See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

23627

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01/13 , and ending 06/30/14

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF ANDERSON COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 2067

City or town, state or province, country, and ZIP or foreign postal code
ANDERSON SC 29622-2067

D Employer identification number
57-0510602

E Telephone number
864-226-3438

G Gross receipts $ 3,415,251

F Name and address of principal officer
CAROL BURDETTE
PO BOX 2067
ANDERSON SC 29622

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

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

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ WWW.UNITEDWAYOFANDERSON.ORG

H(c) Group exemption number ▶

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1947

M State of legal domicile SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE MISSION OF THE UNITED WAY OF ANDERSON COUNTY IS TO IMPROVE OUR COMMUNITY AND THE LIVES OF ITS RESIDENTS BY PROVIDING LEADERSHIP IN IDENTIFYING NEEDS, COMBINING RESOURCES, AND FACILITATING ACTION.

2 Check this box ▶ ☐ 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	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	58
6	Total number of volunteers (estimate if necessary)	6	529
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,653,153	3,384,748
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,459	2,132
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,230	16,388
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,671,842	3,403,268
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,519,007	1,826,715
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)	892,721	938,774
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 249,925		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	300,341	458,010
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,712,069	3,223,499
19	Revenue less expenses Subtract line 18 from line 12	-40,227	179,769

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,091,537	2,829,171
21	Total liabilities (Part X, line 26)	153,799	711,664
22	Net assets or fund balances Subtract line 21 from line 20	1,937,738	2,117,507

RECEIVED
NOV 17 2014
OGDEN, UT
IRS-OSC
804

SCANNED DEC 11 2014

Part II Signature Block

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

Sign Here

Signature of officer — Date 11/12/2014

Carol E. Burdette, President/CPO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TONI R MCKINLEY	Toni R. McKinley	11/10/14		P01030704

Firm's name ▶ MCKINLEY, COOPER & CO., LLC — Firm's EIN ▶ 27-2826067

Firm's address ▶ 555 NORTH PLEASANTBURG DRIVE, SUITE 225 GREENVILLE, SC 29607-2191 — Phone no 864-233-1800

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

THE MISSION OF THE UNITED WAY OF ANDERSON COUNTY IS TO IMPROVE OUR COMMUNITY AND THE LIVES OF ITS RESIDENTS BY PROVIDING LEADERSHIP IN IDENTIFYING NEEDS, COMBINING RESOURCES, AND FACILITATING ACTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 996,247 including grants of $ 689,688) (Revenue $)

COMMUNITY IMPACT

THE COMMUNITY IMPACT AGENDA IS A ROAD MAP FOR ANDERSON COUNTY TO MEET THE MOST URGENT NEEDS, CONNECT AREA STRENGTHS AND ASSIST WITH OPPORTUNITIES TO IMPROVE OUR COMMUNITY IN MEASURABLE WAYS. PROGRESS AND RESULTS ARE CONTINUALLY REVIEWED TO IDENTIFY WHAT IS WORKING WELL AND WHAT WE NEED TO IMPROVE. FOCUS AREAS OF COMMUNITY IMPACT ARE: EDUCATION, INCOME, HEALTH AND BASIC NEEDS. FUNDING REQUESTS WERE RECEIVED FOR 40 PROGRAMS FROM NON-PROFIT ORGANIZATIONS SERVING ANDERSON COUNTY. AFTER MUCH WORK BY OUR DEDICATED VOLUNTEERS SERVING ON THE VISION COUNCILS AND COMMUNITY IMPACT CABINET, THE UNITED WAY BOARD OF DIRECTORS APPROVED FUNDING TO 36 PROGRAMS AT 32 AGENCIES FOR THE 2013/2014 FISCAL YEAR.

4b (Code) (Expenses $ 192,221 including grants of $) (Revenue $)

AMERICORPS

THE UNITED WAY OF ANDERSON COUNTY WAS AWARDED AN AMERICORPS GRANT FOR THE SIXTH YEAR IN THE SUMMER OF 2013 WHICH ALLOWED US TO CONTINUE A COLLABORATION OF COMMUNITY ORGANIZATIONS WITH A COMMON THREAD - SCHOOL COMPLETION. THE GRANT PLACED TWENTY AMERICORPS MEMBERS IN SEVEN NOT FOR PROFIT ORGANIZATIONS TO ASSIST IN PROMOTING THE IMPORTANCE OF EARNING A HIGH SCHOOL DIPLOMA OR GED FOR BOTH YOUTH AND ADULTS. PARTNERS IN THE GRANT ARE ANDERSON INTERFAITH MINISTRIES, MT. LEBANON ELEMENTARY SCHOOL, AND ADULT SUCCESS CENTERS IN ANDERSON SCHOOL DISTRICTS ONE AND FIVE.

