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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF ANDERSON COUNTY

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
ANDERSON, SC 296222067

D Employer identification number
57-0510602

E Telephone number
(864) 226-3438

G Gross receipts $ 1,958,263

F Name and address of principal officer
SCOTT ROBERTSON
PO BOX 2067
ANDERSON, SC 29622

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW UNITEDWAYOFANDERSON ORG

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

L Year of formation 1967

M State of legal domicile SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE UNITED WAY OF ANDERSON COUNTY IS TO IMPROVE OUR COMMUNITY BY PROVIDING LEADERSHIP IN IDENTIGYING NEEDS, SECURING AND LEVERAGING RESOURCES AND DRIVING ACTION

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	22
6	Total number of volunteers (estimate if necessary)	**6**	
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**	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,997,564	1,953,895
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,957	4,368
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,001,521	1,958,263

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	566,645	670,007
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	907,578	869,206
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶185,690		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	656,014	549,479
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,130,237	2,088,692
19	Revenue less expenses Subtract line 18 from line 12	-128,716	-130,429

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,286,024	2,071,494
21	Total liabilities (Part X, line 26)	396,557	312,456
22	Net assets or fund balances Subtract line 21 from line 20	1,889,467	1,759,038

Part II Signature Block

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

Sign Here

****** 2020-05-11
Signature of officer Date

SCOTT ROBERTSON CHAIRMAN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-05-15		P01280244

Firm's name ▶ HIGHSMITH & HIGHSMITH LLC — Firm's EIN ▶ 45-3749626

Firm's address ▶ 329 S MAIN STREET
TRAVELERS REST, SC 296901815 — Phone no (864) 834-3868

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF THE UNITED WAY OF ANDERSON COUNTY IS TO IMPROVE OUR COMMUNITY BY PROVIDING LEADERSHIP IN IDENTIGYING NEEDS, SECURING AND LEVERAGING RESOURCES AND DRIVING ACTION

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 809,397 including grants of $ 480,145) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 271,439 including grants of $) (Revenue $)

See Additional Data

4c (Code) (Expenses $ including grants of $) (Revenue $)

(Code) (Expenses $ 712,014 including grants of $ 189,862) (Revenue $)

