among community needs, allocation of funds to non-profit and government emergency food and shelter agencies and help monitor program compliance United Way of York County, SC provides staffing for administration of the York County jurisdiction, maintains a shared client database to prevent duplication of service and acts as Fiscal Agent for one of three Local Recipient Organizations (LRO)- specifically, Fort Mill Care Center Other Local Recipient Organizations are Clover Area Assistance Center and The Salvation Army Each year at least one LRO must submit client payment documentation for audit by National Board representatives United Way of York County, fiscal agent for Fort Mill Care Center, submitted required documents and reports FamilyWize offers a free discount prescription drug card for the uninsured Distributed via UWYC and partner businesses and agencies, the card offers accessibility to affordable medicine In 2011-12, more than \$284,100 was saved by York County residents, surpassing \$1.6 million in total savings since the program began in 2007 US Postal Food Drive UWYC partners with the United States Postal Service each year in May to collect nonperishable food items In 2012, nearly 30,000 pounds of food was collected by local mail carriers Thirty volunteers helped weigh and distribute the items to seven local agencies that provide food in York County Estimated value of food equaled \$18,250</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Public inspection of financial statements, governing documents and Conflict of Interest Policy UWYC posts its most recent audited financial statements and IRS Form 990 on the organization's website www.unitedwayofyc.org Additionally, the IRS Form 990 is posted on www.GuideStar.com , an external website IRS form 990 is submitted to SC Secretary of State's Office of Charitable Organizations Individuals may also call the UWYC office at 803-324-2735 or 803-684-9847

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Conflict of Interest UWYC's Board of Directors receive a Board Agreement form and Conflict of Interest Policy at the first board meeting of the year to establish their independence and determine potential conflict of interest situations This document is reviewed by CPO and kept on file Executive Committee is notified if potential situation arises In addition, all Allocation Investment Team volunteers submit conflict of interest statements to allow team assignments that prevent conflict of interest in funding recommendations All volunteers must disclose potential conflict of interest and recuse themselves from any action, which will be documented in official minutes

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	UWYC's audit and IRS Form 990 is presented by CPA firm, distributed and discussed as an agenda item at the October meeting of the Finance Committee and full Board of Directors meeting prior to November 15th filing deadline. Each board member receives a copy of the final Form 990 with signatures and date filed.

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Other Program Services/Resource Development UWYC conducts an annual Community Campaign which provides vital financial resources to our partner agencies through our Community Care Fund and agency designations UWYC's Resource Development (RD) efforts seek to build relationships by acknowledging and engaging existing donors, business and community partners RD efforts are also utilized to cultivate relationships with potential donors, business partners and volunteers to enhance Community Building efforts and are used to engage community volunteers, faith community and business partners to see first-hand how UWYC strives to change lives and conditions in York County Volunteerism connects concerned citizens, business partners and civic groups with hands on opportunities to change lives and conditions

Additional Data

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Form 990, Special Condition Description:

Special Condition Description