4c (Code) (Expenses $ 41,474 including grants of $) (Revenue $)

SUCCESS BY 6

SUCCESS BY 6 IS A NATIONAL INITIATIVE THAT FOCUSES ON THE DEVELOPMENT OF ALL CHILDREN FROM BIRTH TO AGE 6. THE PROGRAM ENCOURAGES POSITIVE EARLY CHILDHOOD EXPERIENCES THAT FOSTER PHYSICAL, SOCIAL, EMOTIONAL AND COGNITIVE DEVELOPMENT. THIS PARTNERSHIP BRINGS TOGETHER BUSINESS, GOVERNMENT, EDUCATION, AND SOCIAL SERVICE AGENCIES AND THE COMMUNITY AS A WHOLE TO FOCUS ON MAKING SURE YOUNG CHILDREN RECEIVE THE CARE AND RESOURCES THEY NEED TO SUCCEED. CLASSES WERE HELD THROUGHOUT THE YEAR TO HELP CHILD DEVELOPMENT CENTER WORKERS EARN THEIR ANNUAL CONTINUING EDUCATION HOURS AND IMPORVE THE SCHOOL READINESS OF THE CHILDREN IN ANDERSON COUNTY. BOOKS WERE DISTRIBUTED THROUGH A VARIETY OF VENUES TO CHILDREN, TARGETING CHILDREN

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,476,058 including grants of $ 1,137,027) (Revenue $)

4e Total program service expenses ▶ 2,706,000

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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants or 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				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	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	58		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
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).**				
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		
b	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		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
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		
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	27		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ SC

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KATHY MASTERS PO BOX 2067

ANDERSON SC 29622 864-226-3438

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J.T. BOSEMAN	0.00									
1ST VICE CHAIR	0.00	X						0	0	0
(2) SARAH GRIFFIN	0.00									
	0.00	X						0	0	0
(3) PAT JOYE	0.00									
	0.00	X						0	0	0
(4) BECKY CAMPBELL	0.00									
	0.00	X						0	0	0
(5) JULIE BARTON	0.00									
	0.00	X						0	0	0
(6) KENNETH DEAN	0.00									
	0.00	X						0	0	0
(7) JUANA SLADE	0.00									
	0.00	X						0	0	0
(8) MIKE MORRIS	0.00									
	0.00	X						0	0	0
(9) TIMOTHY DRUMMOND	0.00									
	0.00	X						0	0	0
(10) SANDRA GANTT	0.00									
	0.00	X						0	0	0
(11) STACEY LINNETTE	0.00									
	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) WANDA WHITENER	0.00 0.00	X						0	0	0
(13) PAT PATRICK CHAIRMAN	0.00 0.00	X						0	0	0
(14) JIM THOMASON	0.00 0.00	X						0	0	0
(15) LINDA MCCONNELL	0.00 0.00	X						0	0	0
(16) HORACE PADGETT TREASURER	0.00 0.00	X						0	0	0
(17) ANGI PATRICK	0.00 0.00	X						0	0	0
(18) DAVID STODDARD	0.00 0.00	X						0	0	0
(19) PAT SIFUENTES	0.00 0.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶								144,665		32,269
d Total (add lines 1b and 1c) ▶								144,665		32,269

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in 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? If "Yes," complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) WES BILLINGSLEY	0.00 0.00	X						0	0	0
(13) JIMMY KIMBELL 2ND VICE CHAIR	0.00 0.00	X						0	0	0
(14) DATRICK JEFFERSON	0.00 0.00	X						0	0	0
(15) DONNIE CAMPBELL	0.00 0.00	X						0	0	0
(16) DOUG DOUGLAS	0.00 0.00	X						0	0	0
(17) SUSAN KELLY-GILBERT	0.00 0.00	X						0	0	0
(18) WENDY GILLESPIE	0.00 0.00	X						0	0	0
(19) KIRK OGLESBY	0.00 0.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

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 ▶

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CAROL BURDETTE PRESIDENT/CPO	35.00 0.00			X				97,990	0	18,369
(13) KATHY MASTERS VP FINANCE	35.00 0.00			X				46,675	0	13,900
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total ▶								144,665		32,269
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

