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DLN: 93493290001013

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 **2012**

Open to Public Inspection

A F	or the 2	2012 cal	endar year, or tax year beginning) 07-01-2012 , 2012, and endi	ng 06-30·	-2013			
_	neck if ap		C Name of organization United Way of York County SC				D Employ	er ide	ntification number
_	ldress ch	-	Doing Business As				57-03	6005	8
Na 	ame char	nge							
In	ıtıal retur	'n	Number and street (or P O box if m PO Box 925	ail is not delivered to street address)	Room/suite	2	E Telepho	ne num	ber
Te —	erminated	i	FO BOX 323				(803)	324-2	.735
An	nended r	eturn	City or town, state or country, and Z Rock Hill, SC 29731	IP + 4					
- Ap	plication	pending	,				G Gross re	ceipts s	\$ 1,455,197
			F Name and address of prin	cıpal officer			this a group	return	
			Rebecca Melton PO Box 925			afi	iliates?		┌ Yes 🗸 No
			York,SC 29731			H(b) Ar	e all affiliates	ınclu	ded?
• T	av-evem	pt status	F 501(0)(2) F 501(0) () • ()	nsert no)		Ιf	"No," attach	a lıst	(see instructions)
		•		nsert no) 4947(a)(1) or 52		H(c) G	roup exemptı	on nur	mber ►
J W	<i>l</i> ebsite	:: I ww	w unitedwayofyc org			(-)			
K For	m of org	janization	Corporation Trust Association	n		L Year o	f formation 194	2 M	State of legal domicile SC
Pa	art I	Sum	mary						
			escribe the organization's missio	n or most significant activities					
aı	=	See Sch	edule O						
Governance	-								
Ĕ	-								
9	2 (Check th	nis box দ if the organization dis	continued its operations or dis	posed of	more tha	n 25% of its	net as	sets
	3 1	Number	of voting members of the governi	ng body (Part VI, line 1a)				3	1 21
න රෝ රෝ			of independent voting members of					4	19
Ě	1		mber of individuals employed in c					5	9
Activities &	6 7	otal nu	mber of volunteers (estimate if n	ecessary)				6	1,124
•	7a ⊺	Total un	related business revenue from Pa	art VIII, column (C), line 12 .				7a	0
	Ьſ	Net unre	lated business taxable income fr	om Form 990-T, line 34				7b	
						Р	rior Year		Current Year
a.	8		butions and grants (Part VIII, lir				1,627,9	67	1,450,069
Reyenue	9		am service revenue (Part VIII, lii						0
<u> </u>	10		tment income (Part VIII, column					15	332
_	11		revenue (Part VIII, column (A),		•		11,1	86	4,796
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				1,639,5		68	1,455,197
	13		s and sımılar amounts paıd (Part		851,5	35	826,152		
	14	Benefi	ts paid to or for members (Part I	X, column (A), line 4)					0
go.	15	Saları 5–10)	es, other compensation, employe	e benefits (Part IX, column (A),	, lines		257,7	27	274,970
Expenses	16a) ssional fundraising fees (Part IX,				0		
⊕	Ь		indraising expenses (Part IX, column (D)						
Ш	17		expenses (Part IX, column (A), l				309,9	82	370,507
	18		expenses Add lines 13-17 (mus				1,419,2		1,471,629
	19		ue less expenses Subtract line :				220,3		-16,432
8 % %						Begin	ning of Curren	t	End of Year
Net Assets or Fund Balances	20	T - F - 1	occate (Deat V. Lond 4.5)				Year	0.4	
8.8	20 21		assets (Part X, line 16) liabilities (Part X, line 26)				1,213,2 9,4		1,197,168
を開	21		ssets or fund balances Subtract				1,203,7		1,187,285
	rt II		ature Block		• •		1,200,7	-/	1,107,203
Jnde ny k	er pena (nowled	Ities of Ige and	perjury, I declare that I have exa belief, it is true, correct, and com nowledge						
		****	**				2013-10-16		
Sig		Signa	ature of officer				Date		
Her	e		ecca Melton President/CPO						
			e or print name and title	Droparode eignature	Loui	to T	. – '	DTTN	
n-'	ام		Print/Type preparer's name Allyson T DeHart CPA	Preparer's signature	Dat	I '	Check if self-employed	PTIN P01232	2894
Pai Dro		_ F	Firm's name F The Hobbs Group PA		<u> </u>		Firm's EIN 🕨		
	pare e Onl		Firm's address 🕨 1704 Laurel Street				Phone no (803)	799-0	 555
usi	. UNI	v i'					(555)		