WOMEN'S LEADERSHIP COUNCIL CREATED IN 2001 TO ENHANCE WOMEN'S COMMUNITY INVOLVEMENT THROUGH PHILANTHROPY, LEADERSHIP AND ADVOCACY AND WITH A VISION "TO PROVIDE AN ENVIRONMENT IN WHICH CHILDREN CAN BECOME RESPONSIBLE ADULTS- AND A MISSION "TO ENSURE THEY HAVE THE KNOWLEDGE AND SKILLS TO DO SO " IN 2004 WU INTRODUCED AND HELPED FUND TEEN PREGNANCY PREVENTION CURRICULUM THAT IS NOW IN ALL 5 ANDERSON COUNTY SCHOOL DISTRICTS IN 2019 WU ESTABLISHED A SUMMER READING CAMP IN SCHOOL 1 AND WILL EXPAND TO DISTRICT 5 IN 2020 2-1-1 UNITED WAY IS AN ADVOCATE FOR AND SUPPORTER OF SOUTH CAROLINA 2-1-1, A ONE-STOP RESOURCE FOR FINDING ASSISTANCE IN YOUR LOCAL COMMUNITY THE DATABASE INCLUDES A WIDE VARIETY OF SERVICE PROVIDERS INCLUDING SUPPORT GROUPS, COMMUNITY CLINICS, COUNSELORS, SHELTERS, FOOD PANTRIES, AND PROGRAMS FOR SENIORS AND MANY MORE AGENCIES THROUGHOUT SOUTH CAROLINA THE 2-1-1 CALL CENTER IS AVAILABLE 24 HOURS A DAY, 365 DAYS A YEAR TO LOCATE VITAL HEALTH AND HUMAN SERVICES TO THOSE IN NEED AFRICAN AMERICAN LEADERSHIP SOCIETY (AALS) THE MISSION OF AALS IS TO CULTIVATE LEADERSHIP IN THE AFRICAN AMERICAN COMMUNITY IN AN EFFORT TO ENSURE A DIVERSE VOICE REGARDING COMMUNITY NEEDS CORE STRATEGIES ARE TO IDENTIFY, RECRUIT AND CULTIVATE AFRICAN AMERICANS WHO REPRESENT CURRENT AND FUTURE LEADERSHIP AALS HOSTS THE ANNUAL MLK DAY OF SERVICE, OR DREAM DAY IN 2020 OVER 200 VOLUNTEERS PARTICIPATED IN COMMUNITY SERVICE PROJECTS THROUGHOUT THE COUNTY AND IN RECOGNITION OF BLACK HISTORY MONTH AALS HOLDS THE DREAM GALA, A BLACK TIE EVENT WHICH HONORS LOCAL AFRICAN AMERICAN COMMUNITY LEADERS WITH THE EMERGING LEADER AWARD, COMMUNITY TRAILBLAZER AWARD, AND THE COMMUNITY LEGACY AWARD EAT SMART MOVE MORE (ESMM) EAT SMART MOVE MORE OF ANDERSON COUNTY (ESMM) IS A LOCAL CHAPTER OF A STATEWIDE MOVEMENT AIMED AT COORDINATING OBESITY PREVENTION EFFORTS ESMM WAS ESTABLISHED THROUGH THE LEADERSHIP OF THE CITY OF ANDERSON, ANDERSON COUNTY, AND THE UNITED WAY OF ANDERSON COUNTY ESMM IS FOCUSED ON UNITING A VARIETY OF PARTNERS TO WORK TOGETHER TO INCREASE ACTIVE LIVING, TO IMPROVE HEALTHY EATING, AND TO DECREASE ADULT AND CHILDHOOD OBESITY IN THE COMMUNITY IN 2015, SOUTH CAROLINA RANKED THE 10TH HEAVIEST STATE IN THE U S (IN TERMS OF % INDIVIDUALS OBESE), AND IN ANDERSON COUNTY, TWO OUT OF EVERY THREE ADULTS IS EITHER OVERWEIGHT OR OBESE AND THE NUMBER OF OVERWEIGHT OR OBESE CHILDREN CONTINUES TO CLIMB OBESITY CAN BE LINKED TO A MYRIAD OF HEALTH COMPLICATIONS AND CHRONIC ILLNESSES THROUGH THE ESMM ANDERSON COALITION, COMMUNITY PARTNERS ARE JOINING TOGETHER TO FIND WAYS TO GET THE COUNTY EATING SMARTER, MOVING MORE AND IMPROVING OVERALL HEALTH ESMM WORKS TO MAKE THE HEALTHY CHOICE THE EASY CHOICE IN ANDERSON BY PROVIDING AN ENVIRONMENT FOR SCHOOLS THAT SUPPORT HEALTHY EATING, PHYSICAL ACTIVITY, AND PLAY, SUPPORTING HEALTHCARE PROVIDERS IN ADDRESSING ISSUES CONCERNING HEALTHY LIFESTYLES, OBESITY PREVENTION, AND OBESITY TREATMENT, ADVOCATING POSITIVE CHANGE AND CONNECTING COMMUNITIES TO LOCAL RESOURCES THAT SUPPORT ACTIVE LIVING AND HEALTHY EATING ACROSS THE COUNTY, AND SUPPORTING OUR LOCAL FARMERS MARKETS VITA THE UNITED WAY OF ANDERSON COUNTY PARTNERS WITH THE UNITED WAY VITA COLLABORATIVE OF THE UPSTATE TO PROVIDE FREE INCOME TAX ASSISTANCE TO LOW AND MODERATE INCOME INDIVIDUALS AND FAMILIES THE UNITED WAY VITA COLLABORATIVE IS A PARTNERSHIP OF PUBLIC, PRIVATE, AND GOVERNMENT PARTNERS THROUGH VITA, LOCAL VOLUNTEERS ARE IRS TRAINED AND CERTIFIED TO PROVIDE TAX RETURN SERVICES IN THE COMMUNITY TO ENSURE THAT QUALIFIED INDIVIDUALS IN THE COMMUNITY HAVE ACCESS TO FREE TAX ASSISTANCE AND RECEIVE ALL ELIGIBLE BENEFITS AND DEDUCTIONS INCLUDING THE EARNED INCOME TAX CREDIT (EITC), CHILD TAX CREDIT, EDUCATION TAX CREDIT, AND CHILD CARE DEDUCTION CURRENTLY, VITA SERVICES ARE AVAILABLE AT 6 LOCATIONS THROUGHOUT THE COUNTY WEEKEND SNACKPACK PROGRAM IN THE FALL OF 2012 A GROUP OF CHURCH LEADERS AND THE UNITED WAY OF ANDERSON COUNTY CAME TOGETHER TO EXPLORE WAYS TO HELP OUR CHILDREN REACH THEIR FULLEST POTENTIAL THROUGH THAT PARTNERSHIP, THE WEEKEND SNACKPACK PROGRAM WAS LAUNCHED, A PROGRAM THAT PROVIDES A BACKPACK OF NON-PERISHABLE FOOD EVERY FRIDAY TO CHILDREN TO BRIDGE THE WEEKEND MEAL GAP WHEN SCHOOL LUNCH AND BREAKFAST PROGRAMS ARE NOT AVAILABLE TEACHERS, NURSES AND SCHOOL COUNSELORS IDENTIFY THE CHILDREN WHO ARE AT GREATEST RISK OF MISSING MEALS DURING WEEKENDS THESE CHILDREN OFTEN HAVE LITTLE OR NOTHING TO EAT AT HOME, AND RETURN TO SCHOOL ON MONDAY HUNGRY, TIRED AND ILL-PREPARED TO LEARN THE FIRST DELIVERY WAS MADE IN FEBRUARY, 2013, TO 764 CHILDREN IN 20 SCHOOLS SINCE THEN, DELIVERIES CONTINUE AND SERVE APPROXIMATELY 900 CHILDREN IN 25 ANDERSON COUNTY SCHOOLS EACH WEEK THE UNITED WAY PARTNERS WITH SECOND HARVEST FOOD BANK OF METROLINA, WHICH SUPPLIES THE FOOD FOR THE SNACKPACKS AT A COST OF 5 00 PER BAG IN ADDITION, A LOCAL WAREHOUSE HAS BEEN OBTAINED WHERE LOCAL VOLUNTEERS PACK THE BAGS OF FOOD, SAVING THE PROGRAM 40,000 EACH YEAR IN SHIPPING AND DISTRIBUTION COSTS YOUTH VOLUNTEER CORPS THE YOUTH VOLUNTEER CORPS OF ANDERSON, HOSTED BY UNITED WAY OF ANDERSON COUNTY, IS ONE OF 30 AFFILIATE PROGRAMS IN THE U S THAT GIVES YOUTH AGES 11-18 THE OPPORTUNITY TO SERVE THEIR COMMUNITY WHILE GAINING VALUABLE LIFE SKILLS AND LEADERSHIP EXPERIENCE ALL PROJECTS ARE EDUCATIONAL AND TEAM- BASED, WITH AN EMPHASIS ON SERVICE-LEARNING YOUTH CAN VOLUNTEER ON SATURDAYS OR AFTER SCHOOL DURING THE SCHOOL YEAR OR ATTEND THE YVC SUMMER CAMP FOR SEVERAL WEEKS OF SERVICE AND LEADERSHIP DEVELOPMENT WITH VARIOUS ANDERSON COUNTY NONPROFIT AGENCIES THE PURPOSE OF THE YOUTH VOLUNTEER CORPS IS TO HELP YOUTH ESTABLISH LIFETIME COMMITMENT TO SERVICE AND TO PREPARE THEM TO BE THE LEADERS OF TOMORROW YOUNG PHILANTHROPISTS (YP) THE YOUNG PHILANTHROPISTS GROUP WAS CREATED TO ENCOURAGE INDIVIDUALS AGES 21-40 TO BECOME INVOLVED IN THE COMMUNITY THROUGH PHILANTHROPY, VOLUNTEERISM AND ADVOCACY, THEREFORE STRENGTHENING THE COMMUNITY AND CULTIVATING VOLUNTEERS AND CHARITABLE DONORS QUARTERLY EVENTS ARE OFFERED FOR HANDS-ON SERVICE, EDUCATIONAL OPPORTUNITIES AND DONOR ENGAGEMENT ADDITIONALLY, THE YP ACADEMY WAS CREATED TO RECRUIT INDIVIDUALS TO BECOME INVOLVED THE ACADEMY WILL OFFER AN OPPORTUNITY TO VISIT SEVERAL CHARITABLE ORGANIZATIONS IN ANDERSON COUNTY, PERFORM "HANDS-ON" WORK, AND SEE FIRST-HAND HOW WORKING COLLABORATIVELY CAN POSITIVELY IMPACT OUR COMMUNITY THE YP ACADEMY IS A SIX-MONTH PROGRAM MEETING ONE MORNING PER MONTH EACH MONTH FOCUSES ON A DIFFERENT ELEMENT OF THE ALTRUISTIC MINDSET AND WILL OPEN THE EYES OF OUR YOUNG LEADERS TO SOME OF THE CHALLENGES AND SOLUTIONS FACING OUR COMMUNITY YP ACADEMY TUITION IS 250 PER INDIVIDUAL THESE FUNDS WILL BE APPLIED TOWARD THE UNITED WAY'S GENERAL CAMPAIGN RECRUITMENT FOR ACADEMY MEMBERS IS SOUGHT FROM THE BUSINESS COMMUNITY THROUGH A NOMINATION PROCESS, AS WELL AS THROUGH PERSONAL CONTACT WITH INDIVIDUALS YP MEMBERS DO NOT HAVE TO ATTEND THE YP ACADEMY TO BE INVOLVED AS A YOUNG PHILANTHROPIST, BUT THE ACADEMY OFFERS A UNIQUE OPPORTUNITY FOR ORGANIZED MONTHLY ENGAGEMENT WITH THE COMMUNITY IMAGINE ANDERSON ANDERSON COUNTY SOUTH CAROLINA'S VISION PLAN - IMAGINE ANDERSON - WAS CREATED IN 2006 THROUGH A COMMUNITY-WIDE VISIONING PROCESS THAT DEFINED THE DESIRED FUTURE STATE OF THE COUNTY COMMUNITY RESIDENTS FROM THROUGHOUT THE COUNTY WERE A PART OF BUILDING THIS SHARED VISION WITH 5 GOAL AREAS EDUCATION, ECONOMIC DEVELOPMENT, HEALTH & HUMAN RESOURCES, AND LEISURE & RECREATION THE PLAN SERVES AS A CATALYST FOR IMPROVING THE COUNTY THROUGH 2026 WHEN ANDERSON COUNTY CELEBRATES ITS BICENTENNIAL THE UNITED WAY OF ANDERSON COUNTY PROVIDES A FACILITATION ROLE FOR THE IMAGINE ANDERSON LEADERSHIP BOARD WITH GOALS TO BRING PEOPLE TOGETHER AT THE COMMUNITY TABLE TO FOCUS ON SPECIFIC GOALS AND ELIMINATE DISTRACTIONS FROM THE DAY-TODAY, GUIDE AND FACILITATE CONTINUED PROGRESS ON SPECIFIC PRIORITY ACTIONS, CONTINUE TO BUILD AWARENESS AND REINVIGORATE THE COMMUNITY TOWARD SHARED GOALS, CELEBRATE SUCCESS AND ACKNOWLEDGE INDIVIDUALS AND ORGANIZATIONS LEADING THE SUCCESSES, LISTEN TO VOICES REPRESENTING WHAT MATTERS MOST TO THE PEOPLE OF ANDERSON COUNTY, AND ADVOCATE FOR POSITIVE CHANGE