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 ▶

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	44,000				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	190,782				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,149,966				
	g Noncash contributions included in lines 1a-1f $						
	h **Total.** Add lines 1a–1f ▶			3,384,748			
Program Service Revenue		Busn Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f ▶						
	3 Investment income (including dividends, interest, and other similar amounts) ▶			2,990			2,990
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less rental exps						
	c Rental inc or (loss)						
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 1,175				
	b Less cost or other basis & sales exps		2,033				
	c Gain or (loss)		-858				
	d Net gain or (loss) ▶			-858	-858		
Other Revenue	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a	26,338				
	b Less: direct expenses	b	9,950				
	c Net income or (loss) from fundraising events ▶			16,388			
	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 ▶						
	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 ▶						
	Miscellaneous Revenue		Busn Code				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d ▶						
	12 **Total revenue.** See instructions. ▶			3,403,268	-858	0	2,990

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,826,715	1,826,715		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	144,665	73,722	37,078	33,865
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	589,076	360,070	119,694	109,312
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,779	22,818	11,478	10,483
9 Other employee benefits	96,344	49,096	24,694	22,554
10 Payroll taxes	63,910	37,149	13,987	12,774
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,276	14,730	5,546	
12 Advertising and promotion	9,583	7,038	2,245	300
13 Office expenses	60,183	23,306	25,095	11,782
14 Information technology				
15 Royalties				
16 Occupancy	20,920	10,661	5,362	4,897
17 Travel	22,616	14,673	3,596	4,347
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,469	2,820	2,909	1,740
20 Interest	20,925	10,663	5,364	4,898
21 Payments to affiliates	23,122	11,783	5,926	5,413
22 Depreciation, depletion, and amortization	20,440	10,415	5,240	4,785
23 Insurance	4,411	2,247	1,131	1,033
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a EVENTS	66,024	51,734	8,964	5,326
b PROGRAM SUPPLIES	51,757	49,478	20	2,259
c PROGRAM SERVICES	33,628	33,628		
d SERVICE FEE	15,052	15,052		
e All other expenses	81,604	78,202	-10,757	14,159
25 Total functional expenses. Add lines 1 through 24e	3,223,499	2,706,000	267,572	249,927
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		83,809	1	95,277
	2	Savings and temporary cash investments		1,260,552	2	1,191,046
	3	Pledges and grants receivable, net		660,104	3	848,394
	4	Accounts receivable, net		52,834	4	10,600
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		11,376	9	14,092
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a 700,181			
	b	Less accumulated depreciation	10b 31,284	7,862	10c	668,897
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15,000	15	865
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,091,537	16	2,829,171
Liabilities	17	Accounts payable and accrued expenses		14,448	17	14,842
	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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	580,576
	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		139,351	25	116,246
	26	**Total liabilities.** Add lines 17 through 25		153,799	26	711,664
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		365,930	27	360,346
	28	Temporarily restricted net assets		1,571,808	28	1,757,161
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,937,738	33	2,117,507
	34	Total liabilities and net assets/fund balances		2,091,537	34	2,829,171

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,403,268
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,223,499
3	Revenue less expenses Subtract line 2 from line 1	3	179,769
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,937,738
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,117,507

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF ANDERSON COUNTY

Employer identification number

57-0510602

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

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

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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–Non-functionally integrated

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?

	Yes	No
(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 supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,928,366	1,736,786	2,599,851	2,433,754	3,242,230	11,940,987
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,928,366	1,736,786	2,599,851	2,433,754	3,242,230	11,940,987
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						11,940,987

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,928,366	1,736,786	2,599,851	2,433,754	3,242,230	11,940,987
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,503	14,639	10,492	6,459	2,990	57,083
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						11,998,070

12	Gross receipts from related activities, etc (see instructions)	12	26,338
13	**First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**		▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.52%
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	99.09%
16a	**33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization

UNITED WAY OF ANDERSON COUNTY

Employer identification number

57-0510602

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Temporarily restricted endowment ▶ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations (3a(i))		
(ii) related organizations (3a(ii))		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? (3b)		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		144,897		144,897
b Buildings		460,000	10,542	449,458
c Leasehold improvements				
d Equipment				
e Other		95,284	20,742	74,542
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				668,897

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13

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

Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY DESIGNATIONS PAYABLE	115,218
(3) ACCRUED MORTGAGE INTEREST	1,028
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	116,246

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	3,261,608
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 XIII.)	2d	858		
e	Add lines 2a through 2d			2e	858
3	Subtract line 2e from line 1			3	3,260,750
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	142,518		
c	Add lines 4a and 4b			4c	142,518
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,403,268

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	3,081,839
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 XIII)	2d	858		
e	Add lines 2a through 2d			2e	858
3	Subtract line 2e from line 1			3	3,080,981
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	142,518		
c	Add lines 4a and 4b			4c	142,518
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	3,223,499

Part XIII Supplemental Information

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

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

LOSS ON SALE OF ASSETS $ 858

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATED CONTRIBUTIONS $ 142,518