Columbia, SC 29201

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

✓ Yes 厂No

	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				raye Z
Par	Statement of Program Serv Check if Schedule O contains a resp				
1	Briefly describe the organization's mission	<u> </u>	s r dre III		
_ Unite	ed Way of York County, SC will be the nonpropositively impact our community		ommunity needs, fac	cilitating collaboration and	maximizing resources
2	Did the organization undertake any signific the prior Form 990 or 990-EZ?		ing the year which w	vere not listed on	┌ Yes ┌ No
	If "Yes," describe these new services on S	chedule O			
3	Did the organization cease conducting, or is services?		ın how it conducts,	any program	√ Yes No
	If "Yes," describe these changes on Sched	ule O			
4	Describe the organization's program service expenses Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for) organizations are requi	red to report the am		
4a	(Code) (Expenses \$	831,270 including g	rants of \$) (Revenue \$)
	Agency Allocations and Designations Agency Allocates for local programs and initiatives that me Education Family Support, and Health Wellness Agdemonstrate their ability to provide services that w program applications and to ensure that the people decisions See SCHEDULE O for additional program	et identified needs and commi encies seeking funding through ill change behavior and conditi who live and work in the com	unity issues related to the UWYC must meet eligi ons The Agency Allocati	ree areas of impact Basic Need bility standards, financial reporti on process is a cost-effective wa	ls-Financial Stability, ng requirements and ay to evaluate agency
4b	(Code) (Expenses \$	338,188 including g	rants of \$) (Revenue \$)
	Community Building United Way of York County, 3 determine, develop, support, deliver, and monitor distribution of those funds have been a key function and community partners to convene and facilitate of UWYC's Community Building initiatives and program additional program detail	effective programs and service n of our organization for the pa discussion and collaborations to	s that are responsive to ast 70 years, but is not t address community issi	current community needs and is the only function UWYC engage ues UWYC's expanded role in th	ssues Fundraising and the s existing donors, business ne community through
4 c	(Code) (Expenses \$	ıncludıng gı	ants of \$) (Revenue \$)
4d	Other program services (Describe in Sch	•			
	(Expenses \$ inc	uding grants of \$) (Re	evenue \$)
4e	Total program service expenses ►	1,169,458			

Part TV	Check	dist 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 $A^{\bullet \bullet}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{\circ}$	2	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	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
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	5		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	6		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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		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	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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	11b		N o
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	11c		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	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	11e		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.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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 and XII is optional	12b		N o
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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, Parts I and IV	14b		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 United States? If "Yes," complete Schedule F, Parts II and IV	15		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 United States? If "Yes," complete Schedule F, Parts III and IV	16		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 $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		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	18		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	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2012)			Page
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
	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		Νo
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $\$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Fai	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 4		100	110
	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			110
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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, securities account, or other financial 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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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			140
u	Ti res, indicate the number of forms 5252 med during the year.	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Νo
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 heldings at any time during the year?			
	business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
LO	Section 501(c)(7) organizations. Enter Instruction foca and control control value and an Post VIII. Inc. 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
l1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1		
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	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?	2		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?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	5		No	
6	6		No	
7a	7a		No	
b	7b		No	
8	or persons other than the governing body?			
а	The governing body?	8a	Yes	
	8b	Yes		
	Each committee with authority to act on behalf of the governing body?	9	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R			e)
	Takion Bi Foliates (This section B requests information about poinces not required by the Internal N	CVCIII	Yes	No No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
L7	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 own website. Another's website. Upon request. Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

▶Rebecca Melton 226 Northpark Drive Suite 100 Rock Hill, SC (803) 324-2735

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage								(F) Estimated	
Name and Title	hours per week (list any hours	more pers	than on is	one bot	box h an	cnec (, unle n offic rustee	ess er	Reportable compensation from the organization	compensation from related organizations	amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	_	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Scott Wells	1 00	x						0	0	0
Director	0 00							_	_	_
(2) Sandı Worley	1 00	х						0	0	0
Oirector (3) Dr Kimberly Faust	0 00									
Director	0 00	x						0	0	0
(4) Trina Ricks	1 00	х						0	0	0
Director	0 00									
(5) Scott Wallace	1 00	x						0	0	0
Director (6) Mike Hill	0 00									
Director		×						0	0	0
(7) Phyllis Fauntleroy	0 00									
Director	0 00	Х						0	0	0
(8) Marie McFadden	1 00	-						0	0	0
Director	0 00	X						ľ	U	U
(9) Kevın Tolson	1 00	.,								
Director	0 00	X						0	0	0
(10) Martha Jean Starnes	1 00	,							0	
Director	0 00	X						0	0	0
(11) Maria Duncan	1 00	,,								
Director	0 00	X						0	0	0
(12) Allison Harvey	1 00	, , ,							0	0
Director	0 00	X						0	0	0
(13) Dr Robert Copeland	1 00	×						0	0	0
Director	0 00							Ů	9	
(14) Kelvin Henderson	1 00	×						0	0	0
Director	0 00								0	0
(15) Twana Burns	1 00	×						0	0	0
Director	0 00		Щ		<u> </u>					
(16) Dan Ballou	1 00	×						0	0	0
Director	0 00	<u> </u>	\sqcup							
(17) Debbie Hayworth	38 00			х				61,550	0	11,260
President/CPO	0 00			ı.,				21,330		
										Form 990 (2012)