4d Other program services (Describe in Schedule O)

(Expenses $ 712,014 including grants of $ 189,862) (Revenue $)

4e Total program service expenses ▶ 1,792,850

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	18		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	25		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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, address, and telephone number of the person who possesses the organization's books and records ▶MONICA ROCKWELL PO BOX 2067 ANDERSON, SC 29622 (864) 226-3438

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total ▶			
c Total from continuation sheets to Part VII, **Section A** ▶			
d Total (add lines 1b and 1c) ▶	108,278		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a** 26,671				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e** 487,769				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 1,439,455				
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	1,953,895			
Program Service Revenue		Business Code			
	2a _____				
	b _____				
	c _____				
	d _____				
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶				
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	4,368			4,368
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) . . . . . ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**				
	b Less direct expenses . . . **b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**				
	b Less direct expenses . . . **b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **a**				
	b Less cost of goods sold . . **b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶				
	12 Total revenue. See Instructions . . . . . ▶	1,958,263			4,368

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	670,007	670,007		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	108,278	79,649	11,239	17,390
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	596,418	470,184	49,564	76,670
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	20,519	13,787	2,643	4,089
9 Other employee benefits	81,591	54,821	10,511	16,259
10 Payroll taxes	62,400	48,909	5,297	8,194
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	9,232	6,584	1,020	1,628
13 Office expenses	44,285	27,074	3,702	13,509
14 Information technology				
15 Royalties				
16 Occupancy	13,088	7,372	2,245	3,471
17 Travel	19,932	17,153	498	2,281
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,109	4,004	1,219	1,886
21 Payments to affiliates	28,431	16,012	4,876	7,543
22 Depreciation, depletion, and amortization	22,585	13,071	3,735	5,779
23 Insurance	5,521	3,289	877	1,355
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM SUPPLIES	283,065	282,220	38	807
b EVENTS	29,419	22,276	2,040	5,103
c EQUIPMENT RENTAL	20,642	13,226	2,944	4,472
d MEETINGS	16,188	10,960	860	4,368
e All other expenses	49,982	32,252	6,844	10,886
25 **Total functional expenses.** Add lines 1 through 24e	2,088,692	1,792,850	110,152	185,690
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	211,578	1	255,003
	2	Savings and temporary cash investments	748,091	2	647,638
	3	Pledges and grants receivable, net	700,860	3	549,156
	4	Accounts receivable, net	6,158	4	2,767
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	14,689	9	19,795
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 738,792			
	b	Less accumulated depreciation — 10b: 141,657	604,648	10c	597,135
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,286,024	16	2,071,494
Liabilities	17	Accounts payable and accrued expenses	37,872	17	60,708
	18	Grants payable		18	
	19	Deferred revenue	15,517	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	187,718	23	132,458
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	155,450	25	119,290
	26	**Total liabilities.** Add lines 17 through 25	396,557	26	312,456
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	400,689	27	237,863
	28	Temporarily restricted net assets	1,488,778	28	1,521,175
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,889,467	33	1,759,038
	34	Total liabilities and net assets/fund balances	2,286,024	34	2,071,494