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

LOSS ON SALE OF ASSETS $ 858

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATED GRANTS $ 142,518

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF ANDERSON COUNTY

Employer identification number

57-0510602

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			

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

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

		(a) Event #1 POWER OF THE PU (event type)	(b) Event #2 COMMUNITARIAN (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	17,538	8,800		26,338
	2 Less. Contributions				
	3 Gross income (line 1 minus line 2)	17,538	8,800		26,338
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,149	4,801		9,950
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	9,950
	11 Net income summary Subtract line 10 from line 3, column (d)			▶	16,388

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	
	8 Net gaming income summary Subtract line 7 from line 1, column (d)			▶	

9 Enter the state(s) in which the organization operates gaming activities

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

b If "No," explain

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

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF ANDERSON COUNTY

Employer identification number

57-0510602

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? [X] 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALSTON WILKES 3519 MEDICAL DRIVE COLUMBIA SC 29203		501C3	8,000				SUPPORT PRG OP. COST
(2) AMERICAN RED CROSS PO BOX 9035 GREENVILLE SC 29604	53-0196605	501C3	18,288				SUPPORT PRG OP. COST
(3) ANDERSON COUNTY 1 ST STEPS PARTNERS PO BOX 41 ANDERSON SC 29622		501C3	8,308				SUPPORT PRG OP. COST
(4) ANDERSON FREE CLINIC PO BOX 728 ANDERSON SC 29622	57-0787584	501C3	44,089				SUPPORT PRG OP. COST
(5) ANDERSON INTERFAITH MINISTRIES PO BOX 1136 ANDERSON SC 29622	57-0896524	501C3	50,357				SUPPORT PRG OP. COST
(6) BIG BROTHERS BIG SISTERS -ANDERSON 620 N. MAIN ST. #102 GREENVILLE SC 29601	20-4243553	501C3	20,842				SUPPORT PRG OP. COST
(7) BOWERS RODGERS HOME PO BOX 1252 GREENWOOD SC 29648		501C3	8,111				SUPPORT PRG OP. COST
(8) CREDABILITY 1615 WADE HAMPTON BLVD., SUITE C GREENVILLE SC 29609		501C3	9,380				SUPPORT PRG OP. COST
(9) CLEMSON COMMUNITY CARE PO BOX 271 CLEMSON SC 29631	57-0868065	501C3	10,640				SUPPORT PRG OP. COST

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 33

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF ANDERSON COUNTY

Employer identification number

57-0510602

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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DEV CTR FOR EXCEPTIONAL CHILDREN 1100 W FRANKLIN STREET ANDERSON SC 29624	27-2753489	501C3	25,954				SUPPORT PRG OP. COST
(2) FOOTHILLS ALLIANCE 216 E. CALHOUN ST. ANDERSON SC 29621	57-0902073	501C3	35,366				SUPPORT PRG OP. COST
(3) GIRL SCOUTS OF SC - M TO M 5 INDEPENDENCE POINT, # 120 GREENVILLE SC 29615	57-0314433	501C3	10,369				SUPPORT PRG OP. COST
(4) HABITAT FOR HUMANITY 210 S MURRAY STREET ANDERSON SC 29624		501C3	17,570				SUPPORT PRG OP. COST
(5) HELPING HANDS OF CLEMSON PO BOX 561 CLEMSON SC 29633		501C3	17,010				SUPPORT PRG OP. COST
(6) MEALS ON WHEELS PO BOX 285 ANDERSON SC 29622	57-0634729	501C3	16,221				SUPPORT PRG OP. COST
(7) REWIGO PO BOX 1106 CLEMSON SC 29633		501C3	7,000				SUPPORT PRG OP. COST
(8) SAFE HARBOR PO BOX 174 GREENVILLE SC 29602	57-1014137	501C3	26,806				SUPPORT PRG OP. COST
(9) THE SALVATION ARMY PO BOX 43 ANDERSON SC 29622	58-0660607	501C3	37,821				SUPPORT PRG OP. COST

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

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

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF ANDERSON COUNTY

Employer identification number

57-0510602

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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY BOYS & GIRLS CLUB PO BOX 43 ANDERSON SC 29622	57-0760599	501C3	13,430				SUPPORT PRG OP. COST
(2) SHALOM HOUSE 349 BLAKE DAIRY ROAD BELTON SC 29627		501C3	6,213				SUPPORT PRG OP. COST
(3) TOUCH THE FUTURE 707 SUNNY SHORE LANE ANDERSON SC 29621		501C3	27,029				SUPPORT PRG OP. COST
(4) UNITED HOUSING CONNECTIONS 150 EXECUTIVE CENTER DR #B 21.1 GREENVILLE SC 29615	57-1032202	501C3	13,111				SUPPORT PRG OP. COST
(5) ANDERSON AREA YMCA 201 E REED ROAD ANDERSON SC 29621	57-0314465	501C3	9,236				SUPPORT PRG OP. COST
(6) FOOTHILLS COMMUNITY FOUNDATION 907 N. MAIN STREET ANDERSON SC 29621		501C3	12,500				DONOR DESIGNATIONS
(7) UNITED WAY OF PICKENS COUNTY PO BOX 96 EASLEY SC 29641		501C3	5,815				DONOR DESIGNATIONS
(8) AND./OCONEE SPEECH & HEARING SERVIC 106 DOSTAK DRIVE ANDERSON SC 29621		501C3	5,935				SUPPORT PRG OP. COST
(9) ANDERSON EMERGENCY KITCHEN PO BOX 515 ANDERSON SC 29622		501C3	11,689				SUPPORT PRG OP. COST

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

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

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF ANDERSON COUNTY

Employer identification number

57-0510602

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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOY SCOUTS-BLUE RIDGE COUNCIL 1 PARK PLAZA GREENVILLE SC 29607		501C3	5,961				SUPPORT PRG OP. COST
(2) NEW FOUND. CHILD. & FAM. SERVICES 2300 STANDRIDGE RD. ANDERSON SC 29625		501C3	14,300				SUPPORT PRG OP. COST
(3) FAMILY CONNECTION 1104 ELLA STREET ANDERSON SC 29621		501C3	7,292				SUPPORT PRG OP. COST
(4) FAMILY PROMISE PO BOX 1466 ANDERSON SC 29622		501C3	5,870				SUPPORT PRG OP. COST
(5) HOMES OF HOPE 3 DUNEAN STREET GREENVILLE SC 29611	57-1069688	501C3	20,000				SUPPORT PRG OP. COST
(6) IVA COMMUNITY RECREATION ASSOC. PO BOX 747 IVA SC 29655	23-7284133	501C3	75,020				SC/DSS CHILD INITIAT
(7) SALVATION ARMY BOYS & GIRLS CLUB PO BOX 43 ANDERSON SC 29622	57-0760599	501C3	484,000				SC/DSS CHILD INITIAT
(8) DEV CTR FOR EXCEPTIONAL CHILDREN 1100 W FRANKLIN STREET ANDERSON SC 29624	27-2753489	501C3	225,500				SC/DSS CHILD INITIAT
(9) ANDERSON AREA YMCA 201 E REED ROAD ANDERSON SC 29621	57-0314465	501C3	352,507				SC/DSS CHILD INITIAT

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

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

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) 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					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

ALL AGENCIES GO THROUGH AN APPLICATION PROCESS. ALL AGENCIES COMPLETE A TERRORISM COMPLIANCE REPORT. AGENCIES PROVIDE QUARTERLY PROGRESS REPORTS THAT ARE REVIEWED BY OUR VISION COUNCIL VOLUNTEERS.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF ANDERSON COUNTY	57-0510602

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

THAT MAY NOT BE AS READY TO START SCHOOL AS THEIR PEERS. SUCCESS BY 6 PARTNERS WITH DOLLY PARTON'S IMAGINATION LIBRARY TO MAIL BOOKS MONTHLY TO REGISTERED PRE-SCHOOLERS IN ANDERSON COUNTY.

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

WOMEN'S LEADERSHIP COUNCIL

UNITED WAY OF ANDERSON COUNTY'S WOMEN'S LEADERSHIP COUNCIL (WLC) WAS CREATED IN 2001 TO ENHANCE WOMEN'S INVOLVEMENT IN THE COMMUNITY THROUGH PHILANTHROPY, LEADERSHIP AND ADVOCACY. WITH A VISION TO PROVIDE AN ENVIRONMENT IN WHICH CHILDREN CAN BECOME RESPONSIBLE ADULTS AND A MISSION TO ENSURE THAT THEY HAVE THE KNOWLEDGE AND SKILLS TO DO SO, THE WLC HAS CHARTED A COURSE FOR SUCCESS. SINCE 2004, THESE DEDICATED WOMEN HAVE INVESTED ALMOST $500,000 TO IMPLEMENT A COMPREHENSIVE, EVIDENCE-BASED TEEN PREGNANCY PREVENTION PROGRAM IN ANDERSON SCHOOL DISTRICTS 3 AND 4. THE PROGRAM RECEIVED NATIONAL RECOGNITION FOR ITS EFFECTIVENESS IN THE MARCH 30, 2009 EDITION OF TIME MAGAZINE. STATE TEEN PREGNANCY DATA INDICATE, THAT THE CIRRICULUM PROVIDED IS CHANGING TEEN BEHAVIOR, INCIDENTS OF TEEN PREGNANCIES HAVE DECREASED 81% IN ANDERSON COUNTY SCHOOL DISTRICT 3 AFTER 10 YEARS OF IMPLEMENTATION, AND 62% IN ANDERSON COUNTY SCHOOL DISTRICT 4 AFTER FOUR YEARS.

2-1-1

2-1-1 CONNECTS PEOPLE WITH IMPORTANT COMMUNITY SERVICES AND VOLUNTEER OPPORTUNITIES. 2-1-1 PROVIDES FREE AND CONFIDENTIAL INFORMATION AND

REFERRAL FOR HELP WITH FOOD, HOUSING, EMPLOYMENT, HEALTH CARE, COUNSELING AND MORE. 24-HOUR SERVICE GETS COMMUNITY MEMBERS THE HELP THEY NEED WHEN THEY NEED IT.

AFRICAN AMERICAN LEADERSHIP COUNCIL

THE MISSION OF THE AFRICAN AMERICAN LEADERSHIP COUNCIL (AALC) IS TO CULTIVATE LEADERSHIP IN THE AFRICAN AMERICAN COMMUNITY TO ENSURE A DIVERSE VOICE IN EFFORTS THAT ADDRESS COMMUNITY NEEDS. THE CORE STRATEGIES OF THE COUNCIL ARE TO IDENTIFY, RECRUIT AND CULTIVATE AFRICAN AMERICANS WHO REPRESENT OUR CURRENT AND FUTURE LEADERSHIP FOR OUR COMMUNITY. EACH YEAR, THE COUNCIL HOSTS MLK DAY ON A DAY OF COMMUNITY SERVICE AND A BLACK HISTORY FORUM FOR THE COMMUNITY. THE COUNCIL FOCUSES ON YOUTH THROUGH AN ANNUAL YOUTH SUMMIT FOR AREA CHILDREN AGES 10-18, MENTORING MIDDLE SCHOOL STUDENTS, AND ASSISTING WITH COLLEGE READINESS SUCH AS APPLICATION COMPLETION AND FINANCIAL AID INFORMATION.

CENTER FOR NONPROFIT EXCELLENCE

IN 2013-2014 THROUGH THE CENTER FOR NONPROFIT EXCELLENCE (CNE), UNITED WAY OF ANDERSON COUNTY OFFERED A SERIES OF LEADERSHIP AND DEVELOPMENT TRAINING FOR NONPROFIT EXECUTIVES, STAFF AND BOARD MEMBERS TO ASSIST THEM IN REACHING STANDARDS OF EXCELLENCE IN THEIR FIELD. THESE SESSIONS INCLUDED GRANTS TRAINING, A BOARD DEVELOPMENT SERIES, LEADERSHIP DEVELOPMENT SESSIONS, VOLUNTEER MANAGEMENT TRAINING AND SCANPO'S LOCAL ACCESS TO TRAINING OFFERINGS. THE CNE AIMS TO ASSIST LOCAL NONPROFIT ORGANIZATIONS BY OFFERING LOCAL TRAINING AND NETWORKING OPPORTUNITIES THAT CAN HELP IMPROVE SERVICES AND BUILD EXCELLENCE. CNE ALSO OFFERS OPPORTUNITIES TO COLLABORATE, NETWORK, AND JOINTLY LEAD EFFORTS THAT WILL IMPROVE QUALITY OF

LIFE.

EAT SMART MOVE MORE

EAT SMART MOVE MORE (ESMM) ANDERSON COUNTY IS A LOCAL CHAPTER OF A STATEWIDE MOVEMENT AIMED AT COORDINATING OBESITY PREVENTION EFFORTS. IT WAS ESTABLISHED IN APRIL 2012 THROUGH THE LEADERSHIP OF THE CITY OF ANDERSON, ANDERSON COUNTY AND UNITED WAY OF ANDERSON COUNTY. THE UNITED WAY SERVES AS THE FACILITATOR AND MANAGES THE ESMM STAFF AND OPERATIONS. EAT SMART MOVE MORE ANDERSON COUNTY IS FOCUSED ON UNITING A WIDE VARIETY OF COMMUNITY PARTNERS TO WORK TOGETHER TO INCREASE ACTIVE LIVING, IMPROVE HEALTHY EATING, AND DECREASE ADULT AND CHILDHOOD OBESITY IN THE COMMUNITY. IN 2013-2014, ESMM CONTINUED TO IMPLEMENT A COMMUNITY WIDE ACTION PLAN TO ADDRESS OBESITY. SOME EFFORTS THAT HAVE BEEN INITIATED INCLUDE WORKING WITH LOCAL PEDIATRICIANS TO PILOT THE UTILIZATION OF A PEDIATRIC OBESITY TOOL KIT DURING VISITS WITH PATIENTS; PARTNERING WITH LOCAL ELEMENTARY SCHOOLS TO IMPLEMENT THE COORDINATE APPROACH TO CHILD HEALTH CURRICULUM (AIMED AT IMPLEMENTING HEALTHY EATING AND ACTIVE LIVING EFFORTS IN ALL AREAS OF THE SCHOOL); AND WORKING WITH LOCAL MIDDLE SCHOOL GROUPS TO IMPLEMENT THE ACC HEALTHY TEENS PROGRAM. CONTINUED EFFORTS FOR THE UPCOMING YEAR INCLUDE SUPPORTING LOCAL PTO/PTAS IN IMPLEMENTING HEALTHY PRACTICES IN SCHOOLS, ASSISTING WITH LOCAL COMMUNITY GARDENS, DEVELOPING FAITH-BASED HEALTH STRATEGIES, AND PROMOTING AND ENCOURAGING THE COUNTY'S PART AND RECREATION RESOURCES.

LEADERSHIPNEXT

LEADERSHIPNEXT STRIVES TO DEVELOP THE NEXT GENERATION OF COMMUNITY LEADERS, BY ADVANCING THE IDEA THAT GOOD/GREAT LEADERSHIP HAS LESS TO DO WITH A

SKILL SET OR AREA OF EXPERTISE AND MORE TO DO WITH WHO YOU ARE, WHAT YOUR VALUES SAY YOU WANT FOR YOURSELF AND OTHERS AND WHERE YOU WANT TO TAKE YOUR LIFE. LEADERSHIPNEXT STARTED IN 2006 AND WE HAVE HAD 140 GRADUATES SINCE ITS INCEPTION. FOR THE 2013-2014 YEAR, LEADERSHIPNEXT HAD 18 GRADUATES THAT COMPLETED 432 HOURS OF LEADERSHIP TRAINING AND LEARNED OF MANY DIFFERENT COMMUNITY INVOLVEMENT OPPORTUNITIES.

VOLUNTEER CENTER

THE VOLUNTEER CENTER OF UNITED WAY OF ANDERSON COUNTY IS NOW AFFILIATED WITH "GET CONNECTED". WE INVITE YOU TO VISIT OUR NEW WEBSITE - HTTP://UWANDERSONCTY.GALAXYDIGITAL.COM FOR A LISTING OF VOLUNTEER OPPORTUNITIES THROUGHOUT ANDERSON COUNTY. THIS WEBSITE ALLOWS NON-PROFIT AGENCIES, SCHOOLS, CHURCHES, AND CIVIC ORGANIZATIONS TO SUBMIT VOLUNTEER OPPORTUNITIES AVAILABLE AT THEIR RESPECTIVE SITES. INDIVIDUALS THROUGHOUT OUR COMMUNITY ARE ABLE TO VIEW AND REGISTER AS A VOLUNTEER FOR ANY OF THE OPPORTUNITIES ON THE WEBSITE. THIS WEBSITE ALSO ALLOWS THE POSTING ENTITY TO TRACK VOLUNTEER PARTICIPATION, ALONG WITH HOURS VOLUNTEERED. BOTH ONGOING AND ONE-TIME SPECIAL EVENT OPPORTUNITIES CAN BE SUBMITTED. THE VOLUNTEER CENTER COORDINATES LOCAL COMMUNITY-WIDE VOLUNTEER EVENTS, SUCH AS DAY OF ACTION, WHICH ALLOWS INDIVIDUALS TO VOLUNTEER TO WORK ACROSS ANDERSON COUNTY ON VARIOUS PROJECTS THAT BENEFIT LOCAL NON-PROFITS AND OUR COMMUNITY. OVER THE LAST YEAR, WE HAVE SEEN 72 LOCAL ORGANIZATIONS BENEFIT FROM THE SERVICES OF 529 VOLUNTEERS. OUR DAY OF ACTION IN THE SPRING OF 2014 INVOLVED 83 VOLUNTEERS WHO IMPROVED THE SAFETY AND APPEARANCE OF A LOCAL PARK, BENEFITTING THE SURROUNDING COMMUNITY, LOCAL RECREATION TEAMS, AND THE SHERIFF'S DEPARTMENT.

Name of the organization: UNITED WAY OF ANDERSON COUNTY

Employer identification number: 57-0510602

VITA

VOLUNTEER INCOME TAX ASSISTANCE - IS SPONSORED BY THE IRS, AND RUN BY LOCAL COMMUNITIES. VOLUNTEERS PROVIDE FREE INCOME TAX PREPARATION ASSISTANCE TO LOW-INCOME, ELDERLY AND DISABLED PEOPLE.

