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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.

2013 Open to Public Inspection

OMB No 1545-0047

▶ Information about Form 990 and its instructions is at www irs.gov/form990. For the 2013 calendar year, or tax year beginning 07/01/13, and ending 06/30/14Employer identification number C Name of organization Check if applicable BLACK RIVER UNITED WAY, INC Address change 57-0526145 Doing Business As X Name change Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Initial return 843-546-6317 PO BOX 1065 Terminated City or town, state or province, country, and ZIP or foreign postal code 29442 486,772 Georgetown Amended return G Gross receipts \$ Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Lucy Woodhouse PO BOX 1065 H(b) Are all subordinates included? If "No," attach a list. (see instructions) 29442 Georgetown SC **X** 501(c)(3) Tax-exempt status (insert no) N/A Website: 🕨 H(c) Group exemption number X Corporation Year of formation 1978 Form of organization Association Other > M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE PURPOSE OF BLACK RIVER UNITED WAY, INC. IS TO MOBILIZE AND Governance STIMULATE THE CITIZENS OF GEORGETOWN COUNTY ON BEHALF OF WORTHY ORGANIZATIONS AND TO SOLICIT CONTRIBUTIONS FOR MEMBER AGENGIES. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets 15 3 Number of voting members of the governing body (Part VI, line 1a) **Activities &** 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 225 6 Total number of volunteers (estimate if necessary) 6 O 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 Prior Year Current Year $403,81\overline{5}$ 453,383 8 Contributions and grants (Part VIII, line 1/h) RECEIVED 0 9 Program service revenue (Part VIII, line 2g) 48 41 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A) line 12) 29,976 31,830 483,407 435,686 13 Grants and similar amounts paid (Part IX column (A) lines 1-3)

14 Benefits paid to or for members (Part IX column (A), line 4) 216,639 143,268 158,724 149,827 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 82,234 **b** Total fundraising expenses (Part IX, column (D), line 25) 186,197 82,618 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 479,292 457,981 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 25,426 -43,60619 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 5 468,627 401,982 20 Total assets (Part X, line 16) 317,734 294,695 21 Total liabilities (Part X, line 26) 150,893 107,287 22 Net assets or fund balances Subtract line 21 from line 20 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 **Executive Director** Woodhouse Here Type or print name and title X I PTIN Print/Type preparer's name Preparer's signature Check Paid **Gary Bailey** self-employed P01426283 Gary Bailey 27-4292646 Preparer Bailey & Associates Love Firm's EIN ▶ Firm's name **Use Only** 218 W Laurens St 864-984-2698 Laurens, SC 29360

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

	SLACK RIVER UNI		57-0526145	Page 2
	_	ervice Accomplishments		
		ins a response or note to any line	in this Part III	<u></u>
	e the organization's mission			
		IVER UNITED WAY, INC		• •
STIMULAT	E THE CITIZENS	OF GEORGETOWN COUNT	Y ON BEHALF OF WORTH	ΗΥ
ORGANIZA	TIONS AND TO S	OLICIT CONTRIBUTIONS	FOR MEMBER AGENGIES	3.
			_	
2 Did the organi	zation undertake any significa	ant program services during the year which	th were not listed on the	
prior Form 99		, ,		Yes X No
•	nbe these new services on So	chedule O.		
•		make significant changes in how it conduc	ets any program	
services?	ization cease conducting, or i	make significant changes in now it conduc	os, any program	Yes X No
	-be these shanges on Cobod	ula O		res reo
	ribe these changes on Sched			
		e accomplishments for each of its three la		
		organizations are required to report the a	mount of grants and allocations to other	s,
the total expe	nses, and revenue, if any, for	each program service reported		
4a (Code:) (Expenses \$	279, 146 including grants of \$	143,268) (Revenue \$)
THE ORGA	NIZATION SOLIC	ITS CONTRIBUTIONS FR	OM THE CITIZENS OF (SEORGE TOWN
COUNTY O	N BEHALF OF WO	RTHY ORGANIZATIONS.	ALLOCATIONS WERE MA	ADE TO 20
MEMBER A				
,	.02110220 .			
				-
				•
				• •
				-
		-		
4b (Code:) (Expenses \$	51,087 including grants of \$) (Revenue \$)
		51,087 including grants of \$ ADDITION TO PROVIDE) (Revenue \$	
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COMMUNIT MEMBER A PLANNING 4c (Code:	TY BUILDING- IN GENCIES, THE OG AND PUBLIC ED (Expenses \$	ADDITION TO PROVIDING REGANIZATION IS INVOLUCATION. Including grants of \$ adule O.)	NG MANAGEMENT ASSIST VED IN COMMUNITY SOC	FANCE TO CIAL WELFARE
4c (Code: 4d Other program (Expenses \$	TY BUILDING- IN GENCIES, THE OG AND PUBLIC ED (Expenses \$	ADDITION TO PROVIDING REGANIZATION IS INVOLUCATION. Including grants of \$	NG MANAGEMENT ASSIST	FANCE TO CIAL WELFARE

T	attiv: 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_		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,	1	v
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		x
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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			
Ü	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,	Ť		
•	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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	12. 245 26. 252 26. 100		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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 169 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			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	•			l
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			۱
	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	<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4 O.L.	,	l u
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	12b 13	_	X
13 14a		14a		X
b		1-10		 ^
U	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			<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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	L	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			I
	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	L	<u> </u>

Form 990 (2013) BLACK RIVER UNITED WAY,

	Antiva Checklist of Required Schedules (continued)			
~-	Diddle and distribution and the second state of the second state o		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	x	
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	-21		
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	22	+	
ZJ	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a				
244	\$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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	- +	
·		24c	- 1	
ч	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
ZJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ľ	X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
U				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		X
26	If "Yes," complete Schedule L, Part I	25b		
20	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		ĺ	
		26		X
27	disqualified persons? If so, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
		28a		X
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		
U	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	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
29 30	Did the organization receive more than \$25,000 in non-cash combinions in Tres, complete schedule in	29		
30	conservation contributions? If "Yes," complete Schedule M	30	l	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٠.	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
-	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	- 1	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	l	X
35a	, , , , , , , , , , , , , , , , , , , ,	35a	$\neg \uparrow$	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-chantable			
	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	

Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year?

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

14a

X

13b 13c

14a

0	_	_	_	G
	-11	•	-	

Pa	rt 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. Se	e instructions.
	Check if Schedule O contains a response or note to any line in this Part VI	X
Sec	tion 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	175 1. 175 135 135 135 135 135 135 135 135 135 13
	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	TO THE STATE OF TH
	committee, explain in Schedule O	AND IN MIN
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 15	
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?	76 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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)
		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	A CHERUM Ainh
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
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	
	describe in Schedule O how this was done	12c 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	(11 11 11 11 11 11 11 11 11 11 11 11 11
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	The state of the s
а	The organization's CEO, Executive Director, or top management official	15a X
b	Other officers or key employees of the organization	15b X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	Thun in the Chiery
	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	1 1 14 1 14 14 14 14 14 14 14 14 14 14 1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1, 3
	organization's exempt status with respect to such arrangements?	16b
Sec	tion 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: ▶ GCUW 515 FRONT STREET	
G	eorgetown SC 29442 84	<u>3-546-6317</u>

DAA

Form 990 (2013	BLACK RIVER UNITED WAY, INC.	57- <u>0526145</u>	Page 7
Part-VIII	Compensation of Officers, Directors, Trustees	s, Key Employees, Highest Compensated E	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 Highe	st 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

(A) Name and Title	(B) Average hours per week (list any hours for	bo:	k, unle icer ar	ss pe nd a d	ition more rson i irecto	than o	an æ)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(w. 2 toda miles)	organization and related organizations
(1)FRAN TILMAN						П				
	0.00	ŀ								
TRUSTEE	0.00	X						0	0	0
(2) WALT ACKERMAN										
	0.00				ŀ					_
FINANCE CHAIR	0.00	X						0	0	0
(3) DOUG JENKINS										
	0.00									
TRUSTEE	0.00	X	L		_	Ш		0	0	0
(4) JEANIE BROWN-BUE				l	1					
	0.00	1							_	_
TRUSTEE	0.00	X		<u> </u>		Ш		0	0	0
(5) BRENDA ENGLAND		1								
	0.00								•	
TRUSTEE	0.00	X		_	_			0	<u> </u>	0
(6) RAY FUNNYE										
	0.00	١.,		١,,					^	_
PAST CHAIR	0.00	X	┝	X	┝	Н		0	0	0
(7) PAUL GARDNER	0.00									
61	0.00	١.,		۱.,				o	0	d
Chairman (8)CAROLE A. SORREN	0.00	X	_	Х	-	 		0	U	
(8) CAROLE A. SURREI	0.00									
TRUSTEE	0.00	x						o	0	C
(9) BRIAN TUCKER	0.00	┢	\vdash	-	⊢	 	<u> </u>			
(9) BRIAN TUCKER	0.00	İ								
TRUSTEE	0.00	x						o	0	c
10) PAT STRICKLAND	0.00	╇	\vdash		├-			<u> </u>		
IUJERI SIKICKHAND	40.00		1							
EXECUTIVE DIRECTOR	0.00	1		x				53,045	0	12,974
(11)	0.00	+	₩-	1	⊢	⊢	Ъ—	33,043		12,313

Form 990 (2013)

<u>į I∵G</u> I	(A) Name and title	(B) Average hours per week (list any	(di	o not o	Pos check ess pe	C) ition more rson i	than o	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21033-MISG)	organization and related organizations
(12)											
(13)										:	
(14)			 								<u> </u>
(15)											
(16)									а		
(17)						_					
···/											
(18)											-
(19)											
1b c	Sub-total Total from continuation she	ets to Part VII,	l Secti	on A	\		<u> </u>	>	53,045		12,974
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (in				thos	e lıs	ted a	bov.	e) who received more than	\$100,000 in	12,974
3	Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir	ecto dule	r, or J for	suc	h inc	lıvidu	al			Yes No 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4 5	For any individual listed on lin- organization and related organization and related organindividual Did any person listed on line 1	nizations greater	than	\$15	0,00	1 °00	f "Ye	s," c	complete Schedule J for su	ch	4 X
	for services rendered to the or ion B. Independent Contracto	rganization? If "Y									5 X
1	Complete this table for your five compensation from the organic	ve highest comp	ensa	ted i	nde;	end	ent c	ontr	ractors that received more	than \$100,000 of	ar
		(A) business address					10 00			(B) tion of services	(C) Compensation
									-		
								 	·		
2	Total number of independent received more than \$100,000	contractors (incl of compensation	udınç 1 fror	but the	not e org	lımıtı anız	ed to ation	tho:	se listed above) who	0	5990

Pa	Ϋ́	Check if Schedule (tains a i	response d	or note	to a	ny line	in th	nis P	art \	/III							[
		<u> </u>	• •		# E _		(A)				(B) ated or				(C)		Γ	(D) Reven		
-	-		· '			10	ital revei	nue		6)	kempt			bu	related siness			cluded fr	om tax	
÷	191	×	73						<u> </u>		nction venue		L	re	venue		<u> </u>	nder sec 512-51		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			3 3			Spatish 4	-5	-	F.	######################################	基.		of the second that he seems were	1 T		= =	- 1
윤희	b	Membership dues	1b			3- ₂ -	4 4	. 3 1	事	2	3. 4.	in i			をは、1945年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	- H -	Parters Thatbers	-	1	. 9
ts,	С	Fundraising events	1c			- 5 - 534 - 534			2	1 金属等 医皮肤 医皮肤		T T				. <u>計</u> 毒	ئى ئىرە ≆ى	-	Ī	
팔	d	Related organizations	1d				1 1		1,80	. F.	8		Ė	-	- E		(中の) (1986年 1986年 1986年 1988年 1988年	Ī		
Sig,	е	Government grants (contributions)	1e		28,491	a. 1.	1. 3		*	- 22	i i		-	954 5*	X+4 . €	4	1 5	575. 27. –	<u>특</u> -	~ -@
ë	f	All other contributions, gifts, grants,						, F. 4 , 2	100		- -	- *- 		100		. 毒.	1 4		惠道	- 1
ÉÉ		and similar amounts not included above	1f		375,324	> .g.	£ ' 4	• - 3	 		į.	18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	2.00	<u> </u>	1		. ‡	Street Street Street	} =	- 3
<u>48</u>	-	Noncash contributions included in lines 1a-	1f \$	₿		 .			يت ا	4			101萬四縣 東華山東		ीं - <u>-</u> ई	45	- 750 - 7	. E		anilla kalingan di lan
2 2	h	Total. Add lines 1a-1f			, •	1	40	3,815	1 132	1955 -			- (E) - (E)) - 1 43. 75	- 1		4011.1.	1 -	. 18
ا <u>چ</u>	_				Busn Code	- 5	1. 1		ــــــــــــــــــــــــــــــــــــــ				-	<u> </u>	-	Ē	4		=	
<u>8</u>	2a								1				⊢				-			
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ا ڲٙ	C								 -				╁							
Š	d								-				╁				├			
	e	All -th							1				╁				-			
Program Service Revenue		All other program service reversal. Add lines 2a-2f	nue		` 				- 35	780 1205			- <u>42</u>		وملتزمته	29	ga da		i. §	
\exists		Investment income (including of	dividen	de intere					7.7981	5995-	TLEC+ 69	ro Jaga		BIA 3/	127-1-12m,.		<u> </u>	-73	18_1	-41
	J	and other similar amounts)	uividei	ius, intere	.o.,			41					İ				1			41
	4	Income from investment of tax	-exemi	nt band n	roceeds •				-				t^{-}							
	5	Royalties	OXOIII	pr borio p					1											
	•	(i) Real		(n) F	ersonal	4M.:.	i ii		i jiliko	. :::::::::::::::::::::::::::::::::::::	14.1	1111	· E.	1 75			5.45	. a. i	I. ii	- 1
	6a	Gross rents	\neg	.,										12. 22.						
	b	Less rental exps				* 量 :				. B	14 T						19 選			
	С	Rental inc or (loss)																	料量	
	đ	Net rental income or (loss)	•		•															
1	7a	Gross amount from sales of assets (i) Securities		(11)	Other		ji. yid	77萬 湯	The second secon			-1			H.V)	事				· #
ı		other than inventory				· ***		- 20 - 20 20 - 20 20 - 20					9884					200 C		
	b	Less cost or other					i.F			STATE OF THE PROPERTY OF THE PARTY OF THE PA	20 A	3	Sharibitan ide			- 28				1
		basis & sales exps								. Ž		The state of the s			Control of the second s	A Contract of the second				
	С	Gain or (loss)					25 %± <u>6</u>	4 4	3	Ť		1				1	-	_1 1		h
	d	Net gain or (loss)			<u> </u>	- ''	. ,		1-4- 1	<u> </u>	, ,, ,	. ,					ļ			,,,,,,,
<u>a</u>	8a	Gross income from fundraising eve	nts			1	4 3			144. 144.	5. 3	I I	8			· 12	上臺	-2 -4 :	-3	
enne		(not including \$							-,		-		199						į	
		of contributions reported on line 1c) [* \$4° >-		1. mar 13. i.,	1 .	Ē	1 - 3		Light.	₹ :		- دي - دعر				¥ .
Other Rev		See Part IV, line 18	а		69,341	£.	1 1 1 1 1 1 1		1. P. W. W. W. W.	 	3 23		dia.		. 3°					10 10 12 11 18 4 84 11 11 11 11 11 11 11 11 11 11 11 11 11
뒴		Less. direct expenses	. b[51,086					*	- 3		1	<u> </u>				<u> </u>	- 1	<u>.</u>
-		Net income or (loss) from fund		events	<u> </u>			8,255	1	-\$-5 :	7	- 4	-	2		-			====	.=-{
	yа	Gross income from gaming activities					ŀ.	4	17	į.				j r	1	(e- =		i j	3	14 th 1881 and 1
	_	See Part IV, line 19 Less. direct expenses	a b				-	4 3	1		-	-5	Ĉ.		Ē.	4	-		-	-1
		Net income or (loss) from garr	- (tuution	•				┼─		-		╫				╁╌╌╴			الــــــا
		Gross sales of inventory, less	sing ac	แงแเอร					+	-			╁╌				 			
	ıva	returns and allowances	a						1				İ			•				
	h	Less: cost of goods sold	ь			1														Case
		Net income or (loss) from sale	- (ventory					Ť		·		1	-			1			
		Miscellaneous Revenue		vor.co.j	Busn Code			, .	1			•	\dagger).
	11a	MISCELLANEOUS			900099	·	1	3,57	5		13	, 575	5	·			1			
	b	———- - -						-	1				1							_
	C												T							
	d	All other revenue											I^{-}							
	е	Total. Add lines 11a-11d					1	3,57	5				$oxed{\mathbb{L}}$							
	12	Total revenue. See instruction	ns		_ _		43	5,68	5		13	, 575	5			0				41

Page 10

Partix 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 (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to governments and 143,268 143,268 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 18,237 53,045 19,987 14,821 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 69,113 26,042 19,310 23,761 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 18,373 6,923 5,133 $6,\overline{317}$ Other employee benefits 3,503 2,597 3,196 9,296 10 Payroll taxes Fees for services (non-employees): Management Legal 3,842 11,176 4,211 3,123 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 4,722 3,500 4,307 12,529 Advertising and promotion 6,810 2,566 1,902 2,342 Office expenses 13 Information technology 14 15 Royalties 1,259 4,507 1,698 1,550 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 3,122 872 1,073 1,177 Conferences, conventions, and meetings 10,613 3,999 2,965 3,649 20 Interest Payments to affiliates 21 7,076 1,977 2,433 2,666 Depreciation, depletion, and amortization 4,208 3,120 11, 16823 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.) 96,839 96,839 Other grants and asst >\$5 3,921 14,034 5,288 4,825 **EQUIPMENT LEASE** ,762 MEMBERSHIP DUES 4,677 1,307 1,608 BUILDING/GROUNDS MAINTENA 2,033 766 568 699 608 450 555 1,613 e All other expenses 66,825 82,234 479,292 330,233 Total functional expenses. Add lines 1 through 24e 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 ▶ 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) (B) Beginning of year End of year 121,825 90,599 Cash-non-interest bearing Savings and temporary cash investments 2 162,009 139,002 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 Inventories for sale or use 8 5,336 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 298,278 other basis Complete Part VI of Schedule D 10a 125,897 179,457 172,381 10b 10c Less accumulated depreciation Investments—publicly traded securities 11 12 12 Investments-other securities. See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 401,982 468,627 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 12,438 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, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 256,501 244,150 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 61,233 38,107 of Schedule D 317,734 294,695 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 129,814 81,688 27 Unrestricted net assets 21,079 28 Temporanly restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 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 32 150,893 107,287 33 Total net assets or fund balances 33 401,982 468,627 Total liabilities and net assets/fund balances

Form	990 (2013) BLACK RIVER UNITED WAY, INC. 57-0526145		Pag	₁ e 12
Pa	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	435,	
2	Total expenses (must equal Part iX, column (A), line 25)	2	479,2	
3	Revenue less expenses Subtract line 2 from line 1	3	-43,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	150,8	<u>893</u>
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	107,	<u> 287</u>
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			Ш,
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		THE PART OF STREET	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		TO PERFORM STATES	
	Schedule O		79-E 42 PG 100-FL073-0 13-E16-710-100-FL073-0 19-E-42-PG 100-FL073-0	· married American
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1 to Living the Marie of the Living to the L	
	reviewed on a separate basis, consolidated basis, or both:		I DECLARA COMPOSITOR R DECLARA DE PRINCIPA CONTRACTOR DE RELIGIOS PE LES AND G. G. VIETRO	
	Separate basis Consolidated basis Both consolidated and separate basis		CARLOR SET SAME OF CARLORS OF CAR	
b	Were the organization's financial statements audited by an independent accountant?		2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		THE PART OF PARTY OF	deren in in
	separate basis, consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis		TEL 20 42 40 40 40 40 40 40 40 40 40 40 40 40 40	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		i	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		DESCRIPTION OF THE PROPERTY OF	
	Schedule O		ENGRAL P GREET	
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	
			Form 99 ((2013)

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BLACK RIVER UNITED WAY, INC.

Employer identification number 57-0526145

D:	rt-1	£∫ Roser	on for Public Charity	Status (All organizations	must co	mnlete	this na	rt) Se	e instr	uction	ns		
								<u>, oc</u>	<u>C 111311</u>	<u>uono</u>			
	orgai		•	e it is: (For lines 1 through 11, c	_								
1	\square	•	•	ociation of churches described in	n section	170(0)(1)(A)(I).						
2	Ц		cribed in section 170(b)(1)(
3	Ц	•		ce organization described in sec									
4		A medical res	earch organization operated	in conjunction with a hospital d	lescribed	in sectio	n 170(b))(1)(A)(i	ii). Ente	r the ho	ospital's name	∍,	
		city, and state	e										
5	П	An organizati	on operated for the benefit o	of a college or university owned	or operate	ed by a go	ovemme	ntal uni	descrit	ed in			
	_		b)(1)(A)(iv). (Complete Part										
6	\Box	•		overnmental unit described in se	ection 17	0(b)(1)(A)(v).						
7	X			substantial part of its support fro				rom the	genera	aldua I			
•		-	section 170(b)(1)(A)(vi). (Co		9				3				
8				70(b)(1)(A)(vi). (Complete Part	ш								
	H	_) more than 33 1/3% of its supp	-	ontributic	one moi	nhorchu	n foor	and am	.ee		
9											33		
				npt functions—subject to certain									
		• •	•	nd unrelated business taxable in	•) irom b	usiness	es			
	_	•	~	0, 1975 See section 509(a)(2).	, ,								
10	Ц	-	•	exclusively to test for public safe	•								
11				exclusively for the benefit of, to p									
				ed organizations described in se						section	1		
		509(a)(3). Ch	eck the box that describes the	he type of supporting organization			nes 11e	through	11h.				
	_	a U Type		c Type III–Functiona			d				ionally integra	ated	
e	Ш	By checking t	his box, I certify that the org	anization is not controlled direct	ly or ındir	ectly by o	ne or m	ore disq	ualified	person	S		
		other than for	undation managers and othe	er than one or more publicly sup	ported org	ganızatıor	ıs descr	ibed in s	ection 5	5 09(a)(1	1)		
		or section 50	9(a)(2).										
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II, o	or Type	III suppo	orting				
		organization,	check this box										
g		Since August	17, 2006, has the organizat	tion accepted any gift or contribi	ution from	any of th	ne			•			
Ī		following per	sons?										
				ontrols, either alone or together v	with perso	ns descr	ıbed ın (ıı) and				Yes	No
		• • •	w, the governing body of the	-	•		`	·			11g(i)		
			member of a person describ	- · · ·						• •	11g(ii)	1	
		• •	•	described in (i) or (ii) above?						-	11g(iii		
h		. ,	• •	he supported organization(s)						• • •	(5(н	
	\ Nlom	e of supported	(II) EIN	(Iti) Type of organization	(iv) is the o	manization	(v) Did v	ou notify	(4)	s the	(vil) Amount	of monet	arv
(anization	(1) = 11	(described on lines 1–9		sted in your		nization in		ion in col		port	ш,
	•	•	,	above or IRC section		document?		of your port?		zed in the S.?			
				(see instructions))	V	N _a							
/ A \				-	Yes	No	Yes	No	Yes	No	<u> </u>		
(A)					İ			1					
/D:					 				 	 - 			
(B)					İ								
·C`					 		 	 		├──┤			
(C)						1							
(D)					 	 							
(U)													
(E)											·		
					ļ		ļ	<u> </u>		<u> </u>			
					1			1	1	1			

2 01 2 S. A.	(Complete only if you chec						under
Sec	tion A. Public Support	, ,		•			
	ndar 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.")	577, 626	433, 121	446, 664	453,383	403,815	2,314,609
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	577,626	433, 121	446,664	453,383	403,815	2,314,609
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.	Ministration of the second					2,314,609
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	577,626	433,121	446,664	453, 383	403,815	2,314,609
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	376	295	108	48		827
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)	1,340	2,961	2,490	17,357		24,148
11	Total support. Add lines 7 through 10				THE THIRT THINK THE	Hijiri Hijiri Karaka	2,339,584
12	Gross receipts from related activities, etc	(see instructions)	**************************************	* - ATTENDED WONDOWNERS AND AND AND AND AND AND AND AND AND AND	munet centura mit fer beefeit fer gg]	12	82,916
13	First five years. If the Form 990 is for the	, .	t second third fo	urth or fifth tax vea	er as a section 501		
	organization, check this box and stop her	•	,, 0000/10, 1/11/01	artin, or man tax you	., 45 4 55511511 55 1	(0)(0)	▶□
Sec	tion C. Computation of Public Su		tage				
14	Public support percentage for 2013 (line 6			ın (f))		14	98.93%
15	Public support percentage from 2012 Scho		•	<i>\'</i> 11		15	98.33%
16a	33 1/3% support test—2013. If the organ			13, and line 14 is 3	33 1/3% or more, o	heck this	
	box and stop here. The organization quali						► X
b	33 1/3% support test—2012. If the organ		• •		5 is 33 1/3% or m	ore,	_
	check this box and stop here. The organiz						▶ [
17a	10%-facts-and-circumstances test—201	13. If the organizati	on did not check a	a box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meet	ts the "facts-and-ci	rcumstances" test	, check this box an	d stop here. Expl	ain in	
	Part IV how the organization meets the "fa	acts-and-circumsta	nces" test. The or	ganization qualifies	as a publicly supp	oorted	
	organization						▶ [
b	10%-facts-and-circumstances test—201	12. If the organizati	on did not check a	a box on line 13, 16	6a, 16b, or 17a, an	d line	
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	" test, check this b	ox and stop here.		
	Explain in Part IV how the organization me	eets the "facts-and	-cırcumstances" te	est The organization	on qualifies as a pu	iblicly	
	supported organization						▶ [
18	Private foundation. If the organization did	d not check a box of	on line 13, 16a, 16	b. 17a. or 17b. che	eck this box and se	ee	

instructions

Schedule A (Form 990 or 990-EZ) 2013 BLACK RIVER UNITED WAY, INC. 57-0526145 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (c) 2011 (d) 2012 (e) 2013 (a) 2009 (b) 2010 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources 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 carned on Other income Do not include gain or loss from the sale of capital assets

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		

Sec	ection D. Computation of Investment Income Percentage						
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%				
15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%				

17	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17_	0
18	Investment income percentage from 2012 Schedule A, Part III, line 17	18	9

8	Investment income percentage from 2012 Schedule A, Part III, line 17	_18_	 %
9a	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
þ	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

(Explain in Part IV)

and 12)

Total support. (Add lines 9, 10c, 11,

Schedule A (Form 990 or 990-EZ) 2013 BLACK RIVER UNITED WAY, INC.

57-0526145

Page 4

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).

Part II, Line 10 - Other Income Detail

\$

24,148

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

Open to Public Inspection

Na	ame of the org	anization		Employer identification number
	BLACK	RIVER UNITED WAY, INC.		57-0526145
-	Part I	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" to		
_	==		(a) Donor advised funds	(b) Funds and other accounts
	1 Total n	umber at end of year		
	2 Aggreg	ate contributions to (during year)		
	3 Aggreg	ate grants from (during year)		
	4 Aggreg	ate value at end of year		
	5 Did the	organization inform all donors and donor advisors in writing the	nat the assets held in donor advised	
	funds a	ire the organization's property, subject to the organization's ex	clusive legal control?	Yes No
	6 Did the	organization inform all grantees, donors, and donor advisors	n writing that grant funds can be used	
	only fo	charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose	
_		ing impermissible private benefit?		Yes No
<u>.</u>	Part-II	Conservation Easements.	Form COO Fort IV line 7	
_		Complete if the organization answered "Yes" to		
		e(s) of conservation easements held by the organization (chec	····	
	=	eservation of land for public use (e.g., recreation or education)	Preservation of an historically im	•
	\vdash	otection of natural habitat	Preservation of a certified histori	c structure
		eservation of open space		
	2 Comple	ete lines 2a through 2d if the organization held a qualified consent on the last day of the tax year	servation contribution in the form of a const	Held at the End of the Tax Year
		umber of conservation easements		
		creage restricted by conservation easements		2a 2b
		or of conservation easements on a certified historic structure in	cluded in (a)	2c
		or of conservation easements included in (c) acquired after 8/1	` '	20
		structure listed in the National Register	7700, and not on a	2d
		er of conservation easements modified, transferred, released,	extinguished, or terminated by the organiza	
	tax yea	_	g ,	
	•	er of states where property subject to conservation easement is	s located >	
		ne organization have a written policy regarding the periodic mo		
	violatio	ns, and enforcement of the conservation easements it holds?		Yes No
	6 Staff a	nd volunteer hours devoted to monitoring, inspecting, and enfo	orcing conservation easements during the y	rear
	>			
	7 Amour	t of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year	
	▶\$			
	8 Does e	ach conservation easement reported on line 2(d) above satisf	y the requirements of section 170(h)(4)(B)	
	` '	section 170(h)(4)(B)(ii)?		Yes No
		XIII, describe how the organization reports conservation ease	•	•
		e sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that c	describes the
_	······································	cation's accounting for conservation easements	Wintering Transceron or Other	Cimilar Assats
<u>.</u>	Part III	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to		Similar Assets.
_	1a If the o	rganization elected, as permitted under SFAS 116 (ASC 958),		halance sheet
		of art, historical treasures, or other similar assets held for public		
		service, provide, in Part XIII, the text of the footnote to its finan		
	•	rganization elected, as permitted under SFAS 116 (ASC 958),		
		of art, historical treasures, or other similar assets held for public	·	
		service, provide the following amounts relating to these items		
	(i) Re	venues included in Form 990, Part VIII, line 1		▶ \$
		sets included in Form 990, Part X		▶ \$
	2 If the o	rganization received or held works of art, historical treasures,	or other similar assets for financial gain, pr	ovide the
	followin	ng amounts required to be reported under SFAS 116 (ASC 958	B) relating to these items:	
	a Reven	ues included in Form 990, Part VIII, line 1		▶ \$
	h Accete	included in Form 990. Part Y		• •

Sche	dule D (Form 990) 2013 BLACK RI	VER UNITED	WAY,	INC.		57-052	6145		Page 2
Pa	rt III 🚰 Organizations Maintainir	ng Collections of	Art, Hi	istorical Tr	easures,	or Other S	imilar Asset	s (continu	ed)
3	Using the organization's acquisition, acces collection items (check all that apply).	sion, and other record	s, check	any of the foll	owing that ar	e a significan	t use of its		_
а	Public exhibition	d 🗍	Loan or e	exchange pro	grams				
b	Scholarly research	e 🗌	Other		-				
С	Preservation for future generations								
4	Provide a description of the organization's	collections and explair	n how the	ey further the o	organization's	s exempt purp	ose in Part		
	XIII								
5	During the year, did the organization solicit	or receive donations	of art, his	torical treasu	res, or other :	sımılar		_	
	assets to be sold to raise funds rather than	to be maintained as p	part of the	e organization	's collection?	1		Yes	<u>No</u>
Pa	rt IV Escrow and Custodial A								
	Complete if the organization	on answered "Yes"	" to For	m 990, Par	t IV, line 9	, or reporte	d an amount	on Form	
	990, Part X, line 21.	-							
1a	Is the organization an agent, trustee, custo	dian or other intermed	liary for c	contributions o	r other asset	s not			
	included on Form 990, Part X?							∐ Yes	∐ No
b	If "Yes," explain the arrangement in Part X	II and complete the fo	llowing ta	able.				:	
								Amount	
	Beginning balance						1c		
	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		П.
	Did the organization include an amount on						•	∐ Yes	No No
	If "Yes," explain the arrangement in Part X	II Check here if the e	xplanatio	n has been pi	ovided in Pa	rt XIII			
Fa	Tart V: Endowment Funds. Complete if the organization	an anawarad "Vaa	" to Ear	000 Da	+ IV/ line 1	0			
	Complete if the organization	(a) Current year		iii 330, Fai) Prior year	(c) Two yea		(d) Three years back	(e) Four y	voare haek
4.	Designation of constraints	(a) Current year	,,,	- Year	(C) I WO yea	IS DACK	d) Thies years back	(e) r our y	bais back
	Beginning of year balance							_	
	Contributions				<u>.</u>				
C	Net investment earnings, gains, and losses								
a	Grants or scholarships								
	Other expenditures for facilities and					-			
•	programs								
f	Administrative expenses								
2	Provide the estimated percentage of the ci	ırrent vear end balanc	e (line 1c	r column (a))	held as:	<u> </u>			
a	Board designated or quasi-endowment	%		g, 001011111 (u),					
b	Permanent endowment ▶ %								
	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c sh	ould equal 100%.							
3a	Are there endowment funds not in the pos	•	ation that	are held and	administered	d for the		_	
	organization by.	_							res No
	(i) unrelated organizations						_	3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organization	ons listed as required o	on Sched	lule R?				3b	
4	Describe in Part XIII the intended uses of t	he organization's ende	owment f	unds					
Pa	art VI								
	Complete if the organization	<u>on answered "Yes</u>	" to For	<u>m 990, Pai</u>	rt IV, line 1	1a. See Fo	<u>rm 990, Parl</u>	X, line 10	<u>. </u>
	Description of property	(a) Cost or other	- 1	(b) Cost or ((c) Accur		(d) Book v	alue
		(investment)		(oth		depred	ation		2 1 1 =
1a	Land				30,145	_			$\frac{0,145}{0,000}$
	Buildings			2	46,110	1	03,874	14	2,236
С					00 000		-		
d	• •				22,023		22,023		
<u>е</u>	Other			(5)	2(-))				2 381
	u naa unoo to tarough to // olume /d/ mud	T OCUPI LOSM DUN DA	- Y AAHH	mn (H) line 1	11011			. ,	, XXI

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Page 3

Part VII	Investments—Other Securities. Complete if the organization answered "Yes"	' to Form 990. Part IV. line	11b. See Form 990. P	art X. line 12.
•	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	ear market value
(1) Financial o	lenvatives			
(2) Closely-he	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<u> </u>		
Part VIII	Investments—Program Related.		44 0 5 000 5	
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ear market value
(1)				
(2)				
(3)				<u> </u>
(4)		 		
(5)		- 		
<u>(6)</u>	· · · · · · · · · · · · · · · · · · ·			
(7) (8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)		原集手建等手生	
Part-IX	Other Assets.		<u> </u>	
•	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, F	Part X, line 15.
	(a) Description		<u> </u>	(b) Book value
(1)				
(2)				
(3)				
(4)				
_(5)				
(6)			<u></u>	
_(7)				
(8)				
<u>(9)</u>				
	(b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	<u> </u>
Part X	Other Liabilities.	Uta Farm 000 Dart IV line	. 11 114 C F	000 Day V
	Complete if the organization answered "Yes' line 25.	to Form 990, Part IV, line	e i i e or i ii. See Form	990, Part X,
1.	(a) Description of liability	(b) Book value	-	•
	income taxes			
	CATIONS PAYABLE	35,788		
	JED PAYROLL TAXES	2,319		
	O DESIGNATED BENEFICIARIE			
_(5)				
(6)			-	
(7)			1	
(8)			-	
(9)	(A) much as all Farm 000 Park () (D) has 25 \ \	20 107	1	
	n (b) must equal Form 990, Part X, col (B) line 25)	38,107		
 Liability for 	uncertain tax positions. In Part XIII, provide the text of th	e loothole to the organization's f	manciai statements that rep	oris me

che	dule D (Form 990) 2013 BLACK RIVER UNITED WAY, I	INC. 5	7-0526145	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Rev	enue per Return.	
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	435,686
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		7.55 .655.4	
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	- 3 1 2 2 2	
С	Recoveries of pnor year grants	2c	1.70	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	435,686
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		TO THE MENT OF THE PARTY OF THE	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7	
b	Other (Describe in Part XIII)	4b	\$ 0.00 P	
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	435,686
Pa	art XII- Reconciliation of Expenses per Audited Financial	Statements With Ex	penses per Return.	
	Complete if the organization answered "Yes" to Form			
1	Total expenses and losses per audited financial statements	,	1	479,292
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		777 16 17 17 17 17 17 17 17 17 17 17 17 17 17	
а	Donated services and use of facilities	2a	44 44 44 44 44 44 44 44 44 44 44 44 44	
b	Prior year adjustments	2b		
	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	TO STATE OF THE ST	
е		<u> </u>	2e	
3	Subtract line 2e from line 1		3	479,292
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		ZI-TOWNER ZI-TOWNER ZY-TOWNER	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	Other (Describe in Part XIII)	4b		

Part XIII Supplemental Information

c Add lines 4a and 4b

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

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Schedule D (Form 990) 2013 BLACK RIVER UNITED WAY, INC.
Part XIII: Supplemental Information (continued)

57-0526145

Page 5

Department of the Treasury

Internal Revenue Service

SCHEDULE G (Form 990 or 990-EZ)

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

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

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-FZ

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization BLACK RIVER UNITED WAY, INC. 57-0526145 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 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? 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 (vi) Amount paid to (v) Amount paid to raiser have (or retained by) (I) Name and address of individual (Iv) Gross receipts (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of col (I) contributions' Yes No 1 2 9 10 **Total** 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

DAA

	5 Other direct expenses								
	6 Volunteer labor	Yes No	%	Yes No	%	Yes No	%	19 10 10 10 10 10 10 10 10 10 10 10 10 10	は最初は
	7 Direct expense summary	Add lines 2 through	1 5 ın column (d)				•		
	8 Net gaming income sumi	mary Subtract line 7	from line 1, colu	mn (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? b If "No," explain.								s 🗌 No	
	Were any of the organization If "Yes," explain:	n's gaming licenses r	evoked, suspend	ed or terminated	during the tax yea	ar?		Yes	s 🗌 No
DAA						Scl	hedule G (For	m 990 or 990-	EZ) 2013

Sche	dule G (Form 990 or 990-EZ) 2013	BLACK RIVER	UNITED	WAY,	INC.	57-052614	5 Page 3
11	Does the organization operate gaming a	ctivities with nonmembe	rs?		· -		Yes No
12	Is the organization a grantor, beneficiary		member of a p	artnership	or other entity		
	formed to administer charitable gaming?					1 1	Yes No
13	Indicate the percentage of gaming activit	ty operated in:				400	0/
a	The organization's facility					13a 13b	<u>%</u> %
14	An outside facility Enter the name and address of the person	on who prepares the ora	anızatıon'e dan	una/eneci:	al evente booke and		76_
14	records.	on who prepares the org	anization s gan	mg/specie	ar everns books and	•	
	Name ▶						
	Address ▶						
15a	Does the organization have a contract w	ith a third party from who	om the organiza	ation recei	ves gaming		☐ Yes ☐ No
b	revenue? If "Yes," enter the amount of gaming revenue.	enue received by the ord	anization >	\$		and the	res No
c	amount of gaming revenue retained by the "Yes," enter name and address of the	he third party > \$	Janization P	Ψ		and the	
	Name ▶						
	Address ►						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	Director/officer Empl	loyee Ind	ependent conti	actor			
17	Mandatory distributions						
а	Is the organization required under state	law to make charitable d	istributions from	n the gam	ing proceeds to		
	retain the state gaming license?						Yes No
b	Enter the amount of distributions require			her exem	ot organizations or		
Par	spent in the organization's own exempt a Supplemental Informati			quired h	v Part I line 2h	columns (iii) and (v)	and
	Part III, lines 9, 9b, 10b, 1	15b, 15c, 16, and 17					,
	additional information (se	ee instructions).					
		•••					

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

OMB No 1545-0047 2013

Open to Public Inspection

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

INC

BLACK RIVER UNITED WAY,

Employer identification number 57-0526145

CARING FOR NEIGHBORS CARING FOR NEIGHBORS CARING FOR NEIGHBORS CARING FOR NEIGHBORS CARING FOR NEIGHBORS CARING FOR NEIGHBORS **≗** □ CARING FOR NEIGHBORS HELP YOUTH SUCCEED HELP YOUTH SUCCEED Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance X Yes 14 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 521 24,585 18,780 8,100 13,661 5,901 7,532 18,838 12,745 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash ä grant (c) IRC section f applicable 501C3 57-0883461 501C3 58-0660607 501C3 501C3 57-0526145| 501C3 501C3 57-0337133 | 501C3 57-0526145| 501C3 50103 57-1073276 57-2317638 23-7111696 06-1749252 General Information on Grants and Assistance (P) EIN the selection criteria used to award the grants or assistance? 29440 SC 29442 29442 20472 SC 29440 20525 29442 29440 29554 (a) Name and address of organization ပ္ထ သွင ပ္က ဥ ည္တ ပ္ထ (6) TARA HALL HOME FOR BOYS ပ္ထ or government 537 LAFAYETTE CIRCLE 552 BLACK RIVER ROAD 1201 NEW YORK AVE, (2) CARING AND SHARING (3) AMERICAN RED CROSS 1458 EXODUS DRIVE GEORGETOWN
(9) VISTA- AMERICORPS (8) THE VILLAGE GROUP (1) FRIENDSHIP PALCE GEORGETOWN
(5) SALVATION ARMY (4) HELPING HANDS PO BOX 2716 500 C SOUTH PO BOX 955 PX BOX 910 PO BOX 282 GEORGETOWN GEORGETOWN GEORGETOWN WASHINGTON GEORGETOWN WASHINGTON HEMINGWAY (7) FEMA Part 1 Part II

N

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) (2013)

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

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

OMB No 1545-0047 2013

Open to Public

Employer Identification number 57-0526145

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.

INC

BLACK RIVER UNITED WAY

Part I General Information on Grants and Assistance	and Assistance						
	ate the amount of the g	rants or ass	stance, the grantees	eligibility for the grant	s or assistance, an	q	Yes No
Z Describe in Part IV the organization's procedures for monitoring the use	or monitoring the use of	grant tunds	and Organizations in the United States.	ited States. Con	should be order	anization answered	1 "Yes" to Form 990
7	hat received more	than \$5,0	00. Part II can be	duplicated if addit	ional space is n	eeded.	,
(a) Name and address of organization or government	(p) 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
GEORGETOWN SC 29442	30-0420199		15, 688				
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nent organizations listed 9 line 1 table	d in the line	1 table		:	·	: : : : :

Schedule I (Form 990) (2013)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Fo	Schedule (Form 990) (2013) BLACK RIVER UNITED WAY,		INC. 5	57-0526145		Page 2
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.	Individuals in the L	Inited States. Comp	olete if the organizatio	in answered "Yes" to Form	990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.	nal 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)	(e) Method of valuation (book, F(f) Description of non-cash assistance FMV, appraisal, other)
-						
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n.						
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Part IV	Supplemental Information. Provide the information	ide the information re	equired in Part I, line	2, Part III, column (b)	required in Part I, line 2, Part III, column (b), and any other additional information.	information.

GCUW 02/04/2015 9 59 AM

THE ALLOCATIONS COMMITEE DOES SITE VISITS AND REVIEWS OF ALL ORGANIZATIONS THE ORGANIZATION MAKES ALLOCATIONS TO ITS MEMBER AGENGIES, AS RECOMMENDED BY ITS ALLOCATIONS COMMITTEE AND AS APPROVED BY ITS BOARD OF DIRECTORS. SUBMITTING APLICATIONS FOR FUNDS.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

SCHEDULE O (Form 990 or 990-EZ) 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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

■ Inspection

-Opensto-Public-Inspection

Name of the organization

BLACK RIVER UNITED WAY, INC.

Employer Identification number 57-0526145

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE EXECUTIVE DIRECTOR FOR THE BLACK RIVER UNITED WAY REVIEWS THE

COMPLETED FORM 990 ON BEHALF OF THE BOARD BEFORE THE RETURN IS FILED.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
EACH YEAR. OFFICERS AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY
CONFLICTS OF INTERETS AND SIGN AN ASSURANCE TO THAT EFFECT. ANY CONFLICTS
SO DISCLOSED ARE INVESTIGATED AND RESOLVED. DURING THE YEAR, IF ANY OTHER
CONFLICTS ARE MADE AWARE TO MANAGEMENT, IT WOULD PURSUE AND RESOLVE THOSE
ISSUES WITH THE OFFICE OR BOARD MEMBER IN QUESTION.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE EXECUTIVE AND FINANCE COMMITTEES WORK TOGETHER ANNUALLY TO DEVELOP THE

ANNUAL OPERATING BUDGET, INCLUDING ANY SALARY AND BENEFIT CHANGES. ANY NEW

EMPLOYEE POSITIONS WOULD BE BUDGETED AND APPOVED AS PART OF THIS PROCESS.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE EXECUTIVE AND FINANCE COMMITTEES WORK TOGETHER ANNUALLY TO DEVELOP THE

ANNUAL OPERATING BUDGET, INCLUDING ANY SALARY AND BENEFIT CHANGES. ANY NEW

EMPLOYEE POSITIONS WOULD BE BUDGETED AND APPOVED AS PART OF THIS PROCESS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation BLACK RIVER UNITED WAY, INC. HONORS THE REQUIREMENTS OF THE LAWS GOVERNING REQUESTS FOR SUCH DOCUMENTS FROM TEH PUBLIC AND FEDERAL AND STATE AGENCIES.

Form **990**

Two Year Comparison Report

06/30/14

2012 & 2013

Name

07/01/13 For calendar year 2013, or tax year beginning

, ending

Taxpayer Identification Number

E	BL2	ACK RIVER UNITED WAY, INC.				57-0	0526145	,
				2012	2013	3	Diffe	erences
	1.	Contributions, gifts, grants	1.	375,618	375	5,324		-294
	2.	Membership dues and assessments	2.					
		Government contributions and grants	3.	77,765	28	3,491		-49,274
о С	4.	Program service revenue	4.					
e D	5.	Investment income	5.	48		41		
>	6.	Proceeds from tax exempt bonds	6.					
R.	7.	Net gain or (loss) from sale of assets other than inventory	7.					
	8.	Net income or (loss) from fundraising events	8.	12,619	18	3,255		5,636
	9.	Net income or (loss) from gaming	9.					<u></u>
	lo.	Net gain or (loss) on sales of inventory	10.					~
	11.	Other revenue	11.	17,357		3,57 <u>5</u>		<i>-</i> 3,782
	12.	Total revenue. Add lines 1 through 11	12.	483,407		5,686		-47,721
	13.	Grants and similar amounts paid	13.	216,639	143	3,268	<u> </u>	-73,371
	14.	Benefits paid to or for members	14.					
S	15.	Compensation of officers, directors, trustees, etc	15.	53,045		3,045		
n S (16.	Salaries, other compensation, and employee benefits	16.	105,679	9(5,782		-8,897
a	17.	Professional fundraising fees	17.					
×	18.	Other professional fees	18.	10,900		L,176		276
ш	19.	Occupancy, rent, utilities, and maintenance	19.	4,270		1,507		237
	20.	Depreciation and Depletion	20.	7,695		7,076		-619
	21.	Other expenses	21.	59,753		<u>3,438</u>		<u>103, 685</u>
	22.	Total expenses. Add lines 13 through 21	22.	457,981		9,292		21,311
	23.	Excess or (Deficit). Subtract line 22 from line 12	23.	25,426		3,606		-69, 032
	24.	Total exempt revenue	24.	483,407	435	5,686		<u>-47,721</u>
_	25.	Total unrelated revenue	25.					
ë	26.	Total excludable revenue	26.	483,407		5,686		<u>-47,721</u>
Information	27.	Total assets	27.	468,627		L, 982		-66, 645
for	1	Total liabilities	28.	317,734		1,695		-23,039
Ē		Retained earnings	29.	150,893		7,287	2-4- 2.70 5	<u>-43,606</u>
		Number of voting members of governing body	30.	15	15			
_		Number of independent voting members of governing body	31.	15	15		=	
		Number of employees	32.	3	3			;
	33.	Number of volunteers	33.	238	225			=

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Name BLACK RIVER	BLACK RIVER UNITED WAY, INC	•			Employer 57-0	Employer Identification Number 57–0526145
	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants				453,383	403,815	
Membership dues						
Program service revenue						
Capital gain or loss				•		
Investment income				48		
Fundraising revenue (income/loss)				12,619	18,255	
Gaming revenue (income/loss)						
Other revenue				17,357		
Total revenue		-			435, 686	
Grants and similar amounts paid				216,639	143,268	
Benefits paid to or for members						
Compensation of officers, etc				J	J	
Other compensation				105, 679	9	
Professional fees					11,176	•
Occupancy costs				4,270		
Depreciation and depletion				7, 695	7,076	
Other expenses				70,653	163,438	
Total expenses				457,981	479,292	
Excess or (Deficit)				25, 426	-43, 606	
Total exempt revenue				483, 407	435, 686	
Total unrelated revenue						
Total excludable revenue				1	J	
Total Assets					1	
Total Liabilities				317,734	294, 695	
				((()))		

1 BE A TRUE AND CORRECT COPY SHT HTW DEPARANCS CIVA INC. CINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA SECRETARY OF STATE

NOV 2 0 2014

NONPROFIT CORPORATION **ARTICLES OF AMENDMENT**

TVOC	00.0	111T A	CADIN			
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Pursuant to the provisions of Section 33-31-1005 of the 1976 South Carolina Code of Laws, as amended, the applicant delivers to the Secretary of State these articles of amendment.

1.	The	name of the nonprofit corporation is Georgetown County United Way, Inc.
••		(Must match name on record with Secretary of State's Office)
2.	Dat	e incorporated April 28, 1970 (Must match date on record with Secretary of State's Office)
3	(0	October 16, 2014, the following amendment was adopted, The name of the partie the amendment was decided upon) ganization shall be the Black River United Way.
4.	mer	By checking this paragraph #4 the applicant represents that (a) approval of the amendment by the or mbers was not required, (b) the amendment was approved by a sufficient vote of the board or ectors or the incorporators. (Do not check this paragraph #4 if member vote was required or if the uired vote of directors or incorporators was not obtained.)
5.	If th	ne approval of the members was required to adopt the amendment(s), provide the following information:
	(a)	Designation (Classes of Membership)
	(b)	Number of memberships outstanding
	(c)	Number of votes entitled to be cast by each class entitled to vote separately on the amendment
	(d)	Number of votes of each class indisputably voting on the amendment
	(e)	Complete one of the following as appropriate
		(i) Total number of votes cast for and against the amendment by each class entitled to vote separately
		(ii) Total number of undisputed votes cast for the amendment by each class which was sufficient for approval for that class

141126-0146 FILED: 11/20/2014 **BLACK RIVER UNITED WAY**

Filing Fee \$10 00 ORIG

South Carolina Secretary of State

Mark Hammond

Georgetown County United Way

Name of Corporation

6.	6. [] By checking this paragraph #6 the applicant represents that approval of person or persons other than the members, the board, or the incorporators is Section 33-31-1030 of the 1976 South Carolina Code of Laws, as amended, obtained. (Do not mark paragraph #6 if either of these statements is not true	s required pursuant to and that the approval was
7.	If the amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment must be set forth here if provision in the amendment itself	
8.	 If this corporation is converting from either a public benefit or religious or benefit corporation, mark this paragraph #8 which certifies that a notice, incl amendment, was delivered to the South Carolina Attorney General at least t consummation of the amendment. 	uding a copy of the proposed
() Dar	October 28, 2014 Date Congress Name of Corporation Signature of Office Type or Print Name	ardner
	Board Position of Officer	President

FILING INSTRUCTIONS

- 1. Two copies of this form must be submitted for filing.
- 2. Filing fee of \$10.00 payable to the Secretary of State
- 3. A self addressed stamped return envelope.
- 4. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of space on the form.

Mail to:

Secretary of State Attn: Corporations

1205 Pendleton St, Suite 525 Columbia, SC 29201

Form Revised by South Carolina Secretary of State, March 2012

X old name-new name within document.

BLACK RIVER UNITED WAY BY-LAWS

ARTICLE I

Name

- Section 1. The name of this corporation shall be Black River United Way and hereto forward referred to as BRUW.
- Section 2. The area to be served by this corporation shall be the counties of Georgetown and Williamsburg, South Carolina. The registered office and agent of the BRUW shall be designated by the Board.

ARTICLE II

Purposes

Section 1 The purposes for which this corporation is formed are:

- a. Assessing community needs on a continuing basis, seeking solutions to human problems; assisting in the development of new or the expansion/modification of existing human service programs; promoting preventive activities; and fostering cooperation among local, state and national agencies serving the community.
- b Obtaining and effectively allocating leadership and financial resources, both public and private, needed to improve our community.
- c Receiving gifts from donors and applying their gifts in accordance with instructions of the donor consistent with the mission and objectives of the corporation.
- d. Encouraging and facilitating volunteerism in keeping with the organization's priorities.
- e. Engaging in public policy and special issue advocacy in keeping with the organization's priorities.
- f. Connecting partner agencies and other community organizations and to develop community support and commitment.
- g. To promote cooperation among all nonprofit and related organizations of Georgetown and Williamsburg Counties.
- h. The purpose for which the BRUW is organized is exclusively religious, charitable, scientific, literary, and educational within the meaning of section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue
- i. Notwithstanding any other provision of these By-Laws, this organization shall not carry on any other activities not permitted to be carried on by an organization exempt from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law.
- j. In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future Internal Revenue Code, or to the Federal, State or local government for

exclusive public purpose. The disbursement of these residual assets shall be at the discretion of the Board of Directors at the time of dissolution.

ARTICLE III Board of Directors

Section 1. The Board of Directors shall govern the business and affairs of the BRUW. The board is responsible for overall policy and direction of the organization, and delegates responsibility of day-to-day operations to the staff and committees. The board receives no compensation other than reimbursement for reasonable expenses.

Section 2. Composition

a. The Board of Directors consists of no less than nine (9) and no more than fifteen (15) individuals, all of whom shall be volunteers.

Section 3. Terms

- a. Members of the Board of Directors shall be elected by the Board of Directors for staggered terms of three (3) years. Completion of a 3-year term shall be considered a full term.
- b. No Director shall serve for more than two (2) consecutive full terms unless that Director is elected as the Board Chair. Serving as Board Chair may be in addition to the 2-term limit. In accordance with any other provisions of Section 3, following a one-year absence from the Board, a member is eligible for re-election.
- c. In the event of resignation, death or otherwise, vacancies of less than a full term shall be filled by the Nominating Committee by an affirmative majority vote of the remaining Directors. Fulfillment of any vacancy for less than a full term shall not impact or otherwise limit that Director from 1) serving 2 consecutive full terms in addition to the vacancy of less than a full term or 2) any other privileges in accordance with Section 3(b).
- d. Any Director may be removed from office with or without cause by a two-thirds vote of the Directors holding office at that time at a meeting in which only the removal and replacement of the Director or Directors in question shall be considered.
- e. Terms of office shall begin at the beginning of the fiscal year.

Section 4. Duties

- a. Shall adopt By-Laws, Mission and Vision that articulates the organization's goals, means and primary constituents served to carry out the purposes of this organization.
- b. Shall elect Officers.
- c. Shall require the Treasurer, and at its discretion, any other Officer or employee of the corporation to give bond in a sum and with one or more sureties satisfactory to the Board of Directors conditioned upon the faithful performance of the duties for the office and for restoration of the corporation in case of death, resignation, retirement or removal from the office of all papers, vouchers, money and other property of whatever kind in her/his possession or under her/his control belonging to the corporation.
- d. Shall designate Officers of the organization to sign checks, requests for money, and notes of the corporation.
- e. Shall appoint a Chief Executive Officer, who will be the Chief Executive Officer and who shall serve at the pleasure of the Board.

- f. Shall participate in planning designed to strategically guide the direction of the organization;
- g. Shall monitor and evaluate which programs are consistent with the organization's mission and monitor their effectiveness;
- h. Shall protect assets, provide proper financial oversight, and ensure legal and ethical integrity.
- Section 5. The Board may establish committees as deemed necessary by a majority vote of those voting at a meeting at which a quorum exists. Duties, makeup, and responsibilities must be determined.

ARTICLE IV Officers

Section 1. Officers

- a. The Officers of the BRUW shall be a Chairperson, Chair-Elect, Secretary, Treasurer and Immediate Past Chair.
- b. The Chief Executive Officer shall serve ex officio without privilege of vote.

Section 2. Terms

- a. All officers, with exception of the treasurer, may be elected for a term of one (1) year. The term of the Treasurer shall be two (2) years. No Officer shall serve more than two (2) consecutive terms. All Officers must be elected or reelected by a majority vote of the Board of Directors annually.
- b. The Board shall elect the Officers from a slate provided by the Nominating Committee that may include existing officers wishing to serve a second term.
- c. In the event of resignation, death or otherwise, vacancies shall be filled in the manner of the original appointment for the unexpired term.
- d. Terms of office shall begin at the beginning of the fiscal year.

Section 3. Duties

- a. Chair: The Chair is the corporation's official volunteer representative, presides at all meetings of the Board of Directors and membership, and performs such other duties as may be prescribed by the Board of Directors.
- b. Chair-Elect: The Chair-Elect assists the Chair in the performance of the duties of the office as requested by the Chair and performs other duties as may be prescribed by the Board of Directors. The Chair-Elect also performs the duties and exercises the powers of the Chair at the request of or due to the absence or disability of the Chair.
- c. Secretary: The Secretary ensures a compete record of all meetings of the corporation and of the Board of Directors is kept and that all notices required by law and these bylaws are served. The Secretary serves as the Chair of the Legislative Committee. The Secretary makes all reports required by law and performs other duties as may be prescribed by the Board of Directors.
- **d. Treasurer:** The treasurer ensures that full and accurate accounts of receipts and other disbursements are kept, that yearly balance and revenue and expense statements detailing

- the financial condition of the corporation as of the close of immediate preceding year are maintained and performs other duties as may be prescribed by the Board of Directors. The Treasurer serves as the Chair of the Finance Committee.
- e. Immediate Past Chair: The immediate Past Chair shall provide continuity to the Board of Directors and Executive Committee by assisting in the transfer of leadership. She/he performs such projects and duties as may be prescribed by the Chair and/or Board of Directors.
- f. Chief Executive Officer: Shall be the Chief Executive Officer of the BRUW and is responsible for providing advice and assistance to the Board, Officers, and Committees. The Chief Executive Officer shall be responsible for managing the operations of the BRUW in accordance with policies adopted by the Board of Directors.
- Section 4. Any Officer may be removed, with or without cause, by a vote of two-thirds (2/3) of the Board membership.

ARTICLE V Meeting and Quorums

- Section 1. There shall be a minimum of quarterly meetings, or at least 4 meetings per fiscal year at such place and time that the Board of Directors may determine.
- Section 2. Notice of any meeting stating the time when and the place where it is to be held shall be served personally as by either postal mail or email upon each Director not less than seven (7) days before the meeting.
- A quorum of the Board of Directors consists of a majority of the current Directors in office.

 Directors must be physically present or on conference call immediately before a meeting begins.

 Action taken at a Board of Directors meeting may be taken without a meeting if the action is taken by all Directors of the Board. The action must be evidenced by one or more written consents describing the action taken, and signed by each Director. Action taken is effective when the last Director signs the consent. A signed consent has the effect of a meeting vote.
- Special meetings may be called by the Chairperson. A special meeting must be called upon the request of a majority of the Directors. Directors shall be provided with the purpose, place and time of the meeting not less than three (3) days in advance.
- Section 5. The Annual Meeting of the Corporation shall be held within the first two months of each calendar year prior to the first Board of Directors meeting of each year at such time and place as shall be designated by the Board of Directors.
- Section 6. Notwithstanding any article or section to the contrary, a written ballot may be delivered and a vote may be cast on that ballot by electronic transmission by every member entitled to vote for any action which may be taken at any annual, regular, or special meeting. Approval by electronic submission of ballots pursuant to this section shall be valid only when the number of votes cast by ballot equals or exceeds the quorum required by these bylaws, and the number of approvals equals or exceeds the number of votes required to approve the matter as required by these bylaws.
- Section 7. Notwithstanding any article or section to the contrary, any action by the Council or a Committee requiring the casting of a vote may be accomplished through an electronic transmission of a written ballot as described in Article V, Section 7 of these bylaws. Such electronic transmissions

of written ballots may also be utilized for all election processes described herein. In the event that special items arise that require immediate action, the Chairperson may, at his or her sole discretion, opt to allow for votes to be taken by email or other electronic means available. This practice should be reserved for special occasions and should not be considered regular practice.

ARTICLE VI Non-Discrimination

The Officers, Members at Large, committee members, employees and any other persons serving this corporation shall be selected entirely on a nondiscriminatory basis with respect to race, religion, gender, ethnic origin, physical disability, age or sexual orientation

ARTICLE VII Indemnification

The BRUW shall indemnify its Officers, Board of Directors, employees, and any other persons acting on behalf of and with appropriate authority from said Officers, Board of Directors, and employees to the fullest extent allowed by law, provided that it shall be within the discretion of the Board whether to advance any funds in advance of disposition of any action, such or proceeding, and provided further that the Board may make a determination that indemnification of the Officer, Director, or employee is improper because she/he has failed to act in good faith and in the best interests of the BRUW, or, with respect to any criminal action or proceeding, had reasonable cause to believe their conduct was unlawful.

ARTICLE VIII Fiscal Year

The fiscal year of this corporation shall be from July 1 until June 30.

ARTICLE IX Dissolution

Section 1. In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c)(3) and 170 (c)(2) of the Internal Revenue Code or corresponding sections of any prior or future law, or to the Federal, State or local government for exclusive public purpose.

ARTICLE X <u>Amendments</u>

Final Approval October 16, 2014

- Section 1. The Board of Directors shall have the power to make, alter, amend, or repeal the By-Laws of this corporation by a two-thirds (2/3) vote of the entire Board at any regular or special meeting thereof where notice of such proposed action has been announced in the notice of such meeting.
- Section 2. Any amendments, alterations, changes, addition or deletions from these By-Laws shall be consistent the law of this State which define, limit or regulate the power of this corporation of the director of the corporation.

Form **990T**

Two Year Comparison Report

06/30/14

2012 & 2013

Name

07/01/13 For calendar year 2013, or tax year beginning

ending

Taxpayer Identification Number

E	BLACK RIVER UNITED WAY, INC.				57-0	526145
			2012	2013		Differences
	Gross profit/loss on business activities	1.				
	2. Capital gains/losses	2.				
•	Income/loss from partnerships and S corporations	3.				
=	Rental income (net of expense)	4.				
S	Unrelated debt-financed income (net of expense)	5.				
0	Interest, and other income from controlled organizations (net of expense)	6.				
Œ	Investment income of specific organizations (net of expense)	7.				
	Exploited exempt activity income (net of expense)	8.				
	Advertising income (net of expense)	9.				
	10. Other income	10.				
	11. Total trade or business income. Combine lines 1 through 10	11.				
_	12. Compensation of officers, directors, and trustees	12.				
	13. Other salaries and wages	13.				
	<u> </u>	14.				
	14. Repairs and maintenance					
	15. Bad debts	15.				
e S	16. Interest	16.				
S	17. Taxes and licenses	17.	-			
a	18. Charitable contributions	18.				_
_	19. Depreciation and Depletion	19.				
_	20. Contributions to deferred compensation plans	20.				
	21. Employee benefit programs	21.	-			
	22. Other deductions	22.				
	23. Total deductions. Add lines 12 through 22	23.				
	24. Taxable income before NOL. Subtract line 23 from 11	24.				
	25. Net operating loss deduction	25.	1 000			
	26. Specific deduction	26.	1,000		L,000	
	27. Unrelated business taxable income.	27.	-1,000		L,000	
v,	28. Income tax (corporate or trust)	28.				
-	29. Proxy tax	29.				
eq	30. Alternative minimum tax	30.				
ပ်	31. Total taxes	31.				
ಂಶ	32. Other credits	32.				
	33. General business credit	33.	, .,			
⊢ a	34. Credit for prior year minimum tax	34.				
	35. Total credits	35.				
	36. Net tax after credits	36.				
	37. Recapture taxes	37.				
	38. Total Taxes	38.				
	39. Prior year overpayment and estimated tax payments	39.				
ъ	40. Payment made with extension	40.				
2	41. Backup withholding and foreign withholding	41.				
efu	42. Other payments	42.				
	43. Total payments	43.				
e	44. Balance due/(Overpayment)	44.				
-	45. Overpayment applied to next year	45.				
_	46. Penalties	46.				
	47. Total due/(Refund)	47.				

Form 990T			Tax Return History	,		2013
Name BLACK RIV	BLACK RIVER UNITED WAY, INC.	f, INC.			Emplo 57-	Employer Identification Number 57-0526145
	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions				-1,000	-1,000	
Income tax (corporate or trust)						
Other taxes						
General business credit						
Other credits						
credits	3					
Estimated tax payments						
Other payments						
Balance due/Overpayment						

^{*} Income shown net of expenses