Part XI Reconcilliation 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	1,958,263
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,088,692
3	Revenue less expenses Subtract line 2 from line 1	3	-130,429
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,889,467
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	1,759,038

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 57-0510602

Name: UNITED WAY OF ANDERSON COUNTY

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMUNITY IMPACT THE COMMUNITY IMPACT AGENDA IS A ROAD MAP FOR ANDERSON COUNTY TO MEET THE MOST URGENT NEEDS, CONNECT AREA STRENGTHS AND ASSIST WITH OPPORTUNITIES TO IMPROVE OUR COMMUNITY IN MEASURABLE WAYS PROGRESS AND RESULTS ARE CONTINUALLY REVIEWED TO IDENTIFY WHAT IS WORKING WELL AND WHAT WE NEED TO IMPROVE FOCUS AREAS OF COMMUNITY IMPACT ARE EDUCATION, INCOME, HEALTH AND BASIC NEEDS FUNDING REQUESTS WERE RECEIVED FOR 40 PROGRAMS FROM NON- PROFIT ORGANIZATIONS SERVING ANDERSON COUNTY

Form 990, Part III, Line 4b:

AMERICORPS AMERICORPS IS A NATIONAL SERVICE PROGRAM PROVIDING INDIVIDUALS AN OPPORTUNITY TO PARTICIPATE IN A YEAR OF SERVICE-LEARNING INDIVIDUALS AGES 18 AND OLDER DEDICATE 1 TO 4 YEARS TO GAIN VALUABLE EXPERIENCE AND TURN PROBLEMS INTO POSSIBILITIES AMERICORPS MEMBERS ENGAGE IN DIRECT SERVICE AND CAPACITY BUILDING TO ADDRESS UNMET COMMUNITY NEEDS, MOBILIZE COMMUNITY VOLUNTEERS, AND STRENGTHEN THE CAPACITY OF THE ORGANIZATIONS WHERE THEY SERVE IN EXCHANGE FOR THEIR COMMITMENT, MEMBERS ARE ELIGIBLE FOR A LIVING STIPEND, HEALTH INSURANCE, CHILDCARE AND AN EDUCATION AWARD MEMBERS ALSO GAIN VALUABLE EXPERIENCE AND BUILD NEW SKILLS THE AMERICORPS DISASTER PROGRAM LEVERAGES 10 AMERICORPS MEMBERS TO PARTICIPATE IN COMMUNITY DISASTER PREPAREDNESS AND RESPONSE THROUGHOUT THE UPSTATE OF SOUTH CAROLINA THESE COUNTIES INCLUDE ANDERSON, ABBEVILLE, CHEROKEE, EDGEFIELD, GREENWOOD, MCCORMICK, OCONEE, AND PICKENS THE PROGRAM ARRANGES FOR AMERICORPS MEMBERS TO ARRANGE FOR 800 HOMES TO HAVE A DISASTER PLAN IN PLACE AND TO WILL TRAIN 800 STUDENTS ON DISASTER PREPAREDNESS THE PROGRAM WILL ALSO TRAIN 50 VOLUNTEER DISASTER LEADERS WHO WILL BE PREPARED TO DEPLOY IN THE EVENT OF A DISASTER THE AMERICORPS DISASTER PROGRAM HOPES THAT BY EQUIPPING INDIVIDUALS WE CAN BUILD THE FOUNDATION FOR A STRONG AND RESILIENT COMMUNITY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL BURDETTE PRESIDENT/CE	40 00	X		X				108,278	0	0
JULIE BARTON DIRECTOR		X						0	0	0
PHIL BATSON DIRECTOR		X						0	0	0
BECKY CAMPBELL DIRECTOR		X						0	0	0
DONNIE CAMPBELL DIRECTOR		X						0	0	0
MARY GAY DRAKE DIRECTOR		X						0	0	0
MAURICE MCKENZIE DIRECTOR		X						0	0	0
MIKE MORRIS PAST CHAIR		X						0	0	0
SCOTT ROBERTSON CHAIRMAN		X						0	0	0
CLINT BATES TREASURER		X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DON PEACE DIRECTOR	.....	X						0	0	0
GREG SHORE DIRECTOR	.....	X						0	0	0
LEO SMITH DIRECTOR	.....	X						0	0	0
TOM WILSON 2ND VICE CHA	.....	X						0	0	0
ALLISON YOUNGBLOOD DIRECTOR	.....	X						0	0	0
MARK HOURIHAN DIRECTOR	.....	X						0	0	0
ANGI PATRICK DIRECTOR	.....	X						0	0	0
NIKKI CARSON DIRECTOR	.....	X						0	0	0
REV JAMES CLINKSCALES DIRECTOR	.....	X						0	0	0
SEAN CONSTANCE DIRECTOR	.....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RUTHIE GEORGE DIRECTOR	.....	X						0	0	0
LINDA JAMEISON DIRECTOR	.....	X						0	0	0
FREDERICA JEFFRIES DIRECTOR	.....	X						0	0	0
JIM ROSER DIRECTOR	.....	X						0	0	0
AMIKA THOMAS DIRECTOR	.....	X						0	0	0
NAKIA DAVIS DIRECTOR	.....	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF ANDERSON COUNTY