WEEKEND BACKPACK PROGRAM

UNITED WAY OF ANDERSON COUNTY HAS PARTNERED WITH GOLDEN HARVEST FOOD BANK AND THE SALVATION ARMY TO BRING THE WEEKEND BACKPAK SNACKPAK PROGRAM TO ELEMENTARY SCHOOLS IN ANDERSON COUNTY. EACH ENROLLED CHILD RECEIVES A BAG OF CHILD-FRIENDLY, READY-TO-EAT FOODS ON FRIDAY TO TAKE HOME FOR THE WEEKEND, WHEN SCHOOL MEALS ARE NOT AVAILABLE.

YOUTH VOLUNTEER CORPS

THE YOUTH VOLUNTEER CORPS OF ANDERSON COUNTY (YVC) PROVIDES COMMUNITY SERVICE OPPORTUNITIES FOR YOUTH AGES 11-18 THROUGHOUT ANDERSON COUNTY. WE HAVE 71 MEMBERS WHO HAVE CONTRIBUTED OVER 788 HOURS OF COMMUNITY SERVICE ON 30 PROJECTS AT VARIOUS NON-PROFITS IN OUR COMMUNITY. THE HIGHLIGHT OF THIS YEAR WAS HAVING THE OPPORTUNITY FOR 7 OF OUR YOUTH TO TRAVEL TO CARRICKFERGUS, NORTHERN IRELAND (ANDERSON'S SISTER CITY). THE GROUP WORKED ALONGSIDE INDIVIDUALS AT KILCREGGAN FARM WHO ALL HAVE SOME TYPE OF DISABILITY. THEY QUICKLY FORMED BONDS WITH THE PEOPLE THERE AND THE ANIMALS. THEY ASSISTED IN CARING FOR THE ANIMALS, WORKED IN GREENHOUSES, AND INTERACTED WITH THOSE LIVING THERE. THE GROUP ALSO HAD THE OPPORTUNITY TO MEET WITH MEMBERS OF THE JUNIOR COUNCIL OF CARRICKFERGUS. THEY HAVE MADE FRIENDSHIPS THAT WILL LAST A LIFETIME THOUGH SOME 3500 MILES AWAY. THE TRIP CONCLUDED WITH A VISIT TO DUBLIN,

WHERE THEY EXPERIENCED THE BIG CITY AND HAD THE OPPORTUNITY FOR SOME SIGHTSEEING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE VP OF FINANCE PROVIDES THE BOARD OF DIRECTORS A DRAFT COPY OF FORM 990 FOR THEIR REVIEW. BOARD MEMBERS ARE ABLE TO ASK QUESTIONS OF THE VP OF FINANCE AND THE TAX RETURN PREPARER. THE BOARD VOTES TO APPROVE THE FILING OF THE 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
WHEN DETERMINING FUNDING TO PROVIDE TO OTHER NON-PROFIT AGENCIES, BOARD MEMBERS RECUSE THEMSELVES FROM VOTING TO FUND AGENCIES THAT THEY HAVE AN AFFILIATION WITH.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD OBTAINS SALARY INFORMATION FROM THE UNITED WAY OF AMERICA FOR OTHER UNITED WAY ORGANIZATIONS THAT ARE SIMILAR IN SIZE. THAT INFORMATION IS USED IN DETERMINING THE SALARY OF THE OFFICERS OF THE ORGANIZATION. BOARD MEMBERS CONDUCT THE ANNUAL REVIEW OF THE CHIEF PROFESSIONAL OFFICER.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE BOARD OBTAINS SALARY INFORMATION FROM THE UNITED WAY OF AMERICA FOR OTHER UNITED WAY ORGANIZATIONS THAT ARE SIMILAR IN SIZE. THAT INFORMATION IS USED IN DETERMINING THE SALARY OF OFFICERS OF THE ORGANIZATION. THE CHIEF PROFESSIONAL OFFICER CONDUCTS THE ANNUAL REVIEW OF EMPLOYEES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Name of the organization: UNITED WAY OF ANDERSON COUNTY

Employer identification number: 57-0510602

DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

LOSS ON SALE OF ASSETS	$	858
DONOR DESIGNATED CONTRIBUTIONS	$	-142,518
LOSS ON SALE OF ASSETS	$	-858
DONOR DESIGNATED GRANTS	$	142,518

23627

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2013

Attachment Sequence No **179**

Name(s) shown on return: UNITED WAY OF ANDERSON COUNTY

Identifying number: 57-0510602

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562		10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ▶	13		

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	20,440

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts check here ▶ ☐		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	20,440
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

THERE ARE NO AMOUNTS FOR PAGE 2