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

President (19) Judy Chairpers (20) Dan Treasurer (21) Deb Vice Chai	Mobley on Love bie Abels r beth Starnes	38 00 0 00 3 00 0 00 3 00 0 00 3 00 0 00 3 00 0 00 3 00 0 00 0 00 0 00	Individual trustae or director	Institutional Trustee	Officel x x x	Key employee	Highest compensited employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	0	lated ations 0 0
President (19) Judy Chairpers (20) Dan Treasurer (21) Deb Vice Chai	Mobiley on Love bile Abels rubeth Starnes	0 00 3 00 0 00 3 00 0 00 3 00 0 00 38 00			x				0	(0	0
(19) Judy Chairpers (20) Dan Treasurer (21) Deb Vice Chai (22) Eliza	Mobley on Love bie Abels r beth Starnes	3 00 0 00 3 00 0 00 3 00 0 00 38 00			х				0	(0
Chairpers (20) Dan Treasurer (21) Deb Vice Chai (22) Eliza	on Love bie Abels r beth Starnes	0 00 3 00 0 00 3 00 0 00 38 00			х				0	(0
(20) Dan Treasurer (21) Deb Vice Chai (22) Eliza	Love bie Abels r beth Starnes	3 00 0 00 3 00 0 00 38 00)	
(21) Deb Vice Chai (22) Eliza	bie Abels r beth Starnes	3 00 0 00 38 00										
(21) Deb Vice Chai (22) Eliza	bie Abels r beth Starnes	3 00 0 00 38 00			х				0		1	
(22) Eliza	beth Starnes	38 00			L ^x				ı ∩l	(.	
` ,					$\overline{}$				Ĭ			0
Finance N	1anager	0 00		I		х			52,500	(11,680
											1	11,000
											1	
											1	
	ub-Total			•	•							
	otal from continuation sheets to Part	VII, Section A		•	•		•		444.050			
	otal (add lines 1b and 1c)		•	• •	•		•		114,050			22,940
	otal number of individuals (including b 100,000 of reportable compensation f				ed at	oove) who	rec	eived more than			
	id the organization list any former office				y em	ploy	ee, o	r hıg	hest compensate		Yes	No
	n line 1a? If "Yes," complete Schedule J				•					3		No
	or any individual listed on line 1a, is th ganization and related organizations of									om the		
	dıvıdual					•	•			4	.	No
	ld any person listed on line 1a receive ervices rendered to the organization?									ndividual for		No
Co	ion P. Indonondont Contracts	\										
1 C	ion B. Independent Contractory complete this table for your five highes compensation from the organization Re	t compensated										
		(A) usiness address					,			(B) on of services	(C Comper)
2 Tot	al number of independent contractors	(including but	not lim	ıted t	to th	058	listed	laho	ve) who received	more than		

Form 99								Page 9
Part V	/	Statement of Check if Sched	o f Revenue ule O contains a respor	nse to any question	ın thıs Part VIII .			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 2	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ıes 1b					
ē, ĕ	c	Fundraising ev	ents 1c					
ifts, ar 7	d	Related organiz	zations 1d					
B.E	e	Government grant	s (contributions) 1e	82,453				
Si Si	l f	All other contribution	ons, gifts, grants, and 1f	1,367,616				
Contributions, Gifts, Grants and Other Similar Amounts		sımılar amounts no	ot included above					
풀	g	Noncash contributi 1a-1f \$	ons included in lines					
Cot	h	Total. Add lines	s 1 a - 1 f	· · · .	1,450,069			
<u> </u>				Business Code				
æm	2a							
Program Service Revenue	b							
	C							
Serv	d							
Ē	e							
Ď	f	All other progra	am service revenue					
_ <u>&</u>	g		s 2a – 2f		0			
	3		ome (including dividen ar amounts)		332	332		
	4		stment of tax-exempt bond	<u> </u>	0			
	5	Royalties .	. <u></u> .	🕨	0			
			(ı) Real	(11) Personal				
	6a b	Gross rents Less rental						
	-	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)		0			
	 7a	Gross amount	(ı) Securities	(II) Other				
	'"	from sales of assets other						
	Ь	than inventory Less cost or						
	"	other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (los	ss)		0			
ດ່ນ	8a	Gross income fevents (not inc						
Other Revenue		\$						
eve		of contributions See Part IV, lir	reported on line 1c)					
μ. CC		,	а					
ţ	b		penses b					
0	C		(loss) from fundraising	events 🛌	0			
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19					
			а					
	b		penses b	<u> </u>	0			
	10a	Gross sales of	(loss) from gaming acti	vities	0			
	104	returns and allo						
			a					
	b		oods sold b	L ntory	0			
	ᆣ	Miscellaneou	(loss) from sales of inve s Revenue	Business Code	0			
	11a	Reimburse - Of			4,659	4,659		
	ь	Miscellaneous			137	137		
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	4,796			
	12	Total revenue.	See Instructions .	🛌	1,455,197	5,128		

	t IX Statement of Functional Expenses				Page 10
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			
	ot include amounts reported on lines 6b, o, 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	821,202	821,202		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	4,950	4,950		
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	135,991	48,794	14,646	72,551
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	88,819	44,699	9,079	35,041
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	32,490	13,126	3,499	15,865
10	Payroll taxes	17,670	7,219	1,888	8,563
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
C	Accounting	5,750		5,750	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,230	392	365	473
12	Advertising and promotion	5,045	1,971	1,209	1,865
13	Office expenses	30,092	9,544	2,472	18,076
14	Information technology	7,806	2,547	679	4,580
15	Royalties	0			.,
16	Occupancy	17,606	7,113	1,895	8,598
17	Travel	621	217	49	355
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	18,065	12,122	427	5,516
20	Interest	0			<u> </u>
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,867	3,582	955	4,330
23	Insurance	2,378	961	257	1,160
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	United Way 2-1-1 Contract Fee	28,500	28,500		
b	Christmas Assistance - THF/ESF	32,197	32,197		
c	HSCI Grant	44,078	44,078		
d	Write-off Uncollectibles	92,476	37,360	9,958	45,158
е	All other expenses	75,796	48,884	3,015	23,897
25	Total functional expenses. Add lines 1 through 24e	1,471,629	1,169,458	56,143	246,028
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	69,288	1	28,708
	2	Savings and temporary cash investments	314,108	2	273,134
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	564,200	4	513,255
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
v	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	0
ë				6	0
Assets	7	Notes and loans receivable, net		7	0
•	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	1,433	9	1,769
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 345,234			
	ь	Less accumulated depreciation 10b 93,046	254,560	10c	252,188
	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	9,615	15	128,114
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,213,204	16	1,197,168
	17	Accounts payable and accrued expenses	9,487	17	9,883
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
φ.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		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		25	_
	26	D	9,487	26	9,883
<u></u>	20	Total liabilities. Add lines 17 through 25	3,407	26	3,000
ဋ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,143,912	27	1,115,035
<u>ର</u>	28	Temporarily restricted net assets	59,805	28	72,250
<u>~</u>	29	Permanently restricted net assets	50,555	29	72,200
Fund Balance	29	·		23	
正		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
45.	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net 1	33	Total net assets or fund balances	1,203,717	33	1,187,285
Z	34	Total liabilities and net assets/fund balances	1,213,204	34	1,197,168
		. State maximum and not appear, full a suitable of the state of the st	1,213,204	J-1	1,137,100

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,4	155,197
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,4	171,629
3	Revenue less expenses Subtract line 2 from line 1	3			-16,432
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			203,717
5	Net unrealized gains (losses) on investments	5		1,2	203,717
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,1	187,285
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired	3b		

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As Filed Data -

DLN: 93493290001013

Employer identification number

OMB No 1545-0047

OMB No 1545-00

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

United Way of York County SC

Department of the Treasury Internal Revenue Service

Total

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.

2012

Open to Public Inspection

				instructions))	Yes	No	Yes	No	Yes	No	
(i) Name of supported organization		ed	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove	(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization organization in col (i) of your support? (vi) Is the organization organization in col (i) organization in the U S?					(vii) A mount of monetary support
h				lled entity of a persong information about						11g(
				governing body of th er of a person descri		_				11g(
				irectly or indirectly o governing body of th	•		•	persons des	scribed in (ii)	11g	Yes No
9		followin	ng persons?		·			•			
g		check t	his box	2006, has the organi					, , ,	F F	Γ
f		section	509(a)(2)	received a written de							
e [the box that describes the type of supporting organization and complete lines 11e through 11h a										
11	_	one or i	more public	ganized and operated ly supported organiz	atıons descr	ıbed ın sectı	on 509(a)(1)	or section !	509(a)(2) Se	•	
10 [_	An orga	anızatıon org	ganızed and operated	dexclusively	to test for p	ublic safety	See section	509(a)(4).		
				janization after June				•		,	
				oss investment inco	•	=					
9 1		_		ities related to its ex			* *		· ·	-	-
8 9 [_		-	described in sectior at normally receives			-	-	utions momb	orchin fooc	and groce
	-	describ	ed in sectio	at normally receives on 170(b)(1)(A)(vi).	(Complete P	art II)		J	ntal unit or fr	om the gene	eral public
6	_			local government or	_						
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)						
5 [_			erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unit desc	rıbed ın
 ,				ty, and state	tea iii conjun	CLIOII WILII a	nospital dest	. Hibed III Sec		1)(A)(III). C	iitei tiie
3 [4 [_	•		perative hospital se n organization operat	_					4)(A)(;;;) =	ntortho
2	_			in section 170(b)(1	,,,,,,		•	470(1)(4)			
1 [_	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
Γhe org	organization is not a private foundation because it is (For lines 1 through 11, check only one box)										
Part											
		57-0360058									

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,858,577	1,509,865	1,488,125	1,627,966	1,450,069	7,934,602
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	1,858,577	1,509,865	1,488,125	1,627,966	1,450,069	7,934,602
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						0
6	(f) Public support. Subtract line 5 from line 4						7,934,602
\overline{s}	ection B. Total Support	I		I	I		
	endar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	beginning in) 🟲						
7	A mounts from line 4	1,858,577	1,509,865	1,488,125	1,627,966	1,450,069	7,934,602
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,843	2,282	1,715	415	332	6,587
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			3,831	11,186	4,796	19,813
11	Total support (Add lines 7						7,961,002
12	through 10) Gross receipts from related activities	e etc (see instr	uctions)			1 42	<u> </u>
	•		·	عاديا	. 	12	
13	First five years. If the Form 990 is f this box and stop here	<u> </u>	<u> </u>				ization, check
	ection C. Computation of Pub					<u> </u>	
14	Public support percentage for 2012			11, column (f))		14	99 670 %
15	Public support percentage for 2011	Schedule A, Part	II, line 14			15	99 590 %

16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2012. 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 - 2011. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493290001013

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

	me of the organization		Emp	loyer identification number
Uni	ted Way of York County SC		57-0	0360058
Pa	rt I Organizations Maintaining Donor Adv			
	organization answered "Yes" to Form 990		1	/b) Funda and ather accounts
1	Total number at end of year	(a) Donor advised funds		(b) Funds and other accounts
	Aggregate contributions to (during year)			
2 3	Aggregate grants from (during year)			
3 4				
	Aggregate value at end of year		<u> </u>	<u> </u>
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advi	res
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to	o Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertifie	d historic structure
	easement on the last day of the tax year	Г		Held at the End of the Year
а	Total number of conservation easements		2a	neid at the Elid Of the Year
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) acc	` '		
u	historic structure listed in the National Register	quined diter 6/1//66/ and not on a	2d	
3	Number of conservation easements modified, transferr	red, released, extinguished, or terminate	d by th	ie organization during
	the tax year 🕨			
4	Number of states where property subject to conservat	ıon easement ıs located ►		
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?		— dling of	violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents d	luring the year
J	•	-,		- ,
7	A mount of expenses incurred in monitoring, inspecting	ı. and enforcing conservation easements	durin	the vear
•	▶ \$,,		,
В	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	7 0 (h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports coi balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial		
Par	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures,	or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its rever	or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education, o		
	(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, histor following amounts required to be reported under SFAS		r finan	· -
а	Revenues included in Form 990, Part VIII, line 1	- -		▶ \$
				· т

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Art</u>	t, HIS	toric	<u>cai ir</u>	<u>easu</u>	res, or O	tne	<u>r Similar A</u>	ssets	(continued
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	neck a	iny of t	he follo	wing that a	re a	significant u	se of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Г	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w they	furthe	r the o	rganızatıon	's ex	empt purpos	e in	
5	During the year, did the organization solicit of	or receive donation	s of ar	t hist	torical	treacu	res or other	cım	ular		
	assets to be sold to raise funds rather than t								iii u i	┌ Yes	Г№
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	Y" t	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	force	ontribu	tions o	r other ass	ets r	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing ta	able		_				
							<u> </u>		μ	mount	
С	Beginning balance						<u> </u>	1c			
d	Additions during the year						L	1d			
е	Distributions during the year						L	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	1						☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatio	n has b	een pr	ovided in P	art >	KIII		. ୮
Pa	rt V Endowment Funds. Complete										
-		(a)Current year	(b) Prior y		b (c) T∖	vo years back	(d)	Three years bac	k (e) Fou	r years back
1a	Beginning of year balance	9,615			10,000		10,000	+			
b	Contributions	119,155					10,000	<u>'</u>		+	
С	Net investment earnings, gains, and losses	-658			-385						
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	128,112			9,615		10,000				
2	Provide the estimated percentage of the curi	rent year end balan	ce (lır	ne 1g,	colum	n (a)) h	eld as				
а	Board designated or quasi-endowment 🕨	100 000 %									
ь	Permanent endowment ►										
С	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	and a	dmınıstered	lfor	the		
	organization by								_	Ye	-
	(i) unrelated organizations							•		a(i)	No
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio							•	<u></u>	o(ii) 3b	No No
4	Describe in Part XIII the intended uses of the							•		3 0	110
	t VI Land, Buildings, and Equipme					0.					
	Description of property			(a)	Cost or	other	(b)Cost or o basis (othe		(c) Accumula depreciation		Book value
	Land			\top							
b	Buildings						272	,750	54	,551	218,199
c	Leasehold improvements						30	,000	6	,153	23,84
d	Equipment						42	,484	32	,342	10,142
е	Other		•								
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (E	3), line .	10(c).)			🕨		252,18
_											

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	-year market value
(1) Financial derivatives			
(2)Closely-held equity interests Other			
·			
	F	12	
Part VIII Investments—Program Related. Se (a) Description of investment type	(b) Book value		d of valuation
(a) Description of Investment type	(b) Book value		-year market value
	•		
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri	ption		(b) Book value
(1) Rounding			2
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)		128,114
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
See Additional Data Table			
		1	
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)]	
2 Fin 48 (ΔSC 740) Footnote In Part XIII provide the tex	vt of the feetnets to the orga	nization's financial states	nants that reports the

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,455,197
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)............. 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,455,197
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,455,197
Par	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	1,471,629
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)............. 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,471,629
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII).............. 4b		
_	Add lines 4a and 4b	4c	
С			

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
Part V, Line 4	endowment fund	In 2011, the United Way of York Countys Board of Directors established a Quasi-Endowment fund with The Foundation for the Carolinas The purpose of the Quasi-Endowment fund is to give community donors an opportunity to offer legacy and planned gifts to support United Way Community impact initiatives aligned with Basic Needs/Financial Stability, Education, and Health/Wellness A Quasi-Endowment Fund is treated like an Endowed Gift Fund such that an annual spendable income is calculated and available for distribution. However, the United Way of York Countys board has the flexibility to add and/or withdraw funds as needed based on donor intent.

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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.

OMB No 1545-0047

DLN: 93493290001013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

► Attach to Form 990

Employer identification number

57-0360058

nited way of York County SC						57-0360058	
Part I General Information	n on Grants and	d Assistance				•	
Does the organization maintain in the selection criteria used to awDescribe in Part IV the organiza	ard the grants or as	sıstance?					▽ Yes
Part II Grants and Other As Form 990, Part IV, line							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50							22
3 Enter total number of other orga	nizations listed in th	ne 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
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount 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	27	4,950	1	0	N/A

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 30 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: 12000229 **Software Version:** 2012v2.0 **EIN:** 57-0360058

Name: United Way of York County SC

Form 990,Schedule I, Pa	rt II, Grants aı	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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		9,517	0			Community Investment, Designations
York Co Council on Aging 917 Standard St PO Box 11519 York, SC 29745	23-7068964		78,636	0			Community Investment, Designations
York Co Cancer Association PO Box 4975 CRS Rock Hill, SC 29730	57-0742470		5,705	0			Community Investment, Designations
Upper Palmetto YMCA323 Oakland Ave Rock Hill, SC 29731	57-0335422		27,712	0			Community Investment, Designations
United Way of LancasterPO Box 56 Lancaster,SC 29721	57-0564440		10,242	0			Community Investment, Designations
The Youth Source1365 Ebenezer Road Rock Hill, SC 29731	57-1109838		5,116	0			Community Investment, Designations
The Salvation Army119 S Charlotte Ave Rock Hill, SC 29730	58-0660607		114,792	0			Community Investment, Designations
The Palmetto School at ChildrPO Box 2912 Rock Hill, SC 29732	57-1570408		12,870	0			Community Investment, Designations
The Haven Mens Shelter 1435 Archive Street Rock Hill, SC 29731	20-5867184		10,509	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
Safe Passage Inc104 Oakland Ave PO Box 11458 Rock Hill, SC 29731	57-0951338		87,013	0			Community Investment, Designations
Pilgrims InnPO Box 11328 Rock Hill, SC 29731	57-0789205		34,402	0			Community Investment, Designations
PATH IncPO Box 52 204 Raille St York, SC 29745	57-0565029		23,870	0			Community Investment, Designations
Palmetto Council Boy Scouts of420 S Church Street Spartanburg, SC 29306	57-0314450		20,109	0			Community Investment, Designations
Literacy Center of the Piedmo1234 Flint Street Rock Hill, SC 29730	57-0818093		7,257	0			Community Investment, Designations
Keystone Substance Abuse SvcsPO Box 4437 199 Herlong Ave Rock Hill, SC 29731	57-0526943		14,646	0			Community Investment, Designations
Hospice & Community Care 2275 India Hook Road PO Box 993 Rock Hill, SC 29731	57-0761549		23,331	0			Community Investment, Designations
Fort Mill Care Center Inc513 Banks St PO Box 1401 Fort Mill, SC 29715	57-0897461		21,629	0			Community Investment, Designations
Early Learning Partnership of Yo403 Withers Bldg Winthrop Univ Rock Hill, SC 29731	20-3146968		8,401	0			Community Investment, Designations
Clover Area Assistance Center1130 Highway 55 East Clover, SC 29710	57-0785168		20,013	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) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Childrens Attention Home 1149 Edgemont Ave Rock Hill, SC 29731	57-0527092		13,846	0			Community Investment, Designations
Catawba Care Coalition Inc 1152 Camden Ave Rock Hill, SC 29731	57-1092940		39,170	0			Community Investment, Designations
Boys & Girls Clubs of York CoPO Box 226 Rock Hill, SC 29731	57-0951118		53,626	0			Community Investment, Designations
American Red Cross - Upper Palm200 Piedmont Blvd Rock Hill, SC 29731	53-0196605		83,364	0			Community Investment, Designations
Alston Wilkes Society3519 Medical Drive Columbia, SC 29203	57-0477907		18,593	0			Community Investment, Designations
Adult Enrichment Centers 359 Park Avenue Rock Hill, SC 29730	57-0812738		51,993	0			Community Investment, Designations
A Place For Hope IncPO Box 1123 Rock Hill, SC 29731	26-0013162		7,164	0			Community Investment, Designations

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DLN: 93493290001013

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.

2012
Open to Public Inspection

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

ldentifier	Return Reference	eference Explanation			
	Part VII	Debbie Hayworth the President/CPO resigned on May 30th and was replaced by Rebecca Melton			

ldentifier	Return Reference	Explanation
	Form 990 Page 2 Part III Line 4b	Community Building continued Increased access to services through LWYC's 2-1-1 Information in and Referral System Coast 2 Coast Prescription Cards, and leveraged resources help meet growing needs related to three areas Basic Needs-Financial Stability, Education-Family 5 upport and Health-Wellness LWYC Seeds porturnities to connect clients, agencies and available resources to maximize access and distribution of resources. UWYC also provides support to local agencies and organizations to obtain several grant awards related to homelessn ess, financial stability, and prevention of chronic disease through physical activity, heal thy 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 Net work is an example of how individual programs are able to serve 2,700 children in an efficient and effective manner when they work together. Examples include Community TEAMS, Feel the Heat, Sleigh Bell Network's Days for Happiness and Empty Stocking Fund, et. Community TEAMS, Feel the Heat, Sleigh Bell Network's Days for Happiness and Empty Stocking Fund, et. Community TEAMS, Feel the Heat, Sleigh Bell Network's Days for Happiness and Empty Stocking Fund, et. Community TEAMS, Feel the Heat, Sleigh Bell Network Days for Happiness and Empty Stocking Fund, et. Community TEAMS, Feel the Heat, Sleigh Bell Network Days for Happiness and Empty Stocking Fund, et. Community TEAMS, Feel the Heat, Sleigh Bell Network of Stocking Fund, et. Community TEAMS, Feel the Heat, Sleigh Bell Network of Stocking Fund, and Empty Stocking Fund, Empty Stocking Fund, Teams Stocking Fund, Feel Sto

Identifier	Return Reference	Explanation
	Form 990 Page 2 Part III Line 4b	as well as employees of Williams and Fudge Empty Stocking Fund Established and promoted by The Herald for more than 27 years, this program provided financial resources to agencies serving those in need during the holiday season. In 2008, LWYC was chosen to administer the Empty Stocking Fund to provide holiday assistance to children and families in need. In 2012, Empty Stocking Fund donations, in partnership with Second Harvest Food Bank provided 1,250 food boxes to needy families throughout York County. ESF donations were used to a lso purchase toys and gifts when the community toy drive was not sufficient to meet needs. Project Connect. LWYC in collaboration with the York County, Regional Chamber of Commerces. Leadership York County class of 2008-2009 initiated Project Connect in 2009 to provide ser vices and connect individuals with available resources. Designated contributions support a nd deliver one-stop resource opportunity for homeless individuals in our community. In Mar ch., 2013, LWYCs Project Connect expanded a partnership with St. Johns United Methodist Chu rich to serve our communitys urban core with these services. During the event, 80 clients were assisted. Over 60 volunteers staffed the event LWYC funds were used to purchase food, hygiene items and hospitality bags. The Warming Center Established in 2007 as a collabor attive venture with York County Council, LWYC administers a grant from the Council to provi de security services for homeless men during winter months when other year-round shelter providers were full. Key partners include. Bethel United Methodist Church, Cty of Rock Hill, York County Government, LWC, and Catawba Area Coalition for the Homeless. A total of 9.8 unduplicated men were provided winter shelter during November 2012 through March 2013. Pathways to Housing York County Response to Homelessness. In 2009 a collaboration with the City of Rock Hill, Housing Development Corp, and LWYC provided leadership and project men agement to prepare a gap analysis and action plant to addre

ldentifier Returr Referen	Explanation e
Form 990 Page 2 Pa III Line 4a	Community Investment Volunteers come from a wide array of business, government, health care, education and other professions. United Way of York County, SC trains these volunteers in evaluating program outcomes and reviewing agency financial information. The Volunteers examine a number of key indicators related to program and agency performance. The Programs ability to serve a vital role with the community. The extent to which the outcomes are effective, client-focused measures of Community Program success and related to community priorities. 3 The Programs alignment with community priorities identified by the United Way of York County. 4 The appropriateness of the service delivery strategies for the population receiving services. Annual certification and training ensures agencies meet high standards and deliver services effectively. More than 30 volunteers reviewed agency eligibility documents and program applications and presented funding recommendations to the United Way of York Countys Board of Directors for board approval. Funding for Agency allocations is dependent upon United Ways fund-raising results. For year 2012-13, thirty-one partner agencies served more than 50,000 York County participants through thirty-eight programs. Agencies must also approve and submit an annual Memorandum of Agreement (MOA) as well as submit quarterly finance reports. Failure to submit the MOA and Financial reports may face penalties or forfeiture of allocations. Designations. During the Annual Community Campaign, some individuals identify United Way of York Countys Partner Agencies or another United Way as a recipient of their donation.

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
		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 Securitys 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 nations hungry and homeless, and people in economic crisis A National Board, chaired by the U.S. Department of Homeland Securitys 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 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 30 (2012) 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, and maintains a shared client database to prevent duplication of service. Local Recipient Organizations are Clover Area Assistance Center and The Salvation Army US Postal Food Drive. UWYC partners with

ldentifier	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 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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15a	Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	Staff salaries and benefits comprising total compensation are reviewed annually as part of the regular budgeting forecast by the Finance Committee of the Board of Directors. The Board of Directors must approve the budget prior to year-end. The President and CPO is responsible for annual evaluation of staff including performance review by supervisor. The President and CPO's job performance is evaluated annually by the Executive Committee of the Board with a report and recommendation brought to the full board regarding setting or modifying salary and benefits. Total compensation is reviewed with the full board at this regularly scheduled meeting. Comparable position salary ranges for all positions from similar size nonprofit organizations are reviewed annually by the Executive Committee. Sources for comparable data include. United Way Worldwide Salary Survey and Compensation report for similar size. United Ways and from SC Association of Nonprofit Organizations Compensation report. Board minutes reflect willingness of board to provide increased compensation levels as revenue permits.

ldentifier	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.

ldentifier	Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	Form 990, Part VI, Line 11b 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 VI, Line 9		Debbie Hayworth resigned on May 30th 2012 and can be reached at the following address 1673 Wellridge RoadChester, SC 29706

Identifier	Return Reference	Explanation
Form 990, Part III, Line 3	Form 990, Part III, Line 3 Ceased Conducting or Significant Changes To Services	Per the audit the organization has reclassified their Resource Development expenses which were formerly Program Service Expenses to Fundraising Expenses. The expenses are still used for the exempt purpose of the organization