Employer identification number
57-0510602

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	3,271,087	1,982,777	2,063,345	1,997,564	1,953,895	11,268,668
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	3,271,087	1,982,777	2,063,345	1,997,564	1,953,895	11,268,668
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						11,268,668

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	3,271,087	1,982,777	2,063,345	1,997,564	1,953,895	11,268,668
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,296	3,705	3,912	3,957	4,368	19,238
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 VI)	12,734					12,734
11 **Total support.** Add lines 7 through 10						11,300,640

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	**14**	99 720 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	**15**	99 750 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME FROM EVENTS 12,734

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF ANDERSON COUNTY

Employer identification number
57-0510602

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	144,897			144,897
b Buildings	477,080		70,487	406,593
c Leasehold improvements				
d Equipment				
e Other	116,815		71,170	45,645
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				597,135

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER LIABILITIES	119,290
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	119,290

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,958,263
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,958,263
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,958,263

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,088,692
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	2,088,692
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,088,692

Part XIII Supplemental Information

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

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF ANDERSON COUNTY

Employer identification number
57-0510602

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	ALL AGENCIES GO THROUGH AN APPLICATION PROCESS ALL AGENCIES COMPLETE A TERRORISM COMPLIANCE REPORT AGENCIES PROVIDE QUARTERLY PROGRESS REPORTS THAT ARE REVIEWED BY OUR VISION COUNCIL VOLUNTEERS

Additional Data

Software ID:
Software Version:
EIN: 57-0510602
Name: UNITED WAY OF ANDERSON COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALSTON WILKES 3519 MEDICAL DRIVE COLUMBIA, SC 29203	57-0477907	501C3	25,000				SUPPORT PROGRAMS
THE LOT PROJECT PO BOX 4181 ANDERSON, SC 29622	27-0353378	501C3	11,100				SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UPSTATE WARRIOR SOLUTION 3 CALEDON CT GREENVILLE, SC 29615	46-1699670	501C3	15,000				SUPPORT PROGRAMS
PICKENS COUNTY YMCA 201 BURNS RD EASLEY, SC 29640	57-0405623	501C3	6,028				SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDERSON COUNTY 1ST STEPS PARTNERS PO BOX 41 ANDERSON, SC 29622	57-1097776	501C3	7,840				SUPPORT PROGRAMS
AMERICAN RED CROSS ANDERSON 907 N MAIN ST SUITE 14 ANDERSON, SC 29621		501C3	12,100				SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDOCONEE SPEECH & HEARING SERVIC 106 DOSTAK DRIVE ANDERSON, SC 29621	59-1173611	501C3	10,125				SUPPORT PROGRAMS
ANDERSON FREE CLINIC PO BOX 728 ANDERSON, SC 29622	57-0787584	501C3	49,181				SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DEV CTR FOR EXCEPTION CHILDREN 1100 W FRANKLIN ST ANDERSON, SC 29624	27-2753489	501C3	30,500				SUPPORT PROGRAMS
ANDERSON EMERGENCY KITCHEN PO BOX 515 ANDERSON, SC 29622	57-0813585	501C3	12,100				SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERS BIG SISTERS - ANDERSON 620 N MAIN ST ST 102 ANDERSON, SC 29601	20-4243553	501C3	21,032				SUPPORT PROGRAMS
BOWERS RODGERS HOME PO BOX 1252 GREENWOOD, SC 29648	57-1032533	501C3	12,775				SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS - BLUE RIDGE COUNCIL 1 PARK PLAZA GREENVILLE, SC 29607	57-0314427	501C3	7,128				SUPPORT PROGRAMS
CLEMSON COMMUNITY CARE PO BOX 271 CLEMSON, SC 29631	57-0868065	501C3	11,075				SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW FOUND CHILD & FAM SERVICES 23 STANDBRIDGE RD ANDERSON, SC 29625	57-0634724	501C3	22,000				SUPPORT PROGRAMS
FOOTHILLS ALLIANCE 216 E CALHOUN ST ANDERSON, SC 29621	57-0902073	501C3	31,750				SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GIRL SCOUTS OF SC - M TO M 5 INDEPENDENCE POINT 120 GREENVILLE, SC 29615	57-0314433	501C3	14,033				SUPPORT PROGRAMS
HELPING HANDS OF CLEMSON PO BOX 561 CLEMSON, SC 29633	57-0722226	501C3	7,100				SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOMES OF HOPE 3 DUNEAN STREET GREENVILLE, SC 29611	57-1069688	501C3	11,626				SUPPORT PROGRAMS
HABITAT FOR HUMANITY 210 S MURRAY STREET ANDERSON, SC 29624	57-0829082	501C3	25,000				SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAFE HARBOR PO BOX 174 GREENVILLE, SC 29602	57-1014137	501C3	32,350				SUPPORT PROGRAMS
THE SALVATION ARMY PO BOX 43 ANDERSON, SC 29622	58-0660607	501C3	21,191				SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHALOM HOUSE MINISTRIES 349 BLAKE DAIRY ROAD BELTON, SC 29627	58-2314658	501C3	10,000				SUPPORT PROGRAMS
MEALS ON WHEELS PO BOX 285 ANDERSON, SC 29622	57-0634729	501C3	18,100				SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED HOUSING CONNECTIONS 150 EXECUTIVE CENTER DR B 211 GREENVILLE, SC 29615	57-1032202	501C3	15,000				SUPPORT PROGRAMS
ANDERSON AREA YMCA 201 E REED RD ANDERSON, SC 29621	57-0314465	501C3	189,862				SC/DSS CHILD INITIAT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER ASSOCIATION OF ANDERSON 215 EAST CALHOUN ST ANDERSON, SC 29621	54-2098883	501C3	5,885				SUPPORT PROGRAMS
REBUILD UPSTATE 601 GREEN AVENUE GREENVILLE, SC 29601	20-8296408	501C3	11,626				SUPPORT PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTH MAIN MERCY CENTER 2408 S MAIN ST ANDERSON, SC 29624	47-1237283	501C3	14,000				SUPPORT PROGRAMS

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF ANDERSON COUNTY

Employer identification number
57-0510602

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	AMERICORPS AMERICORPS IS A NATIONAL SERVICE PROGRAM PROVIDING INDIVIDUALS AN OPPORTUNITY TO PARTICIPATE IN A YEAR OF SERVICE-LEARNING INDIVIDUALS AGES 18 AND OLDER DEDICATE 1 TO 4 YEARS TO GAIN VALUABLE EXPERIENCE AND TURN PROBLEMS INTO POSSIBILITIES AMERICORPS MEMBERS ENGAGE IN DIRECT SERVICE AND CAPACITY BUILDING TO ADDRESS UNMET COMMUNITY NEEDS, MOBILIZE COMMUNITY VOLUNTEERS, AND STRENGTHEN THE CAPACITY OF THE ORGANIZATIONS WHERE THEY SERVE IN EXCHANGE FOR THEIR COMMITMENT, MEMBERS ARE ELIGIBLE FOR A LIVING STIPEND, HEALTH INSURANCE, CHILDCARE AND AN EDUCATION AWARD MEMBERS ALSO GAIN VALUABLE EXPERIENCE AND BUILD NEW SKILLS THE AMERICORPS DISASTER PROGRAM LEVERAGES 10 AMERICORPS MEMBERS TO PARTICIPATE IN COMMUNITY DISASTER PREPAREDNESS AND RESPONSE THROUGHOUT THE UPSTATE OF SOUTH CAROLINA THESE COUNTIES INCLUDE ANDERSON, ABBEVILLE, CHEROKEE, EDGEFIELD, GREENWOOD, MCCORMICK, OCONEE, AND PICKENS THE PROGRAM ARRANGES FOR AMERICORPS MEMBERS TO ARRANGE FOR 800 HOMES TO HAVE A DISASTER PLAN IN PLACE AND TO WILL TRAIN 800 STUDENTS ON DISASTER PREPAREDNESS THE PROGRAM WILL ALSO TRAIN 50 VOLUNTEER DISASTER LEADERS WHO WILL BE PREPARED TO DEPLOY IN THE EVENT OF A DISASTER THE AMERICORPS DISASTER PROGRAM HOPES THAT BY EQUIPPING INDIVIDUALS WE CAN BUILD THE FOUNDATION FOR A STRONG AND RESILIENT COMMUNITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	WOMEN'S LEADERSHIP COUNCIL CREATED IN 2001 TO ENHANCE WOMEN'S COMMUNITY INVOLVEMENT THROUG H PHILANTHROPY, LEADERSHIP AND ADVOCACY AND WITH A VISION "TO PROVIDE AN ENVIRONMENT IN WH ICH CHILDREN CAN BECOME RESPONSIBLE ADULTS- AND A MISSION "TO ENSURE THEY HAVE THE KNOWLED GE AND SKILLS TO DO SO " IN 2004 WU INTRODUCED AND HELPED FUND TEEN PREGNANCY PREVENTION C URRICULUM THAT IS NOW IN ALL 5 ANDERSON COUNTY SCHOOL DISTRICTS IN 2019 WU ESTABLISHED A SUMMER READING CAMP IN SCHOOL 1 AND WILL EXPAND TO DISTRICT 5 IN 2020 2-1-1 UNITED WAY IS AN ADVOCATE FOR AND SUPPORTER OF SOUTH CAROLINA 2-1-1, A ONE-STOP RESOURCE FOR FINDING AS SISTANCE IN YOUR LOCAL COMMUNITY THE DATABASE INCLUDES A WIDE VARIETY OF SERVICE PROVIDER S INCLUDING SUPPORT GROUPS, COMMUNITY CLINICS, COUNSELORS, SHELTERS, FOOD PANTRIES, AND PR OGRAMS FOR SENIORS AND MANY MORE AGENCIES THROUGHOUT SOUTH CAROLINA THE 2-1-1 CALL CENTER IS AVAILABLE 24 HOURS A DAY, 365 DAYS A YEAR TO LOCATE VITAL HEALTH AND HUMAN SERVICES TO THOSE IN NEED AFRICAN AMERICAN LEADERSHIP SOCIETY (AALS) THE MISSION OF AALS IS TO CULTI VATE LEADERSHIP IN THE AFRICAN AMERICAN COMMUNITY IN AN EFFORT TO ENSURE A DIVERSE VOICE R EGARDING COMMUNITY NEEDS CORE STRATEGIES ARE TO IDENTIFY, RECRUIT AND CULTIVATE AFRICAN A MERICANS WHO REPRESENT CURRENT AND FUTURE LEADERSHIP AALS HOSTS THE ANNUAL MLK DAY OF SER VICE, OR DREAM DAY IN 2020 OVER 200 VOLUNTEERS PARTICIPATED IN COMMUNITY SERVICE PROJECTS THROUGHOUT THE COUNTY AND IN RECOGNITION OF BLACK HISTORY MONTH AALS HOLDS THE DREAM GAL A, A BLACK TIE EVENT WHICH HONORS LOCAL AFRICAN AMERICAN COMMUNITY LEADERS WITH THE EMERGI NG LEADER AWARD, COMMUNITY TRAILBLAZER AWARD, AND THE COMMUNITY LEGACY AWARD EAT SMART MO VE MORE (ESMM) EAT SMART MOVE MORE OF ANDERSON COUNTY (ESMM) IS A LOCAL CHAPTER OF A STATE WIDE MOVEMENT AIMED AT COORDINATING OBESITY PREVENTION EFFORTS ESMM WAS ESTABLISHED THROU GH THE LEADERSHIP OF THE CITY OF ANDERSON, ANDERSON COUNTY, AND THE UNITED WAY OF ANDERSON COUNTY ESMM IS FOCUSED ON UNITING A VARIETY OF PARTNERS TO WORK TOGETHER TO INCREASE ACT IVE LIVING, TO IMPROVE HEALTHY EATING, AND TO DECREASE ADULT AND CHILDHOOD OBESITY IN THE COMMUNITY IN 2015, SOUTH CAROLINA RANKED THE 10TH HEAVIEST STATE IN THE U S (IN TERMS OF % INDIVIDUALS OBESE), AND IN ANDERSON COUNTY, TWO OUT OF EVERY THREE ADULTS IS EITHER OVE RWEIGHT OR OBESE AND THE NUMBER OF OVERWEIGHT OR OBESE CHILDREN CONTINUES TO CLIMB OBESIT Y CAN BE LINKED TO A MYRIAD OF HEALTH COMPLICATIONS AND CHRONIC ILLNESSES THROUGH THE ESM M ANDERSON COALITION, COMMUNITY PARTNERS ARE JOINING TOGETHER TO FIND WAYS TO GET THE COUN TY EATING SMARTER, MOVING MORE AND IMPROVING OVERALL HEALTH ESMM WORKS TO MAKE THE HEALTH Y CHOICE THE EASY CHOICE IN ANDERSON BY PROVIDING AN ENVIRONMENT FOR SCHOOLS THAT SUPPORT HEALTHY EATING, PHYSICAL ACTIVITY, AND PLAY, SUPPORTING HEALTHCARE PROVIDERS IN ADDRESSING ISSUES CONCERNING HEALTHY LIFESTYLES, OBESITY PREVENTION, AND OBESITY TREATMENT, ADVOCATI NG POSITIVE CHANGE AND CONNECT

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FORM 990, PAGE 2, PART III, LINE 4D	ING COMMUNITIES TO LOCAL RESOURCES THAT SUPPORT ACTIVE LIVING AND HEALTHY EATING ACROSS TH E COUNTY, AND SUPPORTING OUR LOCAL FARMERS MARKETS VITA THE UNITED WAY OF ANDERSON COUNTY PARTNERS WITH THE UNITED WAY VITA COLLABORATIVE OF THE UPSTATE TO PROVIDE FREE INCOME TAX ASSISTANCE TO LOW AND MODERATE INCOME INDIVIDUALS AND FAMILIES THE UNITED WAY VITA COLLA BORATIVE IS A PARTNERSHIP OF PUBLIC, PRIVATE, AND GOVERNMENT PARTNERS THROUGH VITA, LOCAL VOLUNTEERS ARE IRS TRAINED AND CERTIFIED TO PROVIDE TAX RETURN SERVICES IN THE COMMUNITY TO ENSURE THAT QUALIFIED INDIVIDUALS IN THE COMMUNITY HAVE ACCESS TO FREE TAX ASSISTANCE A ND RECEIVE ALL ELIGIBLE BENEFITS AND DEDUCTIONS INCLUDING THE EARNED INCOME TAX CREDIT (EI TC), CHILD TAX CREDIT, EDUCATION TAX CREDIT, AND CHILD CARE DEDUCTION CURRENTLY, VITA SER VICES ARE AVAILABLE AT 6 LOCATIONS THROUGHOUT THE COUNTY WEEKEND SNACKPACK PROGRAM IN THE FALL OF 2012 A GROUP OF CHURCH LEADERS AND THE UNITED WAY OF ANDERSON COUNTY CAME TOGETHE R TO EXPLORE WAYS TO HELP OUR CHILDREN REACH THEIR FULLEST POTENTIAL THROUGH THAT PARTNER SHIP, THE WEEKEND SNACKPACK PROGRAM WAS LAUNCHED, A PROGRAM THAT PROVIDES A BACKPACK OF NO N-PERISHABLE FOOD EVERY FRIDAY TO CHILDREN TO BRIDGE THE WEEKEND MEAL GAP WHEN SCHOOL LUNC H AND BREAKFAST PROGRAMS ARE NOT AVAILABLE TEACHERS, NURSES AND SCHOOL COUNSELORS IDENTIF Y THE CHILDREN WHO ARE AT GREATEST RISK OF MISSING MEALS DURING WEEKENDS THESE CHILDREN O FTEN HAVE LITTLE OR NOTHING TO EAT AT HOME, AND RETURN TO SCHOOL ON MONDAY HUNGRY, TIRED A ND ILL-PREPARED TO LEARN THE FIRST DELIVERY WAS MADE IN FEBRUARY, 2013, TO 764 CHILDREN I N 20 SCHOOLS SINCE THEN, DELIVERIES CONTINUE AND SERVE APPROXIMATELY 900 CHILDREN IN 25 A NDERSON COUNTY SCHOOLS EACH WEEK THE UNITED WAY PARTNERS WITH SECOND HARVEST FOOD BANK OF METROLINA, WHICH SUPPLIES THE FOOD FOR THE SNACKPACKS AT A COST OF 5 00 PER BAG IN ADDIT ION, A LOCAL WAREHOUSE HAS BEEN OBTAINED WHERE LOCAL VOLUNTEERS PACK THE BAGS OF FOOD, SAV ING THE PROGRAM 40,000 EACH YEAR IN SHIPPING AND DISTRIBUTION COSTS YOUTH VOLUNTEER CORPS THE YOUTH VOLUNTEER CORPS OF ANDERSON, HOSTED BY UNITED WAY OF ANDERSON COUNTY, IS ONE OF 30 AFFILIATE PROGRAMS IN THE U S THAT GIVES YOUTH AGES 11-18 THE OPPORTUNITY TO SERVE TH EIR COMMUNITY WHILE GAINING VALUABLE LIFE SKILLS AND LEADERSHIP EXPERIENCE ALL PROJECTS A RE EDUCATIONAL AND TEAM- BASED, WITH AN EMPHASIS ON SERVICE-LEARNING YOUTH CAN VOLUNTEER ON SATURDAYS OR AFTER SCHOOL DURING THE SCHOOL YEAR OR ATTEND THE YVC SUMMER CAMP FOR SEVE RAL WEEKS OF SERVICE AND LEADERSHIP DEVELOPMENT WITH VARIOUS ANDERSON COUNTY NONPROFIT AGE NCIES THE PURPOSE OF THE YOUTH VOLUNTEER CORPS IS TO HELP YOUTH ESTABLISH LIFETIME COMMIT MENT TO SERVICE AND TO PREPARE THEM TO BE THE LEADERS OF TOMORROW YOUNG PHILANTHROPISTS (YP) THE YOUNG PHILANTHROPISTS GROUP WAS CREATED TO ENCOURAGE INDIVIDUALS AGES 21-40 TO BEC OME INVOLVED IN THE COMMUNITY THROUGH PHILANTHROPY, VOLUNTEERISM AND ADVOCACY, THEREFORE S TRENGTHENING THE COMMUNITY AND

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FORM 990, PAGE 2, PART III, LINE 4D	CULTIVATING VOLUNTEERS AND CHARITABLE DONORS QUARTERLY EVENTS ARE OFFERED FOR HANDS-ON S ERVICE, EDUCATIONAL OPPORTUNITIES AND DONOR ENGAGEMENT ADDITIONALLY, THE YP ACADEMY WAS C REATED TO RECRUIT INDIVIDUALS TO BECOME INVOLVED THE ACADEMY WILL OFFER AN OPPORTUNITY TO VISIT SEVERAL CHARITABLE ORGANIZATIONS IN ANDERSON COUNTY, PERFORM "HANDS-ON" WORK, AND S EE FIRST-HAND HOW WORKING COLLABORATIVELY CAN POSITIVELY IMPACT OUR COMMUNITY THE YP ACAD EMY IS A SIX-MONTH PROGRAM MEETING ONE MORNING PER MONTH EACH MONTH FOCUSES ON A DIFFEREN T ELEMENT OF THE ALTRUISTIC MINDSET AND WILL OPEN THE EYES OF OUR YOUNG LEADERS TO SOME OF THE CHALLENGES AND SOLUTIONS FACING OUR COMMUNITY YP ACADEMY TUITION IS 250 PER INDIVIDU AL THESE FUNDS WILL BE APPLIED TOWARD THE UNITED WAY'S GENERAL CAMPAIGN RECRUITMENT FOR ACADEMY MEMBERS IS SOUGHT FROM THE BUSINESS COMMUNITY THROUGH A NOMINATION PROCESS, AS WEL L AS THROUGH PERSONAL CONTACT WITH INDIVIDUALS YP MEMBERS DO NOT HAVE TO ATTEND THE YP AC ADEMY TO BE INVOLVED AS A YOUNG PHILANTHROPIST, BUT THE ACADEMY OFFERS A UNIQUE OPPORTUNIT Y FOR ORGANIZED MONTHLY ENGAGEMENT WITH THE COMMUNITY IMAGINE ANDERSON ANDERSON COUNTY SO UTH CAROLINA'S VISION PLAN - IMAGINE ANDERSON - WAS CREATED IN 2006 THROUGH A COMMUNITY-WI DE VISIONING PROCESS THAT DEFINED THE DESIRED FUTURE STATE OF THE COUNTY COMMUNITY RESIDE NTS FROM THROUGHOUT THE COUNTY WERE A PART OF BUILDING THIS SHARED VISION WITH 5 GOAL AREA S EDUCATION, ECONOMIC DEVELOPMENT, HEALTH & HUMAN RESOURCES, AND LEISURE & RECREATION TH E PLAN SERVES AS A CATALYST FOR IMPROVING THE COUNTY THROUGH 2026 WHEN ANDERSON COUNTY CEL EBRATES ITS BICENTENNIAL THE UNITED WAY OF ANDERSON COUNTY PROVIDES A FACILITATION ROLE F OR THE IMAGINE ANDERSON LEADERSHIP BOARD WITH GOALS TO BRING PEOPLE TOGETHER AT THE COMMUN ITY TABLE TO FOCUS ON SPECIFIC GOALS AND ELIMINATE DISTRACTIONS FROM THE DAY-TODAY, GUIDE AND FACILITATE CONTINUED PROGRESS ON SPECIFIC PRIORITY ACTIONS, CONTINUE TO BUILD AWARENES S AND REINVIGORATE THE COMMUNITY TOWARD SHARED GOALS, CELEBRATE SUCCESS AND ACKNOWLEDGE IN DIVIDUALS AND ORGANIZATIONS LEADING THE SUCCESSES, LISTEN TO VOICES REPRESENTING WHAT MATT ERS MOST TO THE PEOPLE OF ANDERSON COUNTY, AND ADVOCATE FOR POSITIVE CHANGE

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FORM 990, PAGE 6, PART VI, LINE 3	UNITED WAY OF ANDERSON COUNTY OUTSOURCED ALL FINANCIAL DUTIES TO A CERTIFIED PUBLIC ACCOUNTANT

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FORM 990, PAGE 6, PART VI, LINE 11B	THE VP OF FINANCE PROVIDES THE BOARD OF DIRECTORS A DRAFT COPY OF FORM 990 FOR THEIR REVIEW BOARD MEMBERS ARE ABLE TO ASK QUESTIONS OF THE VP OF FINANCE AND THE TAX RETURN PREPARER THE BOARD VOTES TO APPROVE THE FILING OF THE 990

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FORM 990, PAGE 6, PART VI, LINE 12C	WHEN DETERMINING FUNDING TO PROVIDE TO OTHER NON-PROFIT AGENCIES, BOARD MEMBERS RECUSE THEMSELVES FROM VOTING TO FUND AGENCIES THAT THEY HAVE AN AFFILIATION WITH

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FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OBTAINS SALARY INFORMATION FROM THE UNITED WAY WORLDWIDE FOR OTHER UNITED WAY ORGANIZATIONS THAT ARE SIMILAR IN SIZE THE INFORMATION IS USED IN DETERMINING THE SALARY OF THE OFFICERS OF THE ORGANIZATION BOARD MEMBERS CONDUCT THE ANNUAL REVIEW OF THE CHIEF EXECUTIVE OFFICER

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FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD OBTAINS SALARY INFORMATION FROM THE UNITED WAY WORLDWIDE FOR OTHER UNITED WAY ORGANIZATIONS THAT ARE SIMILAR IN SIZE THAT INFORMATION IS USED IN DETERMINING THE SALARY OF OFFICERS OF THE ORGANIZATION THE CHIEF EXECUTIVE OFFICER CONDUCTS THE ANNUAL REVIEW OF EMPLOYEES

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FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST