|  |  |  |
| --- | --- | --- |
| Form **8879-EQ**  Department of the Treasury Internal Revenue Service | **IRS *e-fi/e* Signature Authorization for an Exempt Organization**  For calendar year 2019,►or fiscal year beginning . . .**\_**. . . **7/ .o\_l\_ .** ' 2019, and ending **\_**. . . **\_6/ 3\_o\_,** 2**\_**0 **\_2 0 .**   * **Do not send to the IRS. Keep for your record,s**   **Go to *www.irs. ov/Form8879EO* for the latest information,** | 0MB No. 1545-1878 |
| **2019** |

Name of exempt organization Employer id entifi cation numb er

**UNITED WAY OF ANDERSON COUNTY 57-0510602**

Nameandtilleof officer **SCOTT ROBERTSON**

## PAST CHAIR

: **Part F Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on

the applicable line below. **Do not** complete more than one line in Part I.

►

**1a** Form 990 check here **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) **1b 2,130, 636**

►

**2a** Form990-EZcheckhere D **b Total revenue, if** any (Form 990-EZ, line 9) **2b** \_

►

**3** For m 1 1 2 0- P OL check here D **b Total tax** (Form 1120-POL, line 22) ················ **3b 4a**Frm990-PF check here ► D **b Tax based on investment income** (Fo 990-PF; P rtvi·:1i e 5·)·,· ·· ·· · · ·· · **4b** \_

**Sa** Form 8868 check here ► D **b Balance Due** (Form 8868, line 3c.). . . . . . . . . . . .. . . . . . . . . . . . . . . . . **Sb** \_ \_ \_ \_ \_ \_ \_ \_ \_

;J>atfl H Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledgeand belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **Highsmith** & **Hi g hs mi t h , LLC**

EROflrm name

to enter my PIN **10 602** as my signature

Ent er fiv e num ber s, but do no t ent er all zero s

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

D As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return.

If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of

the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► Date ► **01/05/21**

TPartnU Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN. 1577436296001

Do not enter allzeros

I certifythat the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO'ss ign a tu r e ►

**J \_.\_ \_T\_o\_d\_d**

**H\_1\_·.9...h..\_s\_m\_i\_'\_t\_h**

Date►  **01/05/21**

ERO Must Retain This Form - See Instructions

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperw ork Reduc tion Act Noti ce, see back of form. Form 8879-EO (2019)

DAA

|  |  |  |
| --- | --- | --- |
| Form **990**  (Rev. January 2020)  Depa rmt ent of the Treasury  Internal Revenue Service | Return of Organization Exempt From Income Tax  Under se►ction 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  ►Do not ent e r so c ial security numbers on this form as it may be made publi c.  Go to *www .irs.nov / Form990* for instru ction s a nd th e latest inform ation. | 0MB No. 1545-0047 |

**A For the 2019 calendar vear or tax vear beainnin 7**/**01**/**19 and endina 06**/**30**/**20**

**B** Check if applicable:

**C** Nameof organizailon

D Address change

**UNITED WAY OF ANDERSON COUNTY**

0 Employer identifica tion numb er

D Name change

Doingbusiness as

i l

I **57-0510602**

D Initial return

□

Finalreturn/ tenminated

D Amended return

F Name andaddressof principlaofficer:

**SCOTT ROBERTSON**

**P.O. BOX 2067 ANDERSON**

Numberand street (or P.O.box f mail is not deiveredlo streetaddress)

**PO BOX 2067**

Cityor town,state or province, countr,yand ZIP or foreignpostal code

**ANDERSON SC 29622-2067**

Room/suite

E Telepohnenumber

#### 864 -226 -3438

**G** Gross receints$ **2,130,636**

D Applicationpending

1. Tax-exemtpstatus: **IXI** 501(c)(3\ I J 501fc\ *I* ) ◄ /insertno.) I I 4947(a)1() or I I 521

**SC 29622**

1. Website:► [**WWW.UNITEDWAYOFANDERSON.ORG**](http://WWW.UNITEDWAYOFANDERSON.ORG/)

**H(a)** Is thisa group returnfor subordinate-s0 **Yes No H(b)** Areall subordinates incul ded? D **Yes** D **No**

If "No," attach alist. (see instructions)

H(c) Grouo exemolionnumber►

**K** Fonm of oraanizlaion: **IXI** Corooration I I Trust r l Assocai tion r I Other► I L Yearof fonmalion: **1967** I **M** Stale oflegal domci ile **SC**

· Partf j Summarv



**1** Bri e fl y desc ribe the organ iza tion 's m ission or m ost signi fica n t act iviti es: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

·· **T**· ·**H**· ·**E**· • · **MI**. .**S**. .**S**. **ION OF TH**.**E**. . . .**U**. .**N**. **I**. . **T**. .**E**. .**D**. . . **W**. .**A**. .**Y**. . . **O**. .**F**. . . .**A**. **N**. .**D**. .**E**. **R**. . **S**. .**O**. .**N**. ·· ·**C**· **O**··**U**· .**NTY I**. .**S**. . .**T**. .**O**. . **I**. . **M**. .**P**. .**R**. **O**. ·**V**·· **E**·· · ·**O**··**U**·**R**· · · ·· · · · · •·· · · · · ·· · · ·· · · · ···

. **O I'.f\_X.B PRO\7I\_D\_I?fG L:E .E S.\_III P\_.**.**IN**.**:J:l)EN'.f :I(\_;YI G**.**?fEED**\_**S**,**\_**.**SEC::tJR:I?f<3 .A:NIJ.**......\_.. . ...... .. ... .

►- □

**LEVERAGING RESOURCES AND DRIVING ACTION.**

**2** cti k t hi t> ; .it ii, -9 i ; ti - di ti - .d i i P ii .cii p ei f . t h . 2so/o .*t* ii i i -... . . . . . . . . . . . . . . . . . . . . . . .

**3** N um b er of vo tin g membe rs of the govern ing b ody (Part VI, line 1a) . . . . . . . . . .. . . . . . . . . . . . . . . . . . **r---:3=---1-=2'-'6=---------**

**4** Numbe r of indepe ndent voting membe rs of the gove rning body (Part VI, line 1b) . . . . . . . . . . . . . . . . .. . . . . . . . **1-4.;..\_1-==2'-'6,- \_**

**5** T ota l num b er of in dividua ls employed in calendar year 2019 (Part V, line 2a) . . . . .. . . . . . . . . •. . . •. . . . . . . . . . **r---:5=---1-=3-=2=--------**

**6** Total number of volunteers (estimate if necessary) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . , . . . . . . . . . . . . . . . . .

**6 1859**

7a Total unrelated business revenue from Part VIII, column (C), line 12 . , **7a**

**b**Net unrelated business taxableincome from Form 990-T, line 39 . . . **7b**

Prior Year

|  |  |
| --- | --- |
| **1,953,895** | **2,125,734** |
|  | 0 |
| **4,368**  **1,958,263**  **670,007** | **4,902**  0  **2,130,636**  **383,902** |

0

0

Current Year

**8** Contributions and grants (Part VIII, line 1h) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**9** Program service revenue (Part VIII, line 2g) . \_. . . . . . . . . . . , •.

. . .

**10** I nvestme n t i n come (Pa rt V II I, co l umn (A), lines 3, 4, and 7d) . . . . . . . . . . . . . . . . . . . . . , . . .,... ,.

|  |  |  |
| --- | --- | --- |
| **11** Other revenue (Part VIII, column (A), lines 5, 6d, Be, 9c , 10c, and 11e.). . . . . . . . . .. . . . . . . . |  | |
| **12** Tota l reve nue - add lines 8 throuah 11 /mus t eaual Part VIII, column /A), line 12) . . . . |  |  |
| **13** Gra nts an d similar amou nt s paid (Part IX, column (A), lines 1- 3) . . . . . . . . . . . . . . . . . . . . . . . . |  |  |

1. Benefitspaid to or for members (Part IX, column **(A),** line 4) . . . . . . . . . . . . . . . . . . . . . . . . . . .
2. Salaries, othe r compe nsation, emp loyee benefits (Part IX, colum n **(A),** lines 5- 10). . . . .

#### 869.206

0

#### 775,579

**1/)**

**C: QI**

**Cl.**

**w**><

1 6aProfessional fundraising fees (Part IX, column (A), line 11e.)

**b** Total fundraising expenses (Part IX, column (D), line 25) **6:**

* ........::}

**17** Other expenses (Part IX, column (A), lines 11a- 11d, 11f- 24e) ...

**·** . **:a:**

·:'::''''' ·'':' ''':'''' .::-: :: :::,::: :: ,,. :;:,:,

#### 549,479

0

:,,, : :, ,,: :: •:?•:: ' '':.:: . .

#### 620,692

1. Total expenses. Add lines 13- 17 (must equal Part IX, column **(A),** lin e 25) . . . . . . . . .. . . . . . .
2. Revenue less exoe nses . Subtract line 18 from line 12

0

! **20** Total assets (Part X, line 16) . . . . . .. . . . . . . . . . . . . . . . .

**21** Total liabilities (Part X, line 26.)

c

**z 22** Net assets or fund balances. Subtract line 21 from line 20 . . . . . . . . . . . .

#### 2.088,692

**-130.429**

Beqinnin!l of Current Year

**2,071.494**

**312.456**

**1,759.038**

**1 780.173**

**350 463**

End of Year

#### 2,577,908

**468.407 2 109,501**

Part HH 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**

►

I

Signatureof officer

Dale

►

**SCOTT**

**ROBERTSON**

**PAST CHAIR**

Typeor printname and title

Print/Type preparers name

I

I Date

J

**P ai d**

**Preparer**

J . T o d d Hig hs m it h

Preparer s signature

J. Tod d H ighsmith

Check DIif PTI N

01 / 1 9 / 2

sett-employed P 01 2 802 4 4

Firm's EIN►

**45-3749626**

**Use Only**

Phone**no. 86 4 -83 4 -3868**

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

**O ves lxJNo**

**329 s Main Street**

**Travelers Rest, SC 29690-18 15**

►

Firm's address

**Hiahsmith** & **Hiahsmith, LLC**

►

Firm's name

**For Paperwork Reduction Act Notice, see the separate instructions.**

DAA

Form **990** (2019)

Form 990 (2019} **UNITED WAY OF ANDERSON COUNTY 57-0510602**

H #IIIH Statement of Program Service Accomplishments

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

1. Briefly describe the organization's mission:

Page **2**

 . . . .

**THE MISSION C>l<'\_ J\_ li E UNITED :W.A\_.¥ C>F. \_ER,S ():t-1 <:!() \_ TY. IS TO IMPROVE OUR**

co \_I.T.¥..B.X . J?:R()Y.I \_I):I:\_t-1(3 .:L:E:A,I)ER,S,IIl:I? .\_I?:1.. I\_I)E:1'1'.l'l:C?{IN.9 1'1E:E!I) ,\_.. SEC:URI NG\_.:A:N.D.

**LEVERAGING RESOURCE:S, DRIY:I:t-1\_'3**

###### A.C\_::J

**I () N**-**,**

.. .

1. Did th e org anization undertake any significant program services during the year which were not listed on the

prior Form 990 or 990-EZ? ... ·· · ·· · ··· ... ·· · ·· ·· ·· ·

If "Yes," describe these new services on Schedule 0 .

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

If "Yes," describe these changes on Schedule 0.

1. 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** (Co de: )( E xpenses $. . .**\_ 5 3\_7** ,. **:l** including grants of$ . . **2 7 5, !5** () () ) ( Re venue $

D **Yes No**

D **Yes No**

co \_ I\_T.¥..:r I?\_A.C::T\_................... ............................................................ ..................

###### THE COMMUNITY IMPACT AGENDA IS A ROAD MAP FOR ANDERSON COUNTY TO MEET THE

P.i¢::

Mo :r.:V.Rc;Ei f } iE.E.P:s :::¢9 E.¢t ::A Ei :: 1 E. 9tiis.: AS.$tS.t Y(i:t Fi: 9P.P.¢ 1 ):tt E:S.::To

**IMJ?:R()Y.E ..0.U:..c:!()z.n.rtJ.N:I'l'.X** . **l:l-1. .EA.S1JR.)\.:S:L:E** . **:W.A.Y:S.** •... . . **l>R(\_)\_GR,E:S,S, .. A.l-JD RESUL'.I' .. A.RE**

**CO?f'.l'\_I l':f(JA.I..I..*X*** .**REVI EWE:I). '.\_I'C> . I\_I)E\_N.T.:IF.X** .**\'ll\_il\T. I S, . \_\'lC>:RI<\_I N.9-. E: :t...M'.JD.. A.'.I'..\'l:E** . **.N\_.EE:I)..'.l'O**

###### I MPROVE. FOCUS AREAS OF COMMUNITY IMPACT ARE: EDUCATION, INCOME, HEALTH

AN.D :sisic..NEEb..L.. Filim±N.ci REQtiEs-r.s · W. ER..E RECEI VE. D FO.R ;4."6 PROGRA?-is ·.FRO.M ·NoN -

PROF :i:"'i'".ORGANIZATIONS ..SER,i:i:NG ..ANDERS.O N c.·o UNTY · .........................................................

.. ' . . . . . . . . . . . . . . ... · · ·· · ·· · ·· · ·· · . . . . . . . . . . .. ......... ....





**4b** (Code:

Se .. :cihech1:L o

) (Expenses $

i n c l u din g g r a n t s of$

) ( R e v e n u e $

... ·· · · · · ·; ·· ·

. ·· · · · •·· ····· ··· ·· ··· ·· ·· ·· ·· ···· ··· ·· ··· . . . . · · · · · · · · . . . . . . . .. . · ·· ·· ··· · ·· ··· . . . . ... . . .. . . ... . . . . .. . ....... . ·· · · · · ·· · · • · ··· ··· · ·· ···· · ··· ··



**4c** (Code :

###### N/A.

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





**4d** Other program services (Describe on Schedule 0 .)

(Expenses $ **67 6** , **802** including grants of$

►

**4e** Total program service expenses **1** , **5 2 4** , **6 3 7**

**10 8** , **4 0 2** } (Reven u e $

Form **990**(2019)

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **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* 2. Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? . . . . . . . . . . . . . . . 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.* . . . . . . . . . . . . . . . . . . . . . . . .. . . 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* . . . . . . . . . . .   1. 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 Ill* . . .. . . .. . . . . .   1. 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* 2. 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* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1. Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part Ill* . . . . . . . . . . . . 2. 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 managemen,t credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* . . . . . . . . .. . . . . . . . .   **1O** D id the organization, directly or through a related organization, hold assets in donor-restricted endowments  or in quasi endowments? *If "Yes," complete Schedule D, Part V*. . . .  **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.   1. Did the organization report an amount for land, buildings, and equipment in Part X, line 1O? *If "Yes,"*   *complete Schedule D, Part VI* . . . . . . . . . . . . . . . . . . . . . .. . . . . .   1. Did the organization report an amount for investments-o ther 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* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1. 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* . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . .. . . .   1. 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* . . . . . . . . . .. . . . . . . . . . <...·.................. ...............   1. Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* . . . . . . . . . . .. . . .   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 . . . . . . . . . . . .*  **12a** Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete*  *Schedule D, Parts XI and XII* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  **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* . . . . . . . . . .  **13** Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* . . . . . . . . . . . . . . . . . . . . . . . . . . .  **14a** Did the organization maintain an office, employees, or agents outside of the United States? . . . . . . . . . . . .\_. . . . . . . . . . .  **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* \_ .   1. 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* 2. 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 Ill and IV* ... . 3. 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) . . . . . . . . . . . . . . . . . . . . . . . . . . ..   1. 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* . . . . . . . . . . . 2. 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 Ill* . . . . . . . . . . . . . . .. . . . . . . . . . . . ... . . . . . . . . . . . . . .. . .. . .. . . .. . . . . . . . .. . .. . . . . .. . . .  **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . . . . . . . . . . . . . . .\_. . . . . . . . . . . . \_ . .  **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . . . . . . . . . . . . . . . . . .. . .  **21** Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic qovernment on Part IX column /A\, line 1? *If "Yes " comolete Schedule I Parts I and II* . |  | **X** |  |
| **2** | **X** |  |
| 3 |  | **X** |
| **4** |  | **X** |
| **5** |  | **X** |
| **6** |  | **X** |
| **7** |  | **X** |
| **8** |  | **X** |
| **9** |  | **X** |
|  |  |  |
| **10** ,:,t **X**:: | | |
| i: ::: ' :: ;:. | | |
| ::: ; *,lo*  **11a X**  **11b X**  **11c X**  **11d X**  **11e X**  **11f X**  **12a X**  **12b X**  **13 X**  **14a X**  **14b X**  **15 X**  **16 X**  **17 X**  **18 X**  **19 X**  **20a X**  **20b**  **21 X** | | |

Form 990 (2019) **UNITED WAY OF ANDERSON COUNTY 57-0510602** Page **3**

**Ffotfl\i Checklist of Reauired Schedules**

DAA Fo rm **990** (2019)

Form 990 (2019) **UNITED WAY OF ANDERSON COUNTY 57-0510602**

**Part J\f' Checklist of Reauired Schedules** *(continued)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| 1. 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 Ill* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1. 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* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ....  **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 . . . .. . . . . . .. . .. . .. .. . . .. .. . . . . . . . .. . . . . . . . . . ..   1. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . . . . . . . . . . . . . . . . . . . . . . 2. Did the organization maintain an escrow account other than a refunding escrow at any time during the year   to defease any tax-exempt bonds? . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1. Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?   **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*. . . . . .  **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* . . . . . . .. . . . . . . . .. . .. . . . . .. . . . .. . .. . . .. . . . ..   1. Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part I*.*I*. . . . .. . 2. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key   employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part Ill* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1. 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):   * 1. A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If*   *"Yes," complete Schedule L, Part IV* . . . . .. . . . . . . .. . .. . . . . . .. . . . .. . .. . . . . . . .. . . . .. . . . . .   * 1. A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part JV* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   2. A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If*   *"Yes," complete Schedule L, Part JV* . . . . . . . . . . . . . . . . .. . . . . .. . . . .. . . .. . . . . .. .. . .. . .. .. .*:* • . .. . . . . .   1. Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule* ***M*** . . . . . . . . . . . . . . . . . . . . . . 2. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* . . . . . . . . . . . . . . . . . . . . . . . . . . 3. Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* . . . . . . . . . . .. . 4. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If* "Yes,"   *complete Schedule N, Part II* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1. 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* 2. Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, Il l, or IV, and Part V, line 1*   **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  **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* ...   1. **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* . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . .   1. 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* . . . . . . . . . . . . . . . . . . . .   1. 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 reouired to comolete Schedule 0. | **22** |  | **X** |
| 23 |  | X |
| 24a |  | X |
| 24b |  |  |
| 24c |  |  |
| 24d |  |  |
| 25a |  | X |
| 25b |  | X |
| 26 |  | X |
| 27 |  | X |
| 28a |  | X |
| 28b |  | X |
| 28c |  | X |
| **29** |  | **X** |
| **30** |  | **X** |
| **31** |  | **X** |
| **32** |  | **X** |
| **33** |  | **X** |
| **34** |  | **X** |
| **35a** |  | **X** |
| **35b** |  |  |
| **36** |  | **X** |
| **37** |  | **X** |
| **38** | **X** |  |
|  | | | |

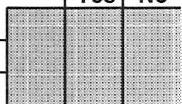
Paqe **4**

'·: **P,art Vd Statements Regarding Other IRS Filings and Tax Compliance**

□

Check if Schedule O contains a res onse or note to an line in this Part V.

**Yes No**



**1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . .

1. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
2. Did the organization comply with backup withholding rules for reportable payments to vendors and re ortable amin

**1a 18**

1b 18

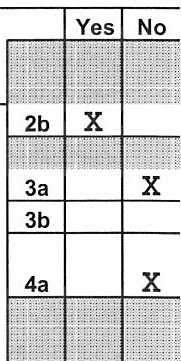
1c **X**

Form **990** (2019)

Form 990 (2019) **UNITED W ANDERSON COUNTY 57-0510602** Page **5**



{ **P rtV** '. **Statements Re Other IRS Filin s and Tax Com liance** *continued*



**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 32**

**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 *toe-file* (see instructions)

**3a** Did the organization have unrelated business gross income of $1,000 or more during the year?.

**b** If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule* 0

**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)?

►

**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).

|  |  |  |
| --- | --- | --- |
| **Sa** |  | **X** |
| **Sb** |  | **X** |
| **Sc** |  |  |
| **6a** |  | **X** |
|  |  |  |

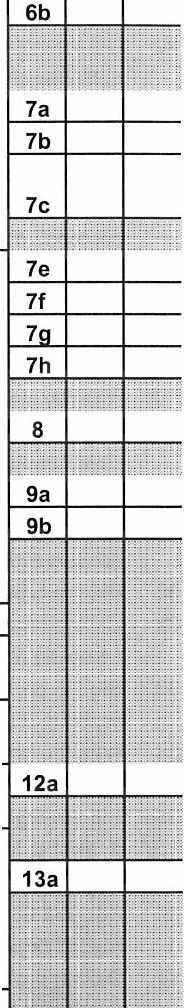
**Sa** Was the organization a party to a prohibited tax shelter transac tion at any time during the tax year?

**b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ....

**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?.

**b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?



1. **Organizations that may receive deductible contributions under section 170(c).**
   1. 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?
   2. If "Yes," did the organization notify the donor of the value of the goods or services provided?
   3. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
   4. I f "Yes," indicate the number of Forms 8282 filed during the year

7d

* 1. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . . . . . . . . .
  2. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
  3. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .
  4. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ..

1. **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?

1. **Sponsoring organizations maintaining donor advised funds.**

. *'1 '* . . .... . . . . . . . . . . . .

1. Did the sponsoring organization make any taxable distributions under section 4966?
2. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
3. **Section 501**(c)(7) **organization.s**Enter:
4. Initiation fees and capital contributions included on Part VIII, line 12 ..
5. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilitie.s
6. **Section 501(c)(12) organizations.** Enter:
7. Gross income from members or shareholders
8. Gross income from other sources (Do not net amounts due or paid to other sources

**10a**

**10b 11a**

against amounts due or received from them.) . . . . **L..:..1..:.;1b:...L.-- - - - - - - -' · 12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . **L..!.21 b 1'**

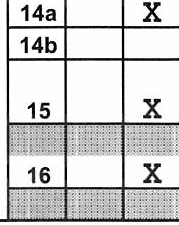
**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

1. Is the organization licensed to issue qualified health plans in more than one state?.

**Note:** See the instructions for additional information the organization must report on Schedule 0.

1. 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**

1. Enter the amount of reserves on hand **L..!.13 c:..J.. 4=4 =: =**

**14a** Did the organization receive any payments for indoor tanning services during the tax year?

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

1. 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.

1. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes" com lete Form 4720 Schedule 0.

Form **990** (2019)

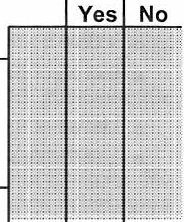
DAA

Form 990 (2019) **UNITED WAY OF ANDERSON COUNTY 57** - **0510602** Page **6**

**;PadVl:i Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No"*

*response to line Ba, Bb, or 1Ob below, describe the circumstances, processes, or changes on Schedule* 0. *See instructions.*

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



1. **a** Enter the number of voting members of the governing body at the end of the tax year . . . . . . . . . . . . . . . . . . . . . .

|  |  |
| --- | --- |
| **1a** | **26** |
| **1b** | **2 6** |

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 on Sc hedule 0 .

**b** Enter the number of voting members included on line 1a, above, who are independen.t. .

1. 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. Did the organization delegate control over management duties customarily performed by or under the direct

supervision of officers, directors, trustees, or key employees to a management company or other person?

1. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed.?.
2. Did the organization become aware during the year of a significant diversion of the organization's assets?
3. Did the organization have members or stockholders?.

**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?

**b** Are any governance decisions of the organization reserved to (or subject to approval by) members,

stockholders, or persons other than the governing body? .



1. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followin
   1. The governing body?
   2. Each committee with authority to act on behalf of the governing body?
2. I s there any office r, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the or anization's mailin address? *If* "Yes " *rovide the names and addresses on Schedule* O

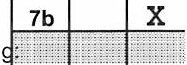
**2 X**

**3 X**

**4 X**

**5 X**

**6 X**

 **7a X**

***Ba* X**

**8b X**

**9 X**

**Section B. Policies** *This Section B re uests information about olicies not re uired b the Internal Revenue Code.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| **1Oa** Did the organization have local chapters, branches, or affiliates? **10a**  **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | |  | **X** |

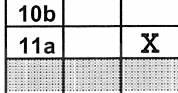
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

**11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

**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*

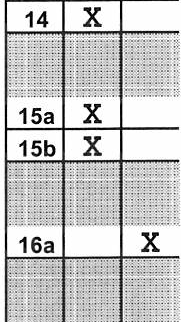
1. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .
2. Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule* O *how this* was *done*
3. Did the organization have a written whistleblower policy?
4. Did the organization have a written document retention and destruction policy?
5. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneoussubstantiation of the deliberation and decision?



**12a X**

**12b X**

**12c X**

 **13 X**

* 1. The organization's CEO, Executive Director, or top management official



* 1. Other officers or key employees of the organization.

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?

**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

or anization's exem t status with res ect to such arran ements?

**16b**

Section C. Disclosure

►

1. List the states with which a copy of this Form 990 is required to be filed **SC**
2. Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

D D

Own website Another's website Upon request O ther *(e xplain on Schedule 0)*

1. Describe on 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.

►

1. 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 2 9 6 2 2 8 6 4 - 2 2 6 - 3 4 3 8

Form **990** (2019)

Form 990(2019l **UNITED WAY OF ANDERSON COUNTY 57-0510602** Page 7

P rlVl( Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

**Independent Contractors**

Ch eck if Schedule O contains a response or note to any line in this Part VII D

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

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

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

$100,000 of reportable compensation from the organization and any related organizations.

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(A)** | (B) | | (C) | | | | | | (0) | (E) | (F) |
| Name and title | Average | | Position | | | | | | Reportable | Reportable | Estimated amount |
| hours | | (do not check more than one | | | | | | compensation | compensaiot n | of other |
|  | per week | | box, unless person is both an | | | | | | from the | from related | compensation |
|  | (list any hours for related  or g anizatio ns  below | | officer and a director/trustee) | | | | | | organization  (W • 2/ 1099•M I SC ) | organizations (W• 2/1 0 99 - MIS C ) | from the  o rg an i z a tion a nd  r e lat ed o r gani za t i o n s |
| *Q* g\_ | I  g-  ::,  !!!.  2  \*<I> | 0;;;  a | ;,;  <I> '<  <I>  3  *i*'.<I.>  < | *$*  'O m=r .  it g  3  I  *a;*  0. | ..,  !!l |
|  | dotted line) | | 2  .\*. |  |  |  |  |  |
| **(1)CAROL BURDETTE**  PRESii:iii;w.r / cl.i:.o... ...... | .. **40.00**  tf. 00 | | **X** |  | **X** |  |  |  | **112, 73 0** | 0 | 0 |
| **(2) CL I NT BATES**  . • · .. . . . . . . . . . . . . . . . . . . . .. .  **T REASURER** | ·····**0**o**.**. **2**oo**5**· | | **X** |  |  |  |  |  | 0 | 0 | 0 |
| **(3)PHI L BATSON**  . ·· ·· ·· · ·· ·· · · . . . . . . ·•···......  **DIRECTRO** | .. **0.25**..  **0.00** | | **X** |  |  |  |  |  | *I*  0 | 0 | 0 |
| **(4)BECKY CAMPBELL** |  | |  |  |  |  |  |  |  |  |  |
| . . . . . . . . .........  **DIRECTOR** | **0.25**  **0.00** | | **X** | 0 | 0 | 0 |
| (5)D ONN IE C AM PB ELL  . . . .. .. . .. . . . . . . . . . . . .. . . ···· ·· ... .  DIRECTOR | . . . | 0 . 25 ..  0.00 | **X** |  |  |  |  |  | 0 | 0 | 0 |
| (6)NIKKI CA RSON |  | |  |  |  |  |  |  |  |  |  |
| . .... . .....' . .. . . . . . . . . . . .  DIRECTOR | . . . . .0. ..25  0.00 | | **X** | 0 | 0 | 0 |
| **(?)ALA** CHA PPEL EA R  . . . . . .. . . . . . . . .  DIRECTOR | · | 0o..'2o5o | **X** |  |  |  |  |  | 0 | 0 | 0 |
| (B)SEAN CO NSTAN CE  . . . . . . . . . . . . . . . . . . . .  DIRECTOR | · 0o..'2oo5 | | **X** |  |  |  |  |  | 0 | 0 | 0 |
| **(9)NA KI A** D AVIS  . . . ... ········· ... '  DIRECTOR | . . . . .0. .25  0.00 | | **X** |  |  |  |  |  | 0 | 0 | 0 |
| (10)MARY **GAY** DRAKE  . ....... . . . . . . . . . . . ,, .. . . . . . . . . . . .  D I RECTOR | ....·0o..2oo5 | | **X** |  |  |  |  |  | 0 | 0 | 0 |
| (11)LINDA JAMEISON  . ......... . . . . ··· · ·· · ··· · ·  DI RECTOR | · ..0o·..2oo5 | | **X** |  |  |  |  |  | 0 | 0 | 0 |

Form 990 (2019)

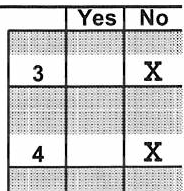
Form990 {2019) **UNITED WAY OF ANDERSON COUNTY 57-0510602**

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

Page **8**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(A)**  Name and title | **(B)**  Average hours per week  (list any | (C)  Position  (do not check more than one box. unless person is both an officer and a director/trustee) | | | | | | (0)  Reportable compensation from the  organization | | (E)  Reportable compensation from related  organizations | (F)  Estimated amount of other compensaiton  from the |
|  | hours for  related  or g anizations | o-  iCDfa.  Oc  *Q*  2  \*<t> | [  g-  ::,  !!!.  2  \*<t> | 0  =1i  @ | "CD'  '<  CD  3  'O  i5'  '< CD CD | <I>:,:  3ID·  Jmig  3  i  CL | 'T1 0  3 | (W-2/1099-MISC) | | (W-2/1099-MISC) | organization a nd  related organizations |
|  | below |  |  |  | |  |  |
|  | dotted line) |  |  |  | |  |  |
| **(12) FREDERICA JE** | **f'FRIES** |  |  |  |  |  |  |  | |  |  |
| · ·· · ·· · ···. .... ... . . . . . .  **DIRECTOR** | . . . . .**0.2 5**  **0.00** | **X** | 0 | | 0 | 0 |
| **(13) TINA JURY**  . . . . .. . . . . ....  **DIRECTOR** | ....·**0**o·**.**.-**2**o**5**cf | **X** |  |  |  |  |  | 0 | | 0 | 0 |
| **(14) MAURICE MCKE** | **ZIE** |  |  |  |  |  |  |  | |  |  |
| . . . . . . . . . . . . . .. . . . . . . . . . ·· · ···  **DIRECTOR** | .....**0**..**.**..**2**..**5**.  **0.00** | **X** | 0 | | 0 | 0 |
| **(15) STEVE MILES**  .. .. . . . . . ..  **DIRECTOR** | . . . . .**0**.. **.**. .**2**. . **5**. . .  **0.00** | **X** |  |  |  |  |  | 0 | | 0 | 0 |
| **(16) CHUNSTA MILL**  .. . . . . . . . . . . . . . ...  **DIRECTOR** | **e:R**  . . . .·**0**o·**.**.**2**oo**5** | **X** |  |  |  |  |  | 0 | | 0 | 0 |
| **(17) MIKE MORRIS**  . . . . . . . .. .. .. .... . · ··· · · ·  **PAS T CHAIR** | . . . . **0**o·**.**.-**2**o**5**o | **X** |  |  |  |  |  | 0 | | 0 | 0 |
| **(18) KRISTIN MOSE**  . . . . . .. .. ................. .... .  **DIRECTOR** | **µEY**  . . . .·**0**o**.**.-**2**oo**5**· | **X** |  |  |  |  |  | 0 | | 0 | 0 |
| **(19) BRADLEY ORR**  .... .... ... ·· · ·· · ................  **DIRECTOR** | .....**0**o.**.**.'**2**oo**5**.. | **X** |  |  |  |  |  | ' | 0 | 0 | 0 |
| **1b Subtotal** . . .. . .. . .. . . . . . . . . . . .. . . . ..... . .. . . . . . . . . . . . . . . . | | | | | | | ►  ► | **112,730** | |  |  |
| **C Total from continuation sheets to Part VII, Section A** . | | | | | | |  |  | |  |  |
| **d Total (add lines 1b and 1cl** . | | | | | | |  | **112,730** | |  |  |

1. Total number of individuals (including but not limited *to* those listed above) who received more than $100,000 of re ortable com ensation from the or anization **1**



►

1. Did the organization list any **former** officer, director, trustee, key employee, or highest compensated

employee on line 1a? *If* "Yes," *complete Schedule J for such individual .* . . . . .. . . . .. . . . . .. . . \_ \_ .

1. 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* . .. . .. . . .. . .. . . . . . . . . . . . . . . . . . . .. .. . . .. .. . . . . .
2. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

for services rendered to the or anization? *If "Yes "com lete Schedule J for such erson* . . 5 **X**

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 *of*

comoensa tion from the oraanizati on. Reoort comoensation for the calendar vear endina with or within the oraanization's tax vear.

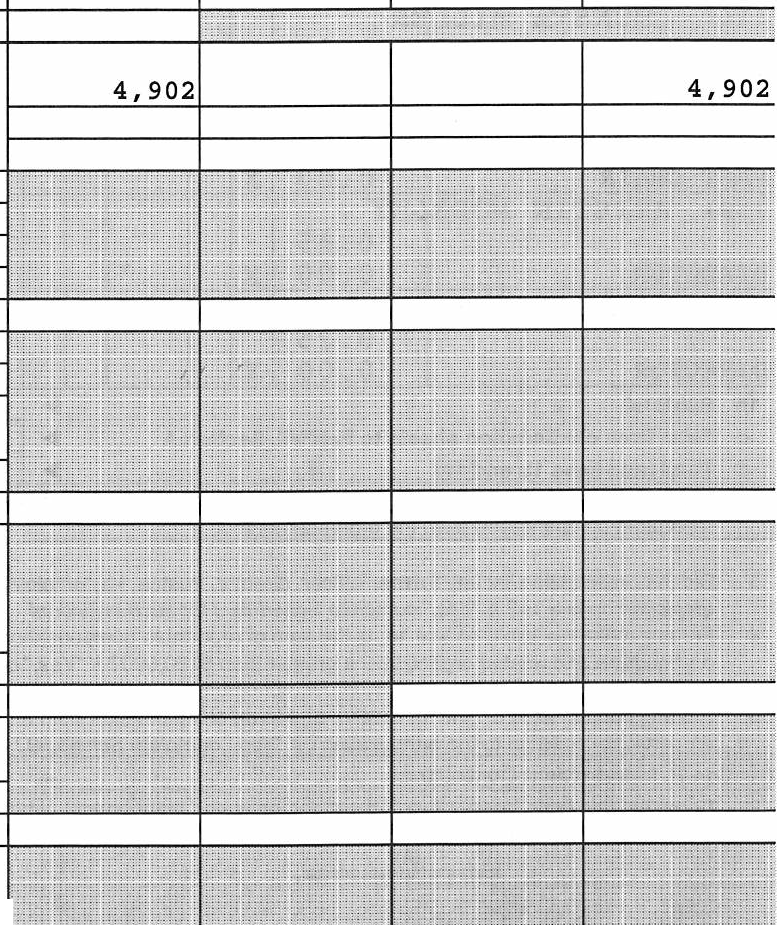
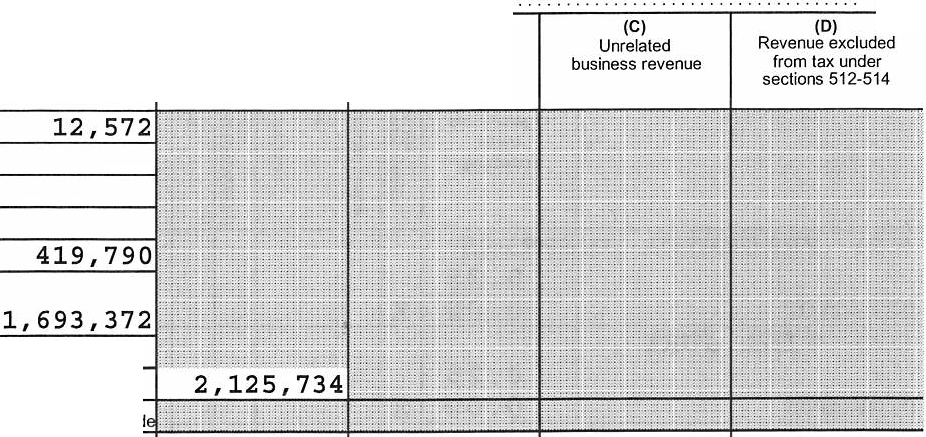
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Al  Name and business address | D *rin* (.B) f ·  escn tIon o services | (C)  Comoensation | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
|  |  |  | | |
| \ |  |  | | |
| received more than $100,000 of comoensation from the oraanization► 0  2 Total number of independent contractors (including but not limited to those listed above) who | | . | .... : | ,+"'· '' |
| ... " ' L | | |

OM Form U (2019)

Form990 (2019} **UNITED WAY OF ANDERSON COUNTY 57-0510602**

**<P artVlil Statement of Revenue**

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



Page **9**

□

-**cc**- **1a** Federated campaigns **1a**

:,

**(A)**

Total revenue

(8)

Related or exempt

function revenue

**C>o b** Membership dues **1b**

**.E**

**4:**/**:.\_**

**C**uaising events **1c**

·**C**-**>**"**-**' **d** Related organizations **1d**

u;'e **e** Government grants (contributions) **1e**

**c·-**

**1f**

***Oen***

·**-** - .**C**.**l**.**)**

**.**:**.**,**c..c.**

:so

**f** Allother contributions, gitts, grant,s and similaramounts not included above

**C"C g** Noncash conrtibuiot nsincluedd inlines1a-1f

**Oc h Total.** Add lines 1a- 1f

**(J** "'

**2a**

**b**

**C**

**d**

**e**

**f** All other program service revenue

**Total.** Add lines 2a-2f

$

►

BusinessCod

►

1. I nvestment income (including dividends, interest, and

other similar amounts) ►

1. Income from investment of tax-exempt bond proceeds ►
2. Royalties ... ►

|  |  |  |
| --- | --- | --- |
| **6a 6b 6c** or  **7a** | (i) Real | (ii) Personal |
|  |  |
|  |  |
|  |  |
| loss ► | |
| (i) Secuirties | (ii) Other |
|  |  |
| **7b 7c** |  |  |
|  |  |

**Cl)**

:,

**C**

**6 a** G ros s rents

1. Less: rental expense
2. Rental inc.or (loss)
3. Net r ental income

**7a** Gross amount from

sales of assets other than inventory

**b** Less: cost or other

**Cl)** basisand sales exps.

>

**Cl) c** Gain or (loss)

**0**..**:**.**:**

►

**Sa**

**Cl)**

**.c**

**d** N et gain or (loss) . . . . . . . . . . . .

0 **Sa** Gross incomefrom fundraising events (not including $

of contributions reported on line 1c).

See Part IV, line 18

**b** Less: direct expenses **Sb**

**C** Net income or (loss) from fundraising events ►

**9a** Gross income from gaming activities.

See Part IV, line 19 **9a**

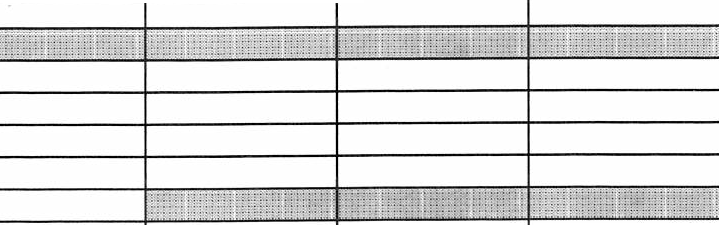
1. Less: direct expense.s **9b**

**C** Net income or (loss) from gaming activities ►

**10a** Gross sales of inventory, less

returnsand allowances **i---1:c.=c=0a+ t**

**b** L ess : cost of goods sold . . . . **L...!,;10::..:b::.J..... -+=...:::.== = ...:::. = = = = = =F = = = = = :;;.+== = = = =**



►

1. N e t in come or loss from sales of invento

Business Code :: :: :·:

DAA

**11a**

**b**

**C**

1. All other revenue
2. **Total.** Add lines 11a- 11d .
3. **Total revenue.** See instructions .

►

2, 130,636 0 0 4,9 02

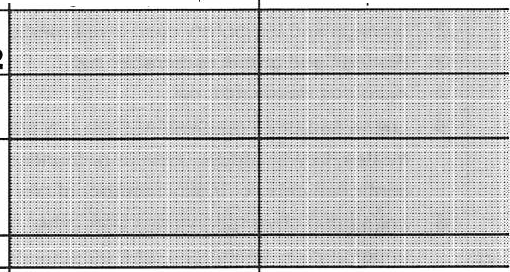
►

F orm **990** (2019)

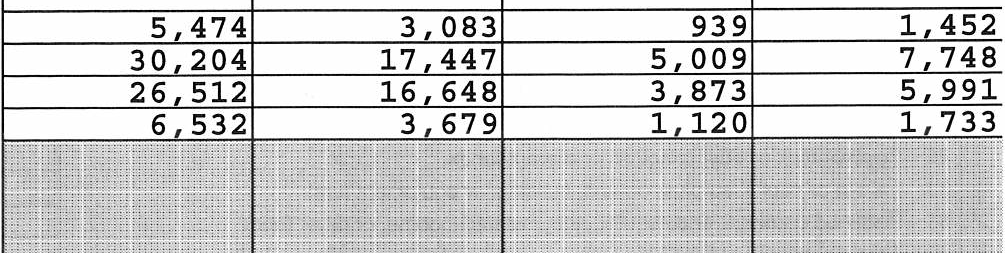
Form 990 (2019) **UNITED WAY OF ANDERSON COUNTY 57-0510602** Page **10**

ParHXi Statement of Functional Expenses

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

Check **if** Scheduel O contani s a responseor note to any line in this Part IX

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Do not include amounts reported on lines 6b, 7b, Bb, 9b, and 10b of Part VIII.*** | **(A)**  Total expenses | | | | | | | | | **(B)**  Program service  expenses | | | (C) (D)  Managemen t and Fundrais ing  general expenses expenses | | | | | | | | | | |
| 1. Grants and other assistance to domesict organizatoi ns and domestic governments.See Part IV, line21 2. Grants and other assistance to domestic individuals. See Part IV, line 22. . 3. Grants andother assistanceto foreign organizations,foreign governments,and foreign individuals. See Part IV, lines 15 and 1.6 4. Benefits paid to or for members 5. Compensation of current officers, directors, trustees, and key employees . . . .. .. . . . . 6. Compenstiaonnot includedabove todisqualified   persons(as deifnedunder section 4958(0(1)) and persons described in section 4958(c)(3)(B.) .   1. Other salaries and wages 2. Pensionplanaccruals and contributions (include section 401(k) and 403(b) employer contributions) 3. Other employee benefit.s 4. Payroll taxes 5. Fees for services (nonemployees):    1. Management    2. Legal .    3. Accounting    4. Lobbying.    5. Profesisonal fundraising services.See Part IV, line -    6. Investment management fees    7. Other. (If line11g amount exceeds 10% ofline 25, column       1. amoun,tlist line11g expenses on Schedule 0.) 6. Advertising and promotion .. 7. Office expenses 8. Information technology... .. . . .. .. . . . . .. . . 9. Royalties 10. Occupancy 11. Travel 12. Payments of travel or entertainment expense   for any federal, state, or local public officials   1. Conferences, conventions, and meetings. | **383,902** | | | | | | | | | **383 902** | | |
|  | | | | | | | | |  | | |
|  | | | | | | | | |  | | |
|  | | | | | | | | |  | | |
| **112,730** | | | | | | | | |  |  | **83 420** | |  | **11,273** |  |  |  |  |  |  |  | **18,037** |
|  | | | | | | | | |  | | | | | | | | | | | | | |
| **533,118** | | | | | | | | |  |  | **435,827** | |  | **38,434** |  |  |  |  |  |  |  | **58,857** |
| **18,797** | | | | | | | | |  |  | **13,909** | |  | **1 504** |  |  |  |  |  |  |  | **3,384** |
| **54,442** | | | | | | | | |  |  | **40,286** | |  | **4,355** |  |  |  |  |  |  |  | **9,801** |
| **56,492** | | | | | | | | |  |  | **45 081** | |  | **4,480** |  |  |  |  |  |  |  | **6,931** |
|  | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | +== |  | "-"-'-'-"-'-'""'-"= = """-''°"4"""' | |  | """';.;..:..:..: :.=-'-'-"-""'-'"""-:' :+-- |  | - |  | - |  | - |  | - - - ­ |
| 1-7'- | - | - | - | - | - | - | - | - |
|  | | | | | | | | |  | | | | | | | | | | | | | |
| **11,599** | | | | | | | | |  |  |  | |  | **919** |  |  |  |  |  |  |  | **6,963** |
| **47,057** | | | | | | | | |  |  | **27,183** | |  | **5,397** |  |  |  |  |  |  |  | **14,477** |
|  | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |
| **13,541** | | | | | | | | |  |  | **7 626** | |  | **2 323** |  |  |  |  |  |  |  | **3,592** |
| **13 424** | | | | | | | | |  |  | **11,675** | |  | **94** |  |  |  |  |  |  |  | **1 655** |
| l + | | | | | | | | | - |  | - - - - - - -1-- | | - | - - - - - -1 - |  |  | - |  | - |  |  | - - - - |

1. Interest
2. Payments to affiliates
3. Depreciation, depletion, and amortization
4. Insurance
5. Other expenses. Itemizeexpenses not covered above (Listmiscellaneous expenses on line 24e. If line24e amountexceeds 10% of line 25, column

(A) amoun,tlistline24e expenses on Schedule 0.) c.;;.;.;.;.;.;.;;..;.;..;::::;.;.;c.;;,;.;.;.;.;.;;.;..;4;.;

c.;;.;.;.;.;.;.;;.;..;;.::::;.;.;c.;;,;.c.;.;.;.;;..;;.;.;.;.;.;.;.;-1- c.c.;.= = .;.;.;.;;c.;;.;.;.;;.;.;;;;;.,;;..;;.;.;ic.c.;.;.;;.;.;.::::;.;.;.;.;.;.;.c;.;\_.;\_c.c.;.;.;;.;..;::::;.;..;;;;:

**a PROGRAM SUPPLIES**

## 361,237 357,5 17 266 3 454



**b E**. .**V**. .**E**. .**NTS 27 557 22 594 173 4,790**

**c P**.**R**. .**O**. .**F**. .**E**. **S**. .**S**. **IO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAL 14 540 8 189 2 494 3,857** | | | | |
| **12 878** |  | **7 591** | **2 076** | **3 211** |
| **50,137**  **es.**Addlines 1 throu h 24e . **1,780,173** | **1** | **35,263**  **524, 637** | **5,119**  **89,848** | **9,755**  **165 688** |

**d** .**T**. .**E**. .**L**.**E**. .**P**. **H**. . .**O**. **N**. . **E**.

**e** All other expenses

1. Total functional **ex ns**
2. **Joint costs.** Complete this lineonly if the organizationreported in coul mn (B) jointcosts from a combined educational campaign and fundraising soilcitation. Check here

if

►D



DAA

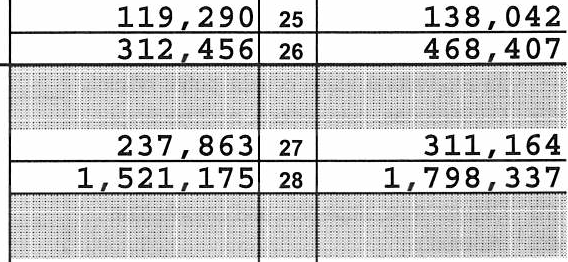
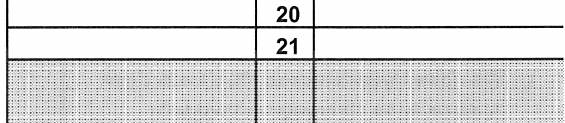
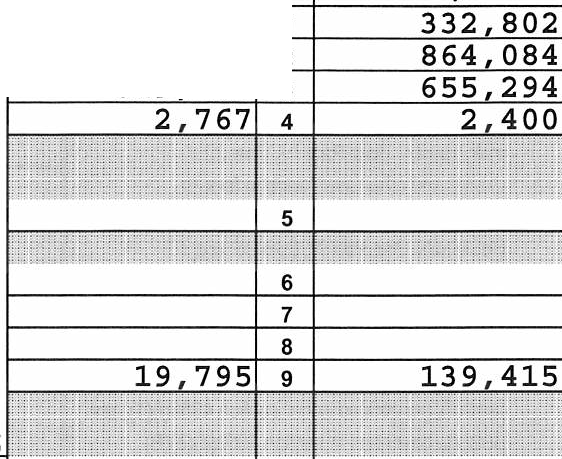
followin SOP 98-2 ASC958-720 .. . .. . . . .

Form **990**( 2019)

Form 990 (2019) **UNITED WAY OF ANDERSON COUNTY 57-0510602**

**Part)C Balance Sheet**

Check if Schedule O contains a res onse or note to an line in this Part X



Page **11**

Cash-non-interest-bearing

* 1. Savings and temporary cash investments
  2. Pledges and grants receivable, net
  3. Accounts receivable, ne.t
  4. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.
  5. Loans and other receivables from other disqualified persons (as defined under section 4958(f){1)), and persons described in section 4958(c)(3)(B)
  6. Notes and loans receivable, net



* 1. Inventories for sale or use
  2. Prepaid expenses and deferred charges.

**1Oa** Land, buildings, and equipment: cost or other

**(A)**

Beginning of year

**255,003**

**647,638 2**

**549,156 3**

**(B)**

End of year

basis. Complete Part VI of Schedule D

**b** Less: accumulated depreciation . . . . . .. . . . .

**10a 10b**

## 749 592

**165 679**

**597,135 10c 583,913**

1. Investments- publicly traded securities.
2. Investments- other securities. See Part IV, line 11

**11**

**12**

|  |  |
| --- | --- |
| **13** Investments-program-related. See Part IV, line 11 | **13** |
| **14** Intangible asset.s | **14** |
| **15** Other assets. See Part IV, line 11 | **15** |
| **16 Total assets.** Add lines 1 throu h 15 | **2 071 494 16 2 577 908** |
| **17** Accounts payable and accrued expenses | **60*I* 708 17 116,936** |
| **18** Grants payable | **18** |

**19** Deferred revenue ·········· ..... .. .. ... ············

**20** Tax-exempt bond liabilities . . . . . . . . . . . . .

**19 2,480**

**21**

**22**

**:**.**c**,

**:J 23**

Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons

Secured mortgages and notes payable to unrelated third parties. . . . . .

**22**

## 132,458 23 103 309

(,)

:

**C:**

1. Unsecured notes and loans payable to unrelated third parties
2. 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
3. **Total liabilities.** Add lines 17 throu h 25 . **Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.**

**24 107 640**

**27**

**Ill 28**

**"O**

**C:**

::,

**LL**

Net assets without donor restrictions

Net assets with donor restrictions

**Organizations that do not folloV:, FAS. B ASC958-:**

**and complete lines 29 through 33.**

**h k h r-** ·

**0 29** Capital stock or trust principal, or current funds

**30** Paid-in or capital surplus, or land, building, or equipment f - d··:······

**31** Retained earnings, endowment, accumulated income, or other fund.s

**29**

**30**

**31**

**z**-; **32** Total net assets or fund balances

''' ''''

## 1,759 038 32 2,109 501

**33** Tot a l liabilities and net assets/fund balances .

## 2 071 494 33 2 577 908

Form **990** (2019)

DAA

Form 990 (2019) **UNITED WAY OF ANDERSON COUNTY 57-0510602**

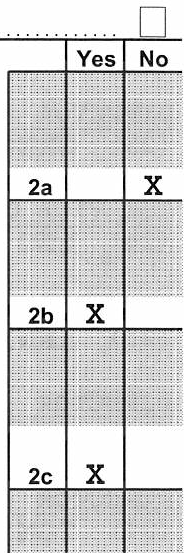
'f**Paff XL Reconciliation of Net Assets**

Page **12**

Check if Schedule O contains a resoonse or note to anv line **in** this Part XI . . . . . . . . . . . . . . . . . n

|  |  |  |
| --- | --- | --- |
| **1** Total revenue (must equal Part VIII, column (A), line 12) . . . . . . . . . . ·· · · • • · · ·· ··  **2** Tota l expenses (must equal Part IX, column (A), line 25) . . . ·· ·· · ·· · · . . . . . . . . ., .. .. ·········. . . . . .   1. Revenue less expenses. Subtract line 2 from line 1 ........... . , ... .. . . . . . 2. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .. .... . .. .. ... ... .. . ...   **5** Net unrealized gains (losses) on investments .... . . . . . . . . . . . . ......... . . . . . . . . . . . .  **6** Donated services and use of facilities .. .. ......... .... . . . . . · ·· · •·. . ... . . . .. · · · · · • · ......  **7** Investment expenses ... .. . . . . . . ... .. ..... ... ..... . . . . .... . ..······ . . . . ..··········· ·········· . . . .  **8** Prior period adjustments . . . . . . . . . . . . . · · · ·· · ·· · • · · · · •· ·........ . . . . . . . ......... , .. ... . . . ·· · · ·· · , . . . ·· · ··   1. Other changes in net assets or fund balances (explain on Schedule 0) . • • · . . . . .................... 2. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   32, column (B)) . . . . . . . . . . . . . . . . . . . . . . . . . | **1** | **2,130,636**  **1,780,173**  **350,463**  **1,759,038** |
| **2** |
| **3** |
| **4** |
| **5** |
| **6** |  |
| **7** |  |
| **8** |  |
| **9** |  |
| **10** | **2,109,501** |

:**·**:**··**:**P**.,**ar**.**t**·:**·x**.·**11·**:'

Financial Statements and Reporting

Check if Schedule O contains a res onse or note to an line in this Part XII .

Accounting method used to prepare the Form 990: D Cash Accrual D Other \_ Ifthe organization changed its method of accounting from a prior year or checked "Other," explain in

Schedule 0.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewedon a separate basis, consolidated basis, or both:

D Separate basis D Consolidated basis D Both consolidated and separate basis

1. Were the organization's financial statements audited by an independent accountant?

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

D D

Separate basis Conso lidated basis Both consolidated and separate basis

1. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 0.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 0MB Circular A-133? ..., . ", .,, . . .., . . . . . . . . . ., . .,. , , ., ... ,. ' ' ." . . . "" | **3a** | **X** |
|  |  |  |
| **b** If " Yes," did the organization undergo the required audit or audits? If the organization did not undergo the |  |
| re uired audit or audits ex lain wh on Schedule O and describe an ste s taken to under o such audits | **3b** |

Form **990** (2019)

DAA

Form990(2019) **UNITED WAY OF ANDERSON COUNTY 57-0510602**

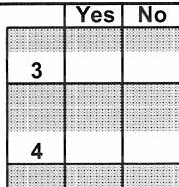
**.::p art VII' Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

Page **8**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(A)**  Name and title  **(20) DON PEACE**  . . . . . . . . . . . . . . .  **DIRECTOR** | | **(B)**  Average hours per week (list any hours for related  orgaiznations | (do box offi  o-  ii | (C) (0) (E)  Position Reportable Reportable  not check more than one compensation compensation  , unel sspersonis both an from the from related  cer and a director/trustee) organization organizations  5' 0 " g .,, ( W-2/1099-MISC) (W-2/1099-MISC)  - ,Ji <l>  g 0 '< 'OCT  <l>  ,;- 3 | | | | | | | | | | ( F )  Estimated amount of other compensation from the organization and  related organizations  0 |
| be l o w  dotted line) | i  2  \*<l> | :,  !!!.  2  \*<l> | | 0  '<  <l>  <l> | | | 3  1il  ;;::  [ | **0** | | | 0 |
| **... ..o0•.;2o5o** | **X** |  |  |  | |  | |
| **(21) SCOTT ROBERTS**  **PAST CHAIR** · · · -- | | **ON**  · ·iL**0 .** o**2**o**5** -- x | |  |  |  | |  | |  |  | 0 | 0 | 0 |
| **(22) JIM ROSER**  **DIRECTOR** | | --o**0**·.**.** o**2** o**5**· x | |  |  |  | |  | |  |  | 0 | 0 | 0 |
| ( ***2* 3) GREG SHORE**  .. . . . . . . . . . .  **1ST VICE CHAIR** | | ....***b***.**0** ·**.**.**0**· **205 ..x** | |  |  |  | |  | |  |  | 0 | 0 | 0 |
| **(24) LEO SMITH**  **DIRECTOR** | | ....***b***.**0·.;0205**. | **X** |  |  |  | |  | |  |  | 0 | 0 | 0 |
| **(25) ANNIE SUTTON**  **DIRECTOR** | | -.- --**0***b*• **.**·**2***b***5**o | **X** |  |  |  | |  | |  |  | 0 | 0 | 0 |
| **(26) AMIKA THOMAS**  . .. . .. . . . . .  **DIRECTOR** | | -- ·o**0**.**.2**o**5**o | **X** |  |  |  | |  | |  |  | 0 | 0 | 0 |
| **(27) TOM WILSON**  ...···············......·········  **CHAIR** | | ...**0.25**  ..  **0.00 X** | |  |  |  | |  | |  | *I* | **0** | 0 | 0 |
| **1b Subtotal** | . |  |  |  |  |  | | | ► | |  | | |  |
|  | | |  |
| **c Total from continuation sheets to Part VII, Section A**\_ | | | | | | . .. |  | |  | |
|  | | |  |
| **d Total !add lines 1b and 1cl** | | .. . |  |  |  |  | | |  | |

1. Total number of individuals (including but not limited to those listed above) who received more than $100,000 of

►

 re ortable com ensation from the or anization

1. Did the organization list any **former** officer, director, trustee, key employee, or highest compensated

employee on line 1a? *If "Yes," complete Schedule J for such individu\_al*

\_. \_. .\_. .\_\_ . \_ \_. \_

1. 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*

*individua*\_*l*

. . .\_ . . \_

.\_ \_ \_

\_ \_ \_ \_ \_ \_ \_

1. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

for services rendered to the or anization? *If "Yes "com lete Schedule J for such erson* .  **5**

**Section B. Independent Contractors**

**1** Complete this table for your five highestcompensated independentcontractors that received more than $100,000 of compensation from the oraanization. Reoort comoensation for the calendar vear endinq with or within the oraanization's tax vear.

|  |  |  |
| --- | --- | --- |
| (Al  Name and business address | D . **(B)** .  escriot1on of services | **(C)**  Comoensation |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| r ece iv ed mor e than $100,000 of comoensation from the oraanization►  **2** Total number of independent contractors (including but not limited to those listed above) who | | ,,: ::r  cl .: .. .:*t* |

DAA Fonm **l:Jl:JU** (2019)

Name of the organization

## UNITED WAY OF ANDERSON COUNTY

**;**

Employer Identification number

|  |  |  |
| --- | --- | --- |
| **SCHEDULE A**  (Form 990 or 990-EZ)  Department of lhe Treasury Internal Revenue Service | **Public Charity Status and Public Support**  Complet e I f 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. ov/Form990* for instructions and the latest information.** | 0MB No. 1545-0047 |
| **2019**  :::9#: tj µ 11f '!  **:: ,,,,,,lnspe:o.tlon:::.::;,** |

**57-0510602**



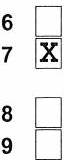
**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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,



1. 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 11.)

□ city, and state:

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

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 11.)

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part 11.)

An agricultural research organization described in **section 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: . . . . . . . . . . . .

□

1. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its

support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part Ill.)

1. D Anorganization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
2. D 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.

* 1. D **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.**

* 1. D **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

**C Type Ill 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.**

□

□organization(s). **You must complete Part IV, Sections A and C.**

1. **Type Ill 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.**

1. D Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type Ill functionally integrated, or Type Ill non-functionally integrated supporting organization.
2. Enter the number of supported organization.s. . .. . . . . . ..... . . .. . . . . .
3. Provide the following information about the supported organization(s).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (I) Name of supported organization | (ll)EIN | (iii) Type of organization (described on lines 1- 10 above (see inslruclions)) | **(iv}**Is the organziation listedin your governing  documetn? | | **(v)** Amount of monetary support (see instructions) | **(vi)** Amountof other support (see  instructions) |
| **Yes** | **No** |
| **(A)** |  |  |  |  |  |  |
| **(B)** |  |  |  |  |  |  |
| **(C)** |  |  |  |  |  |  |
| **(D)** |  |  |  |  |  |  |
| **(E)**  **Total** |  |  |  |  |  |  |
|  | | | |

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

DAA

**Schedule A {Form 990 or 990-EZ) 2019**

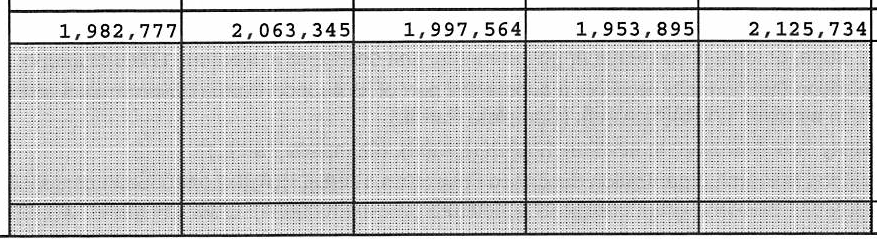
ScheduleA (Form990 or990-EZ) 2019 **UNITED WAY OF ANDERSON COUNTY 57** - **0 510 6 02** Page **2**

**TP, rt**,**ll**

**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part Ill. If the organization fails to qualify under the tests listed below, please complete Part 111.)

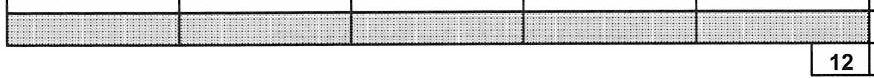
Section A. Public Su ort

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Calendar year (or fiscal year beginning in)** ►  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). . .   1. Tax revenues levied for the organization's benefit and either paid to or expended on its beha.lf 2. The value of services or facilities furnished by a governmental unit to the   organization without charge | **(a)** 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Tota l |
| 1,982,777 | 2,063,345 | 1,997,564 | 1,953,895 | 2,125,734 | 10,123,315 |
|  |  |  |  |  |  |
|  |  |  |  |  | 10,123,315 |
| **4 Total.** Add lines 1 through 3 | | | | | |

1. 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)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | 10,123,315 |
| **(a)** 2015 | **(b)** 2016 | **(c)** 2017 | **(d)** 2018 | **(e)** 2019 | **(f)** Total |
| 1,982,777 | 2,063,345 | 1,997,564 | 1,953,895 | 2,125,734 | 10,123,315 |

1. **Public su ort.** Subtract line 5 from line 4 .



**Calendar year (or fiscal year beginning in)** ►

**7**

**8**

Amounts from line 4 ........ . ... .... .

Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources

Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .

Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .

**Total support.** Add lines 7 through 10

3,705

3,912

3,957

4,368

4,902

**20,844**

**9**

**10**

*! I*

**11**

**12**

10,144,159

Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . . . . . . . . .

1. **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 Su port Percenta e

1. Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))
2. Public support percentage from 2018 Schedule A, Part 11, line 14

**14** 99.79 %



**15** 99.72 %

**16a 33 1/3% support test-2019.** 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-2018.** 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-circumstancestest-2019.** 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 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . ► 0

**b 10 %-facts-and-circumstancestest- 2018.** 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



Schedule A (Form 990 or 990-EZ) 2019

DAA

ScheduleA(Form 990or990-EZ) 2019 **UNITED WAY OF ANDERSON COUNTY 57** - **0510602** Page**3**

: Part:Un 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 Su ort

►

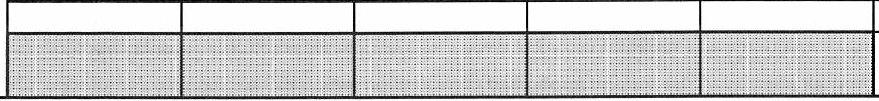
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **(a)** 2015 | | | | | | **(b}** 2016 | | | | | | **(c)** 2017 | | **(d)** 2018 | | | | | **(e)** 2019 | | | | | | **(f)** Total | | | | | |
|  | | | | | |  | | | | | |  | |  | | | | |  | | | | | |  | | | | | |
|  | | | | | |  | | | | | |  | |  | | | | |  | | | | | |  | | | | | |
| 1--- | - | - | - | - | 1- | -- | - | - | - | - | 1- | -- - | --' ; - | 1-- - | - | - | - | --11 | -- | - | - | - | - | --11 | -- | - | - | - | - | - |
|  | | | | | |  | | | | | |  | |  | | | | |  | | | | | |  | | | | | |
|  | | | | | |  | | | | | |  | |  | | | | |  | | | | | |  | | | | | |
|  | | | | | |  | | | | | |  | |  | | | | |  | | | | | |  | | | | | |
|  | | | | | |  | | | | | |  | |  | | | | |  | | | | | |  | | | | | |

**Calendar year (or fiscal year beginning in)**

1. Gifts, grants, conrtibutions,and membership fees received.(Donot include any·unusualgrant.s".)
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 ..

1. Amounts included on lines2 and 3 received from other than disqualfiied persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the ye.ar



1. Add lines 7a and 7b
2. **Public support.** (Subtract line 7c from line 6.)

Sef c1on BTotalSUDDOrt

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | (a) 2015 | (b) 2016 | (cl 2017 | **(dl** 2018 | **(e)** 2019 | **(f)** Total |
|  |  |  |  |  |  |
|  |  | *I* |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Calendar year (or fiscal year beginning** in) ►

1. 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 ······. . . .. . .

1. Net income from unrelated business activities not included in line 1Ob, whether or not the business is regularly carried on . .
2. Other income. Do not include gain or loss from the sale of capital assets

(Explain in Part VI.) . . . . .········· · ...

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

and 12.) . . . . . . .. .. ... . ...



**14 First five years.** I f 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** . . . . .

.. . .. . .. . .

►

□

1. Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) **1--1\_5-+** %
2. Public su art ercenta e from 2018 Schedule A, Part Ill, line 15.  **16** %

Section D. Com utation of Investment Income Percenta e

1. Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) . . .. . ... .. .. .. .. .. . . .. 1--1...;.7-+ %'-
2. Investment income percentage from **2018** Schedule A, Part 111, line 17 .. . . . **'---'1C.::8'-' '**%**-'**

**19a 33 1/3% support tests- 2019.** 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-2018.** 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 . . . . . .

* □

□

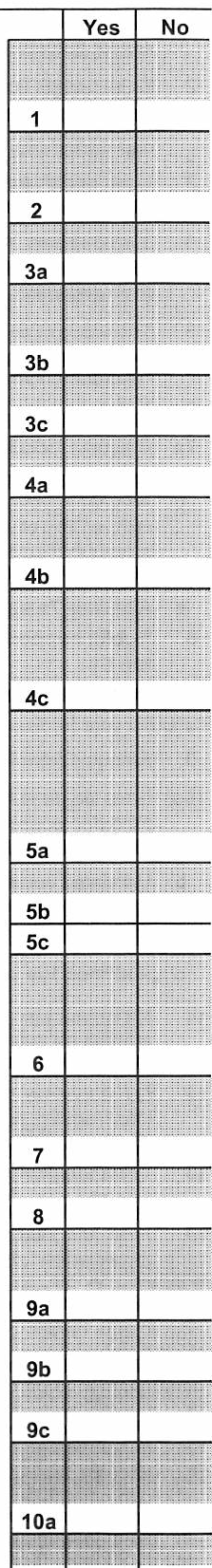
**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . ►

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 **UNITED WAY OF ANDERSON COUNTY 57-0510602** Page4

; **f':ijij IV:: Supporting Organizations**

(Complete only if you checked a box in line 12 on 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.)



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.*

**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).*

**3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer*

*(b) and (c) below.*

1. 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.*
2. 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.

**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.*

1. 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.*

1. 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)? */f "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)(8) purposes.*

**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) .* ' '

1. **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?
2. **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
3. 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.***
4. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*
5. 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).*

**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.***

1. Did one or more disqualified persons (as defined in line 9a) hold a controllni g interest in any entity in which

the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***

1. 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.***

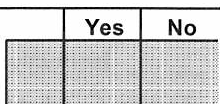
**1Oa** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(1) (regarding certain Type II supporting organizations, and all Type Ill non-functionally integrated supporting organizations)? *If "Yes," answer 1Ob below.*

**b** Did the organization have any excess business holdings in the tax year? *(Use Schedule* C, *Form 4720, to*

*determine whether the o anization had* excess *business ho/din* s. **10b**

**Schedule A (Form 990 or 990-EZ) 2019**

**57-0510602** Page **5**

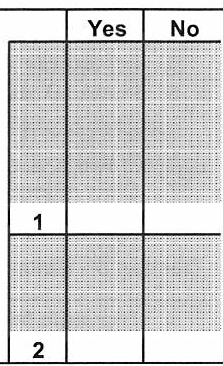


**11** Has the organization accepted a gift or contribution from any of the following persons?

1. 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?

|  |  |  |  |
| --- | --- | --- | --- |
| above? *If "Yes" to* a, *b, or c, rovide detail in* ***Part VI.*** | **11a** |  |  |
| **11b** |  |  |
| **11c** |  |  |

1. A family member of a person described in (a) above?



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.*

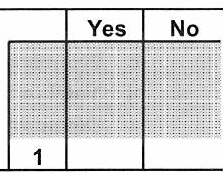
**2** Did the organization operate for the benefit of any supported organization other than the supported

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,*

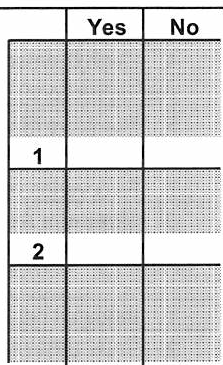
*su ervis*

Section C.

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 SU*



Section D.

Did the organizationprovide 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?

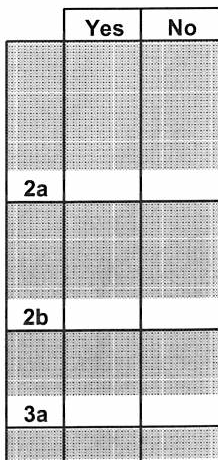
1. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No:" e;plain in* ***Part VI*** *how the organization maintained* a *close and continuous working relationship with the supported organization(s).*
2. 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 rote the organization's*

*su orted or anizations ta ed in this re ard.* **3**



§

Section E. Type Ill 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).***
   1. Th e organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
   2. The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
   3. The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*
2. Activities Test. ***Answer (a) and (b) below.***
3. 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.*
4. 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.*
5. Parent of Supported Organizations. ***Answer (a) and (b) below.***
6. 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.***
7. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its su orted or anizations? *If "Yes "describe in* ***Part VI*** *the role la ed b the or anization in this re ard.* **3b**

DAA Schedule A (Form 990 or 990-EZ) 2019

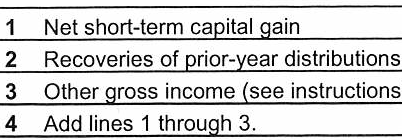
ScheduleA (Form 990 or 990-EZ) 2019 **UNITED WA Y OF ANDERSON COUNTY 57-0510602**

P rtV : Type Ill Non-Functionally Integrated 509(a)(3) Supporting Organizations

**1** D Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See**

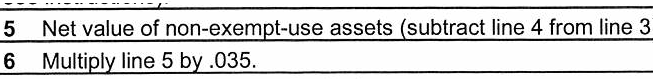
**instructions.** All other T e Il l non-functionall lete Sections A throu h E.

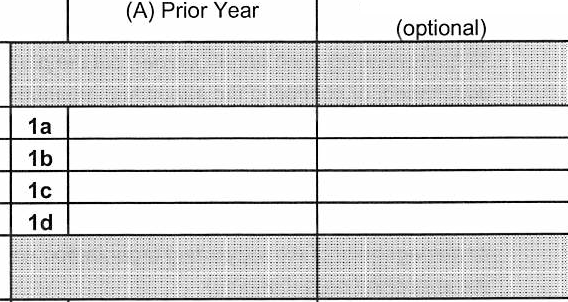
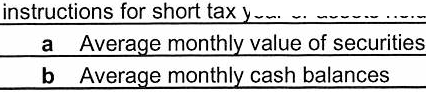
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | (A) Prior Year | (B) Current Year optional |
| **5** | De reciation and de letion |  |  |  |  |
|  | **2** |  |  |
|  | **3** |  |  |
|  | **4** |  |  |
|  | **5** |  |  |
| **6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenanceof ro ert held for reduction of income see instructions | | | **6** |  |  |
| **7** | Other ex enses see instructions | | **7** |  |  |
| **8** | **Ad·usted Net Income** subtract lines 5, 6, and 7 from line **4** | | **8** |  |  |
|  | | | |  | (B) Current Year |

**Section A** - **Adjusted Net Income**

Page **6**

|  |  |  |  |
| --- | --- | --- | --- |
| **2** Ac uisition indebtedness a licable to non-exem t-use assets | | **2** |  |
| **3** Subtract line 2 from line 1d. | | **3** |  |
| **4** Cash deemedheld for exempt use. Enter 1-1/2%of line 3 (for greater amount, see instructions . | | **4** |  |
| **7** Recoveries of rior- ear distributions |  | **5** |  |
|  | **6** |  |
|  | 7 |  |
| **8 Minimum Asset Amount** add line 7 to line 6 | |  |  |

**Section C** - **Distributable Amount**



**Section B** • **Minimum Asset Amount**

**1** Aggregate fair market value of all non-exempt-use assets (see

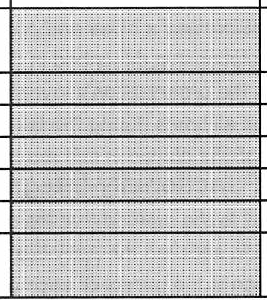
ear or assets held for art of ear :

**c** Fair market value of other non-exem I-use assets

**d Total** add lines1a, 1b, and 1c

**e Discount** claimed for blockageor other factors ex lain in detail in **Part VI** :

Current Year

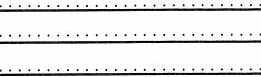


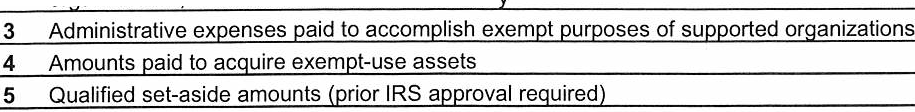
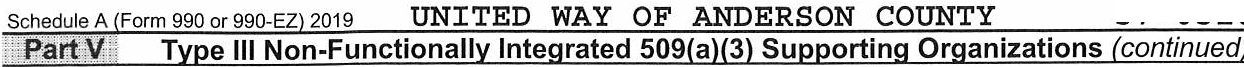
|  |  |
| --- | --- |
| Ad' us ted net income for rior ear from Section A, line 8, Column A |  |
| **2** Enter 85% of line 1. | **2** |
| **3** Minimum asset amount for rior ear from Section B, line 8, Column A | **3** |
| **4** Enter real er of line 2 or line 3. | **4** |
| **5** Incometax im osed in rior ear | **5** |
| **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emer enc tern ora reduction see instructions . | **6** |

**7** DCheck here if the current year is the organization's first as a non-functionally integratedType Ill supporting organization (see

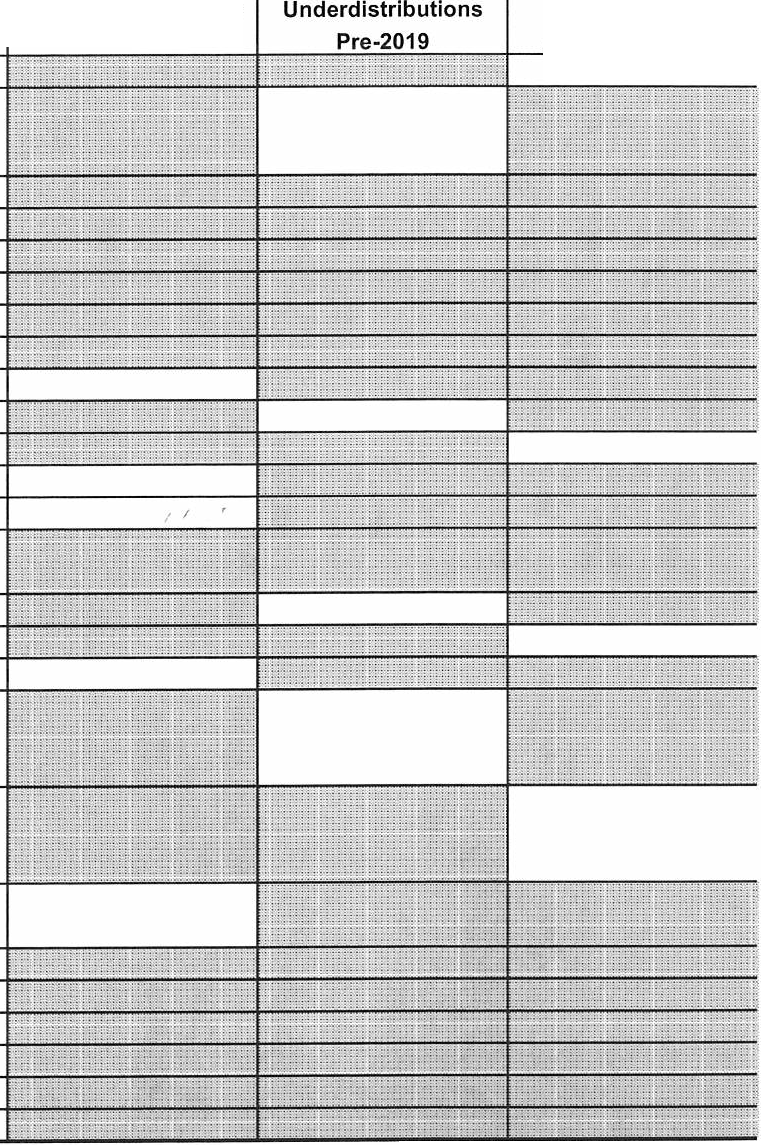
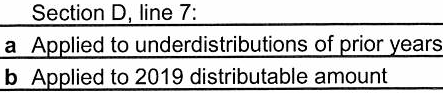
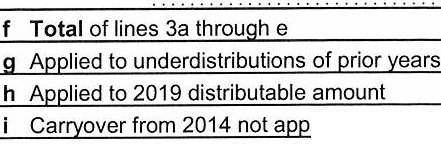
instructions .

Schedule A (Form 990 or 990-EZ) 2019



**57-0510602** Page 7

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section D** • **Distributions** | | | | | **Current Year** |
| **1** | Amounts aid to su orted or anizations to accom lish exem t ur oses | | | |  |
| **2**  **4**  **6** | Amounts paid to perform activity that directly furthers exempt purposes of supported or anizations, in excess of income from activit  Amounts aid to  Other distributions describe in **Part VI** . See instructions. | | |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **7** | **Total annual distributions.** Add lines 1 throu h 6. | | | |  |
| **8** | Distributions to attentive supported organizations to which the organization is responsive rovide details in **Part VI** . See instructions. | | | |  |
| **9** | Distributable amount for 2019 from Section C, line 6 | | | |  |
| **10** | Line 8 amount divided b line 9 amount | | | |  |
| **Section E** - **Distribution Allocations** (see instructions)  **1** Distributable amount for 2019 from Section C, line 6  **2** Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in **Part VI).** See  instructions.  **3** Excess distributions car over, if an , to 2019  **a** From 2014 .  **b** From2015.  **c** From2016.  **d** From 2017 .  **e** From 2018 . | | | (i) (ii) | | (iii) |
| Excess Distributions | | **Distributable**  **Amount for 2019** |
|  | |  |
| lied see instructions  Remainder. Subtract lines 3 , 3h, and 3i from 31.  **4** Distributions for 2019 from  $ | | |
|  | |  |
| **c** Remainder. Subtract lines 4a and 4b from 4. | | |

1. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result

realer than zer,o ex lain in **Part VI.** See instructions.

1. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

**Part VI.** See instructions.

1. **Excess distributions carryover to 2020.** Add lines 3j

and 4c.

**8** Breakdown of line 7:

**a** Excess from 2015

 **b** Excess from 2016

**c** Excess from 2017

**d** Excess from 2018

**e** Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-E Z} 2019 **UNITED WAY OF ANDERSON COUNTY 57** - **0 510602** Page**8**

**HJN ttVL Supplemental Information.** Provide the explanations required by Part II, line 1O; Part II, line 17a or 17b; Part

Ill, 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.)

**Part** .I I.,.. Il'=.**. 10** . *-:.* . **.C>t:11'3:r ..I 11c .C>In(3 De t a i**\_**.l**

... .... . . . ... . . . . . .

.**O**. . **T**. . **H**. . .**E**. **R**. . . .**I**.**N**. .**C**. . **O**. . .**M**. .**E**.··· ··**FR**· ·**O**· ··**M E**. .**V**. **ENTS**

....... ...$. 0

*I* •



**Schedule A (Form 990 or 990-EZ) 2019**

|  |  |  |  |
| --- | --- | --- | --- |
| **Schedule B**  **(Form 990, 990-EZ, or 990-PF)**  Department of the Treasury  **Internal Revenue Service** | **Schedule of Contributors**  ►► **Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to** [***www.irs.gov/Form990***](http://www.irs.gov/Form990) **for the latest information.** | | 0MB No. 1545-0047  **2019** |
| Name of the organization  **UNITED WAY OF ANDERSON COUNTY** | | **Employer identification number**  **57-0 510602** | |

**Organization type** (check one):

**Filers of: Section:**

Form 990 or 990-EZ

Form 990-PF

Q9 501 (c)( **3** ) (enter number) organization

0 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

0 527 political organization

0 501(c)(3) exempt private foundation

0 4947(a)(1) nonexempt charitable trust treated as a private foundation

0 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

0 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000

or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

Q9 For an organization described in section 501(c)(3} filing Form 990 or 990-EZ that met the 331/3%support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part **11,** li ne 13 , 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)**

$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

0 For an organization described in section 501(c)(7}, (8), or (10) filing Form 990 or 990-EZ that received from any one

contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering **"N/A"** in co lum n (b} instead of the contributor name and address), 11, and Ill.

0 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such

contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . . . . . .. . . . . . . . . . . . . . . $

►

**C aution:** An organizationthat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**For Paperwork Reduction Act Notice,** see **the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2019)**

DAA

Schedule B Form 990, 990-EZ, or 990-PF 2019 Pae 1 of 1 Pa e 2

Name of organization

##### UNITED WAY OF ANDERSON COUNTY

Employer identifi cation number

##### 57-0510602

'UPartT} Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

|  |  |  |  |
| --- | --- | --- | --- |
| (a) No. | (b)  Name address and ZIP+ 4 | (c)  Total contributi ons | (d)  Tvne of contribution |
| 1 | A..N..M...E. .D....**H**. .**E**..**A**. .**L**..**T**. ..**H**........... . . . . ······ ·· •······ . . . . . . . . . . . . . .  800 **N FANT** ST  ANDER·s·o.N ... . . . . .............. ... .. *st* 29621. . . . . . . .  . . . . .. . . . . . . ....... .. .. . . . . . .. . . . . . . . . . . . . . . . . . . . . | $ .\_.\_.2 0()·' *q q*0  · · • | Person Payroll Noncash  (CompletePart II for noncash contributions.) |
| (a) No. | (b)  Name, address, and ZIP + 4 | (c)  Total contributions | (d)  Tvne of contribution |
| 2... | **MICHELIN** TI. .R. .E., .., C. .O. .RPOR.A..T..IO.N.. . . . . . . . . . . . . . . . . .  6301 **HWY** 76  sii.Nb.y· SPit rNcts ·. . . .. ············ *st* 29677 . . . . .. . .  . . . . . . . . . . . . . . . . . . . . . . . . . . . ·· · •·· .. . . . . . ·•• | $ . . . . . . . . .\_. 17 ,.77 | Person Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a) No. | (b)  Name address, and ZIP + 4 | (c)  Total contributions | (d)  Tvae of contribution |
| 3.. .. | **DUKE E**..**N**. **E**· •**R**· ··**G**·**Y**· · · . . . . . . . . . . . . . . . ·· ·· ··· . . ...  7800 ROCHESTER **HWY**  SENEC.A . . . .. . . . ... . .. *··st* 2967.2  .. . . . . . . . . . ........... . . . . . . . . . . . . ······· . . . . . . . . . . . . . . .. | $ 5J\_ f 9.'1 | Person Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a) No. | (b)  Name address and ZIP+ 4 | (c)  Tot.al contributions | (d)  Tvae of contribution |
| 4..... | R. . O...B. .E. .R. .T. ...B..O...S.C..H.. .L..L..C. ...... ....................... •··  4421 SC-81  ANDERSON .......·· ·· · •·· ... ..······s t ··2952I ·  . . . . . . . . . . . . . . . . . . . . . · · · · ·· · •· • ·· ... . . ····· ·· ···· ···· ····· . . . ········ | $ 5\_:L,9.96 | Person Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a) No. | (b)  Name address and ZIP+ 4 | (c)  Total contributions | (d)  Tvoe of contribution |
| . . . . . | . . . . . . . . . . .. . . . . . . . . . . · · •..·····. . . . . ......... · · · ·· · ·· . . . ·······  ············ ..... . . . . . . . . . ...... .. . . . . . . .. ... . . . . . ... ..  ............ ... ····· ....· • . . . . . . · • ·.... · · · ·· · · · · · · ·· · · · · · · · | $. . · ·· ·· · · · ·· ·· ·· ·· . . . . . . . | Person §  Payroll  Noncash (Complete Part II for  noncash contributions.) |
| (a) No. | (b)  Name address and ZIP+ 4 | (c)  Total contributions | (d)  Tvoe of contribution |
| ... .. | .... . · · · · · · ·· · · ··· ·· ·· ·· ·· ··· · ·· ·· ·· · ··· •· · · ... . . . . . . . . . ··· ····  ···················· ........ .. ... ...... .. .................... ..··· ·· •  . . . ... ·····........... .. ..... .. . . . . . . ........................ .. •··· · | $ ························· | Person §  Payroll  Noncash (Complete Part II for  noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

DAA

P.irtl f Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

SCHEDULED

(Form 990)

Department or the Treasury Internal Revenue Service

Name of the organization

Part IV, line 6,7, 8,9, 10,11a, 11b, 11c, 11d, 11e,11f, 12a, or 12b.

►Supplemental Financial Statements

0MBNo. 1545-0047

Complete if the organization answered "Yes" on Form 990,

* Go to [*www.irs.aov/Form990*](http://www.irs.aov/Form990) for instructions and the latest information.

► Attach to Form 990.

**2019**

:,

Employer identification number

**UNITED WAY OF ANDERSON COUNTY**

**57-0510602**

•;,; 9peii Puf.>lic •

;:;;'Jnsoeetion'••·

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

|  |  |  |
| --- | --- | --- |
|  | **(a)** Donor advised funds | (b) Funds andother accounts |
|  |  |
|  |  |
|  |  |
|  |  |

**1** Total number at end of yea.r ' ' ' ... . . . . . . . . . .......

1. Aggregate value of contributions to (during year) .. .. •· • •·
2. Aggregate value of grants from (during year.)

·········,,,,

**4** Aggregate value at end of year ... ..... ... . . ............ ......

1. 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? .......................... D **Yes** O **No**

1. 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? . 0 **Yes** O **No**

**Partll:i Conservation Easements.**

····•·~· · ··•· ·' Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

§

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

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

1. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation

|  |  |
| --- | --- |
| ... .... | Held at the End of the Tax Year |
| **2a** |  |
| **2b** |  |
| **2c** |  |
| **2d** |  |

easement on the last day of the tax year.

**a** Total number of conservation easements . . . . . . . . . . . . . . . . . .. . . .• .. . \_ . \_ . . . . . . . . . . . . . . . . . . . . . . . . .

1. Total acreage restricted by conservation easements . . . . . . . . . . . . . . . . . . . . . . .. .. . . .. . . . ..
2. Number of conservation easements on a certified historic structure included in (a) . . . . . . . . . . . . . . .\_. . . . . . . . . .
3. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Registe.r
4. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the

* .............

tax year *1*

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

,

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

D **Yes** D **No**

1. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

►

1. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

►

$

1. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(S)(i)

and section 170(h)(4)(S)(ii)? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .... 0 **Yes** O **No**

1. 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.

, Fta.rt:UH 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 FASS 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 XI11 the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under FASS 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 ► $

1. 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 FASS ASC 958 relating to these items:

* 1. Revenue included on Form 990, Part VIII, line 1
  2. Assets included in Form 990, Part X .

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

DAA

* + - $

 ► $

Schedule D (Form 990) 2019

ScheduleD(Form990)2019 **UNITED WAY OF ANDERSON COUNTY 57 -0510602 Page 2**

Parf111'1 Org anizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

§

1. Using the organization's acquisition, accession, and other records, check any of the following that make significantuse of its collection items (check all that apply):
2. Public exhibition
3. Scholarly research
4. Preservation for future generations
5. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part

**XIII.**

1. 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? . D **Yes** D **No**

**UP rtl'ld 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?.

1. If "Yes," explain the arrangement in Part XIII and complete the following table·

D **Yes** D **No**

1. Beginning balance

|  |  |
| --- | --- |
|  | Amount |
| **1c** |  |
| **1d** |  |
| **1e** |  |
| **1f** |  |

1. Additions during the year . . . .
2. Distributions during the year Ending balance ..

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?..

**b** If "Yes," explain the arranqement in Part XIII. Check here if the explanation has been provided on Part XIII .

P,artV : EndowmentFunds.

Complete if the oraanization answered "Yes" on Form 990 Part IV, line 10.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1a** Beginning of year balance .. . .. . . ... ..  **b** Contributions ······· . . . . . . . . . .  **C** Net investment earnings, gains, and  losses . . . . . . . . . . .. ......   1. Grants or scholarships . . . . ... . . . . 2. Other expenditures for facilities and   programs .. ····· · · ·· · · . . . .   1. Administrative expenses . . .. ... .. . . . . . 2. End of year balance ........ ......... | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | **(e)** Four years back |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | . ' |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

* .... ....

1. Board designated or quasi-endowment %

►

1. Permanent endowment %

►

1. Term endowment %

The percentageson lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organizationthat are held and administeredfor the organization by:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **3a(i)** |  |  |
| **3a(ii** |  |  |
| **3b** |  |  |

* 1. Unrelated organizations . . . . . . . . . . . .. . . . . .
  2. Related organizations

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

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

**:[PartVt! Land , B uildin gs, and Equipment.**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Descripiton of property | **(a)** Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | | | | (d) Book value |
| **1a** L and ... .... ... ......... ····· •· . . . .  **b** Buildings ... ··· ·· · · ... ...... ... .. .. . | **1 4,4 897** |  | *y* | '.:· | : | ':::::.::::: :: ... | **1 44,8 9 7**  **393,537** |
| **477,080** |  | **83,543** | | | |
|  |  |  | | | |  |
| **c** Leasehold improvements ....... ······· |
| **d** Eqiume...t..··········.....  **e** Othe. r ............. |  |  |  | | | |  |
| **12,7 615** |  | **82.136** | | | | **45.479** |
| **Total.** Add lines 1a throuqh 1e. *(Column (d) must equal Form 990, Part X, column (BJ, line 10c.J* . . | | |  |  |  | . . . . | **583.913** |

Schedule D (Form 990) 2019

DAA

Schedule o (Form 990) 2019 **UNITED WAY OF ANDERSON COUNTY 57** - **0510602** Page **3**

: **P ff Vlf; Investments** - **Other Securities.**

····· ··

Complete if the orqanization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

.: **,P**...**ar**.**t**. .**v**...**m**...**:**.

|  |  |  |
| --- | --- | --- |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Melhod of valuation:  Cost or end-of-year markel value |
| 1. Financial derivatives. 2. Closely held equity interests . . . . . . . . . . . . . 3. Other .   ..!Al ... .. .. .. ..  .(E3). . . .  (<:) .. .  . ([)) .  . ...(E:L .  . (F} ..  .(C3) . .. ........  1Hl...................... ....... .  **Total.** *(Column (bJ must eaual Form 990, Part X, col. (BJ line 12.)* |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

InvesItments - Program Related.

Compete if the orqanization answered "Yes on Form 990' Part IV, line 11c. See Form 990 Part X, line 13.

'

|  |  |  |  |
| --- | --- | --- | --- |
| **(a)** Description of investment | (b) Book value | (c) Melhod of valuation:  Cost or end-of-year market value | |
| (1) |  |  | |
| **(2)** |  |  | |
| **(3)** |  |  | |
| **(4)** |  |  | |
| **(5)** |  |  | |
| (6) |  |  | |
| (7) |  |  | |
| **(Bl** |  |  | |
| (9) |  |  | |
| **Total.** *(Column (bJ must eaual Form 990, Part X, col. (BJ lin e 13.)* ► |  | •· | :;:: : ;;::::;:::·••' :: : •: :,,:: :::::::..• :: .,••::1::.,: :,.•.•,•..••. .,., ..•• |

. . .......:: . i ' "

**PartlX•:;**

Other Assets.

Comp1Iete 1.f the orqanizarI0n answered "Yes" on Form 990 Part IV rme 11d See Form 990 Part X II'ne 15

|  |  |
| --- | --- |
| ' '  **(a)** Description | ' '  (b) Book value |
| **(1** l |  |
| **(2)** |  |
| (3) |  |
| **(4)** |  |
| (5) |  |
| **(6)** |  |
| (7) |  |
| **(B)** |  |
| **(9)** |  |
| **Total.** *(Column (bJ must eaual Form 990, Part X, col. (BJ lin e 15.J* ► |  |

**rle**..**J**..**it**.**?**..**:(I**··**:**·**j**•·

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 |  |
| (2) **Other Liabilities** | **138,042** |
| (3) |  |
| (4) |  |
| (5) |  |
| (6 ) |  |
| (7) |  |
| (8) |  |
| (9) |  |
| **Total.** *(Column (b) must eaual Form 990, Part X, col. (BJ line* 25.J . . · · · • ► | **138,042** |

1. Lai bliityforuncertain tax positions. In Part **XIII,** providethe text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . [l

Schedule D (Form 990) 2019

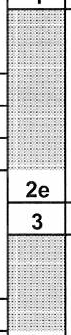
Schedule D (Form 990) 2019 **UNI TED WAY OF ANDERSON COUNTY 57** -**0 510 6 0 2**

' **P:**

),Cl!; Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Page **4**

Com lete if the or anization answered "Yes" on Form 990, Part IV, line 12a.



**2,130,636**

**2 130,636**

* 1. Total revenue, gains, and other support per audited financial statements . .
  2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Net unrealized gains (losses) on investments 2. Donated services and use of facilities | | |  |
| **c** | Recoveries of prior year grants |  |  |
| **d** | Other (Describe in Part **XIII.)** |  |  |
| **e** | Add lines **2a** through **2d** |  |  |
| **3** | Subtract line **2e** from line **1** |  |  |
| **4**  **a** | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b . |  |  |
| **b** | Other (Describe in Part **XIII.)** . . . . . . . |  |  |
| **c** | Add lines **4a** and **4b** | . . . . . . . . . . |  |

|  |  |
| --- | --- |
| **2a** |  |
| **2b** |  |
| **2c** |  |
| **2d** |  |

|  |  |
| --- | --- |
| **4a** |  |
| **4b** |  |

. f-**4c**..;;....f-----------

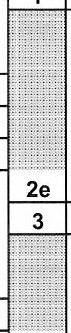
**5** Total revenue. Add lines **3** and **4c.** *This must equal Form 990, Part I, line 12.* **5 2 130 636**

**FIPa.iH O[ ] Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Com lete if the or anization answered "Yes" on Form 990, Part IV, line 12a.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Total expenses and losses per audited financial statements . 2. Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | **1,780,173** |
|  | **2a** |  |
| **2b** |  |
| **2c** |  |
| **2d** |  |

1. Donated services and use of facilities



**1,780 173**

**4a**

**4b**

1. Prior year adjustments . . .
2. Other losses

**d** Other (Describe in Part XIII.) . . . . . . . . . . . . . . . . . . . . . . . . .

**e** Add lines **2a** through **2d** . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

1. Subtract line **2e** from line **1** . . . . . . . . . . . . . . .
2. 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 **b** Other (Describe in Part **XIII.)**

**c** Add lines **4a** and **4b** ..... . . . . . . . . . . . . .. .

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

**Pa.ffXUU Supplemental Information.**

**4c**

**5 1 780 173**

Provide the descriptions required for Part 11, lines 3, 5, and 9; Part 111, 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 ahy additional information.





. ··················································· ·······································································•· · · ····

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 UNITED WAY OF ANDERSON COUNTY 57-0510602

Page 5

Part XIII; Supplemental Information *(continued)*







Schedule D (Form 990) 2019

DAA

Name of the organization

## UNITED WAY OF ANDERSON COUNTY

••

Employer identifi cation number

|  |  |  |
| --- | --- | --- |
| **SCHEDULE** I  **(Form 990)**  Department of the Treasury InternalRevenue 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.** 1   **Go to** [***www.irs.gov/Form990***](http://www.irs.gov/Form990) **for the latest information.** | 0MB No. 1545-0047  **2019** |
| . . :J.:Jt lif• |

**57-0510602**

' Pa.rtF' 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

D

the selection criteria used to award the grants or assistance? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Yes No**

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

1 **:PajtU[! Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990,

- · - . - l · · · · - - *·1* ·-· --·· . --•r-·- .. ···-·- . - - - ·· - -- ···-· - ···-· . $...-- , - - - • • -•- •• - - • • -- - - .- • • - - • - - •• ---•••-••-• -.----- •- •• •

**1 (a)** Name and address of organization **(b)** EIN (c) IRC **(d)** Amount of cash **(e)** Amount of non- (f) Method ot valua.tion (g)Description of **(h)** Purpose of grant

or government ,. sectionbi , t h . t {book, FMV, appra,sa, l

. . t

1. **THE LOT PROJECT**

. ..**P**..**O**....**B**..**O**...**X**....**4**..**1**. **81**... .. ...· · ·· ··· . . . . . . . . . . . . . . . . . .

lif aooicl a le

gran cas ass1s ance other)' noncash assistance or ass1s ance

**SUPPORT PROGRAMS**

**ANDERSON SC 29622 27-0353378 501C3 12,250**

1. PICKENS COUNTY YMCA

201 BURNS RD SUPPORT PROGRAMS

. ............... .. ................. ......................

EASLEY SC 29640 57-0405623 501C3 11,500

1. ANDERSON COUNTY 1ST STEPS PARTNEBS

. . P. .O. . . .B. O. . X. . . 4. . 1. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .·····

ANDERSON SC 29622 57-1097776 501C3 7,500

1. ANDERSON FREE CLINIC

. . P. .O. . . .B. O. .X. . . .7. 2. . 8. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

ANDERSON SC 29622 57-0787584 501C3 49,000

1. DEV CTR FOR EXCEPTION CHILDREN

SUPPORT PROGRAMS

SUPPORT PROGRAMS

1100 W FRANKLIN ST SUPPORT PROGRAMS

.ANriE:°RsoN · ·· ··· ······ ······ ··· ·· · sc· · ":.2·9·5; i4··· ···· 21 -2153489 501c3, 31,000 ·

1. ANDERSON EMERGENCY KITCHEN

PO BOX 515 SUPPORT PROGRAMS

. ······ ······· ·············· ································

ANDERSON SC 29622 57-0813585 501C3 11,000

1. NEW FOUND. CHILD. & FAM. SERVICES

. ..2.3.....S..T..A..N..D.B..R..I..D..G.E....R.D...........................

ANDERSON SC 29625 57-0634724 501C3 10,000

1. FOOTHILLS ALLIANCE

. ··2·1··6···E····C··A··L··H··O··U··N···S··T········ . . . . .. . .... . . . . . . . . .

ANDERSON SC 29621 57-0902073 501C3 20,000

1. HABITAT FOR HUMANITY

. . 2. .1. .0. . . S. . . .M. .U. R. . R.A. .Y. . .S. .T. .R. .E. .E. T. . . . . .··· ··· ···· .... ...

ANDERSON SC 29624 57-0829082 501C3 17,500

SUPPORT PROGRAMS

SUPPORT PROGRAMS

SUPPORT PROGRAMS

**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 . .. . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . ►

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

DAA

**Schedule** I **(Form 990) (2019)**

570510602 01/19 /2021 9:52 AM

**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***](http://www.irs.gov/Form990) **for the latest information.**

►

0MB No. 1545-00 47

**2019**

: ::i t Wi'.t! 1

Name of the organization

#### UNITED WAY OF ANDERSON COUNTY

Employer identification number

#### 57-0510602

Pa.rtk 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

D D

the selection criteria used to award the grants or assistance? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Yes No**

* 1. Describe in Part IV the\_organization 's procedures for monitoring the use of grant funds in the United States.

**PaitIL Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990,

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IV, line 21. for anv recipo · ient that received more- | | | t-- ha- n$T - J | - - . . | - - . . | ·- | - - - - | - - -· | - . | | |
| **1** | **(a)** Name and address of organization | **(b)** EIN | (c) IRC | **(d)** Amount of cash | | **(e)** Amountof non- | | (f) Method of valuatoi n | | (g) Description of | **{h)** Purpose of grant |
|  | or government | sectoi n  1 /if aoolicabte\ | | gr t  an | | h . 1 | | (book, FMV, appraisa,l  other\ | | noncash assistance | or ass. 1ance  Is |

1. **SAFE HARBOR**

. ..**P**.**O**....**B**..**O**.**X**....**1**. .**7**.**4**... . · ·· · ·· · ·· · ·· ·· · ·· · ·· · ·· · ·· · ·· · · . . . . .

**GREENVILLE SC 29602 57-1014137 501C3 10,000**

1. **SHALOM HOUSE MINISTRIES**

. · ·**3**·**4**· ·**9**·· ·**B**· ··**L**·**A**· ·**K**· ·**E**· ··**D**· ·**A**· ·**I**·**R**· ·**Y**·· · ·**RO**. .**A**. .**D**. . . . . . . . . . . . . . . . . . . . .

**BELTON SC 29627 58-2314658 501C3 18,000**

1. **MEALS ON WHEELS**

. . **P**. .**O**. . . .**B**. **O**. .**X**. . . .**2**. .**8**. **5**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**ANDERSON SC 29622 57-0634729 501C3 19,250**

1. **ANDERSON AREA YMCA**

cas assIs ance

**SUPPORT PROGRAMS**

**SUPPORT PROGRAMS**

**SUPPORT PROGRAMS**

. ·································· . . . . . . . . . . . . . . . . . . . . . . .

**201 E REED RD SUPPORT PROGRAMS**

**ANDERSON SC 29621 57-0314465 501C3 7,500**

1. **ANDERSON AREA YMCA**

.**\_**.**2O\_l ,, \_E: REE**\_**:I>**

... \_........ \_.. .. .. . ....

.\_.. **SC/DSS CHILD INITIA,T**

**ANDERSON SC 29621 57-0314465 501C3 108,402**

1. **CANCER ASSOCIATION OF ANDERSON**

. .**2**. .**1**..**5**...**E**. .**A**. .**S**..**T**. .. **C**..**A**..**L**. .**H**.**O**. .**U**..**N**.. .**S**..**T**. .. ...... .. ....... .. . ... ..

**ANDERSON SC 29621 54-2098883 501C3 13,000**

1. **REBUILD UPSTATE**

. ·**6**• •**0**·· **1**· · · **G**· ··**R**·**E**··**E**· ·**N**· . . **A**. .**V**. .**E**. **N**. .**U**. .**E**. . . . . . . . . . . . . . . . . . . . . . . . . . . .

**GREENVILLE SC 29601 20-8296408 501C3 7,500**

1. UPSTATE FATHERHOOD COALITION

. .9..0..7.. .**N**.. ..**M**..**A**..**I**.**N**....S..T...S..T..E.. 2..0..0.......... ............

**ANDERSON** SC 29621 30-0200022 501C3 17,500

**SUPPORT PROGRAMS**

**SUPPORT PROGRAMS**

SUPPORT PROGRAMS

.. · ·· · ·· · ··· · ·· ·· · ·· · ·· · ·· · ·· · ·· · · · ·· · ·· · · · · · · · ·· · · · · · · · ·· ·

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

. . .. . . .. \_. ..\_. \_ \_ ► .....\_.... ...\_.. \_.. \_...

1. Enter total number of other organizations listed in the line 1 table \_.....\_.. \_ \_..

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

DAA

. . . .. . . .. .. . . .. .. .. . .. .. . ►

**Schedule** I **(Form 990) (2019)**

Schedulel(Form990){2019l **UNITED WAY OF ANDERSON COUNTY 57-0510602 e2**

**!jf:! rtlll Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

-·- --- ---- -- ----------- .. -----·-·· . --- -- ·- ··-- --·

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(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** |  |  |  |  |  |

**P:i:irtJV** Sup plement a l Information. Provide the information required in Part I, line 2; Part 111, column (b); and any other additional information.

\_.Pa ;'.t:..:r *! .* .\_. :L\_i ll.e . \_2

.. \_:-:.

### l?:r()

c\_e

### cl'llJ:'.

\_ .. f (\_r )

. M,e>Il t:e>:r\_i ll.\_g\_ . \_t:ll..*T.'!13* e\_ . \_o\_ f

. \_<;i::ctrit\_ . F \_u\_ri cls.... ..... .. .... ... .. ......... .... ...... ...... ...... ...

\_ AL,I... A,<;E:\_N.C::I E

S. <\_;(). 'I:'

\_()tJ9\_H:.- - \_/\l?:PL\_IC\_A,'I'.;I:9 N..:Pl<Q\_CE:S,S,.•.....\_/\:LL,\_. \_A,<;E:N.C:::I;E\_S\_. C::()z.IJ?I.:E'.l';E\_. A .................................... ............

\_.TE\_ () :r

\_ -. <;!.0.M.P. ;I: C:\_:;E\_ . R,\_E\_:El() \_'.I'. . ...:A G.EN,G;I::E ..:P;R\_0.Yl:I>E:..QtJ/\l<\_T\_E Y:..l? ()(;\_R,E:S\_S-,.

:El?\_()\_R,TS .................................................

.Tl:IA\_.'1'.. A, :E ..RE.YI\_E:\'lED..:S:Y...0.U\_. . V:rSI ()\_:N\_. <;O. <:;:r:L\_. Y.0.L. 'I'.E::E- - . ................................................................................................

Schedule I (Form 990) (2019)

DAA



SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

0MB No. 1545-0047

**2019**

Dep artment of the Tre asury Inte rnal Rev enue Service

* Go to [*www.irs.gov/Form990*](http://www.irs.gov/Form990) for the latest information.
* Attach to Form 990 or 990-EZ.

Name of the organization

UNITED WAY OF ANDERSON COUNTY

Employer identification number

### 57-0510602



. · · ·· · ·· · · · ·· ·· · ·· ·

AMERICORPS

.. J>.M.:E:R..I .CQR.l?S, .:rs. .A. NATIONAL SER.Y:J:C:::E . P:R.()GRAM P ROVI DI .N.G INDIVIDUALS AN

OP POR.TlJ.N::J:':rX . TO .PA.R.':r:J:C:::rI>A.'I'E **I N. *1\..*** X:EA.:R \_()f'. . .S.:EI( \7.I <:!\_E . -:- I. E:ARNI N(3 . \_l::t{[):ry\_IIJ.UA.I.S,. .J\.(;ES

18 **Af.:TIJ..** \_()I.l)E::R . I:>:EDICl\TE: .. .. T() ..4... ¥E:1\.:RS... 'I'()...c;J\.:rJ.ll. YA.:L.U.A.B.I.E:.. :EX.:P.ERI E:N.C::E!.. M-ill....'I'.U.R.N.. .

PROBLEMS INTO POSSIBILITIES.

.A. ..M. .E. RICORPS MEMBERS...E. NGAGE IN. ··D···I·R··E··C···T··..S. ERVICE

. . .GA.P.A.C:::J:':rl:' . B.1I.I .LI) I N.<3.. *'.1'9..*A.IJI)R.E:S.S... E.T.. C::() I .T \_Y. . N.E::ED,S.. . l>f0.El::tI..:r:Z:E.. .COMMUNITY

•··

.yqr.:ffi.'.1'I'E .ER.S. , ... J>.J:,TI).. S .T.R.E:N.<;'.l'EIE.:N.. T.li E:.. C::1\.:PACI .T.¥ ..() F.. .'I'IfE.. \_9R.<;1\.J.li:r:ZA.'I'.I O.N.S.. ."'1EI:E:R..E . .T.liE:X..

S,E!:R.'1:E .. .. \_I\_N... E!2C<:!Ii (; E:. F.():R.. 'I'Ii.E.I .R. C::() z.1lv1:I 'I'M,E:N.':r, . l-1:Er.1:SER,S . .1\.:RE!.. :EL I (; I l3I..E!. ;p"()R . A. .. r.:ry:rNG

M.E.M. . B. . E. .R. .S. . . .A. . .L. .S. O

GAIN.. . . .V. .A. ·.L· ·U··A· ··BL. E EXPE. RIE. .N. .C. .E .A. .N..D... BU..I.L...D.. ..NEW SK. .I.L. .L. · ·S· · •• • . . . . . ·· · ··· ·· · ·· · · '' . . . . . ' ', . . . . . . . . . . . ., .......... .

. .':rEI:E E.R.I C::():RI> S. . IJI\_S\_A.S, 'l'E!:R P .RQ(; I.:E'1:ER\_A.(;E:S,.. 0 . A.Z>fE .R,:J:C::() :R:P.S . M,E?<i13ERS TO... .. . . .. ..... .

PART I CI P.A.'I'.E... :rN ..co :r'.l'X..P..IASTER P RE PARED J.ll:E$ .S· .A.N.D.. .R.:ESPONSE ..':rHROUGHO.lJ':r .. 'l'EIE

UI>S 'I'A.T.E.. \_()F .S()tJ'I'Ii ..C.A.ROLINA. TI-IE:S,:E . G91J.N:'I'.l:E:S... I :N.CL\_tJDE J>.J:,TI):E:RS\_()N., . . 1\.:813:EYILI.E:,.....

CHEROKEE.:, . EDGEFI ELD, . GRE.ENWO()I) ,. .l-1<:!<:!ORM,ICK, OCONEE, J>.J:,TI).. .P .I .c::I<E:J.llS • THE

.. J?:R.()<3:R.A.Z>f .. A.R.R.1\.N.<3:ES .. F.O.R. . .J>.M.:E:R..I .C.O.RJ.?S... :Er.1:B.E.R.S. . .'!'()..A.:R.RA.N,(;E: . F.():R ..8 o.o ..HOl-1:ES... 'I'()..liA.YE!. A

D..I.S..A..S..T..E..R...·.·P·L·AN···I.N. PL.A. C..E... AND..T. O...W...I.L.L. ..T...R..A...I.N....8..00 STUDE.N..T.S.....O..N.. .D...I.S.A...S..T. E..R................

PR. .E...P. AREDN. .E. .S. .S. ... . ·. · T· ·H· ·E· ·· ·P· ·R· ·O· ·G· ·R··A· ·M· · ·· ·W· ··I·L·· L· . . .ALSO TR. A..I.N. . . 50 VOLUN. .T. E. . E. . R. . . . .D. . I.S. .A. . .S. .T. ER LEADERS WHO WILL BE P :EPA.R,E:I) .'1'() .. IJ.E.P.LO.r . :r ..'I'I:IE. . E:YENT OF A.. D.:J:S.AST:ER, .THE AMERICORPS

.D.:r A..S .T ER. . PROGRAM. H.0.l?E:S... '.l'I:IA..T... BY .E!QtJ.I PPI .N.(; . .:r I:>IYII)U.A.I.S...WE.. . .CA.N... I3tJ:tI.IJ. . T.H.E... . . . . . .

. . F.() A.T.I C>N: . F.() . A STRON<; . A.ND.. RE:S,:rr.:r:E:NT CO ITY...... . . . .... ...... .......................



..F.e>:rin... 9.9 0. , Part:. .I I I., Line 4d..-:- . All Ot .h er 1\.c:C!e>lllp l i .s llin Il ts:.. . ........ ... .. . ..

WOMEN'S...L..E..A...D. ERSHI.P....C..O...U..N..C IL

CREATED IN 2001 TO ENHANCE W. . .O. .M. . .E. .N. .'.S. . .C·.·O· ·M· · M·· ·UN.. I.T..Y.....I.N..V. OLVEM.E..N..T T.H. ROUGH

FoPraperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

DAA

Schedul e O (Form 990 or 990-EZ) (2019)

ScheduleO Form 990 or 990-EZ 2019 Pae 2

Name of the organization

UNITED WAY OF ANDERSON COUNTY

Employer identificationnumber

### 57-0510602

\_. J?FIJ:I. TH:R() J?l'.'1 I. E:A,\_I)E: S,FIJ:I> . AN.]) . A.I>Y()C:!AC,Y AND WITH A VISION "TO PROVIDE AN

\_. E!?N J:RONMENT IN WHICH CHILDREN CA\_N .:BECOME RE\_S P();NS I I3I\_. E! 1'.])1JLTS " . .'I\_+.. .M:J:SS I ON

. . ". .T. .O. . . . .E. .N. .S. .U. .R. .E. . . T. . H.·· ·E··Y· · · ·HAVE · • THE KNOW. .L. .E. D. . G. . .E. . . .A. .N. .D. . . .S. .K. . .I.L. .L. . .S. . . .T. .O. . . DO S O. " IN 2004 WU

. . I. N. . .T. .R. .O. .D. . U. . .C. .E. .D. . . A. N. ..D H. .E. .L. .P. .E. .D· · • · F· • UND

.TE.E. .N PREGNANCY

. .P. R. . .E··V· ·E·· N·· T· · I··O· •N· . . .C. .U. .R. .R. .I.C. . U.

L. . U. . .M.

THA. .T. . . . I··S NOW



E:1\_'.I>I ?W CAI-ii?

2-1-1. . . . . . . . . . . .

J::N.. SCHOOL 1 AND\_ WI LL E\_X\_ PA.N.I>.. TO \_ I\_>I S T.R.l:C: '.I'.. ? . IN. 20. 9..



UNI'1'E.D ..W.A.¥ IS AN ADVOCATE FOR AND . S.VP.P() R.'.I'E \_R.- OF SOtJ'.I'H C]\.R\_OI. I r:;JJ\ 1 -:-l J . A.

\_ . C>N.E:. S.T.0.P...R.ESOURCE FOR \_F I ND.I NG AS,S,J:WI';A:N.C!E:.. IN. .. :Y9.U.R. I.C>CAL\_ C,0,l I(JN) :'1':Y THE

DAT1'.:S]\_\.SE\_!. I NCLUI>E\_S

. .A.. W.J:DE VA\_RI E:'l'.l'.' . ():F'\_ . \_S E,R.VI C E PROVIDERS . I :NCI. tJI>:r::t\_-Jq

. S.:cJPP9R.'l'.

<3!{()1JJ?SJ\_. . C!C> I J Y. C!I. l::t-JJ:C:!S..\_.. C!C>tJr:;JS,E!I.() R\_S

\_ ..

S,FIE!I.'l\_'E. R\_,S

..F,C>QI> 1? '1'.R.l:E!S,, ..1'.l:ID

PROGRAMS F..O..R.

SENIORS ..A..N..D....M..ANY...M...O..R..E....A. GE..N...C..I.E..S...T.H. ROU.G..H..O..U. T .SO.UTH . CAROLINA THE

. *:-:*:1. .1\_.. C,A.I.I. .. C:E!:N'\_1'E\_R ..I.S...A.Y1>..I :L,A.BI.E:.. :4..If()1JR.S. . **.A..\_**1)1>.:Y., . . \_3\_6\_5 . 1)1>.:YS .. 'I+..\_ .. ¥E.A.R.-.. '!'() LOCATE

YJ:'11' '.:L\_ . HE,A.I. 'I'.\_FI. 1'.:N\_D ..H.tJM.A.N..S,E.RVICE:S, .. '!'() THOSE IN :\_NEE\_I-)

. .. ... . ... .. .. ... .. . ... . ..



. .'l'.FIE!.. MISSION *9r..*:A'J+..LS. :tS, . TO. C,ULTIVATE \_L E:J\I)E!I{S,I\_-II\_ P

\_Ir:;J '!'.FIE \_AF RI C!A.?-1.. E.RICAN

COMMUNITY **IN\_ 1\_'.:**\_**N** \_ E F F ORT T() \_ ENSUR.-E!. *.1'..*\_ J:> I VE RS E VOICE REGARDING COMMU\_:NI T,Y .. N.EEDS •

. ...C:9R.-E.. . S .'I'.R.A.'l'.E!q :r E..S .. .A.R.E. .. '.I'(\_) . I ]\_)E N.'l'.l: F.X, ..

,.ECR.u::r:r . A:NI>...c.u.r..r:ry1>.'1'E....A.F.R.l: c: E.R.I .C:A.?-1S.

WH() . R\_ \_E\_ P

R.E:S,E!:t-JT . C:::cJRR.E:N\_.'l'.. AN])

F U,'I'.tJR.-E!. I. ll:'1+..\_DE,R.S FIJ:J?. ... M I. S,. HOS\_'1'S ..'J:'.FIE:.. :A\_.L

l-11.I<

I>AY

\_. C>F, . S.E..RYI C!E: *r... 9 ..*J:>RE1\l\_-1 l) 1>.:Y.'. . . . .I N.. *9 q..*9YE.R. .. 2 0 0 VOLtJN.'l'E:E!R.-S\_... P AR.'J:'.I: C:J:P1>.'.l'E.D. .. I .r:;J ... ..

\_ . C:() I T Y SE!R.-VICE PRO ECT\_S\_ T FI C>tJ GHOUT .'J:'.FIE!.. C:OUNTY. AND IN. .R.E:C:()q:N\_I '.1'.I .0.N\_ . OF

\_. 13!. 1'.C::I\_<\_. H.I.S.'I'.C>R.-X.. M.9N.'l'.l:I . .M I.\_S.. II,O,L\_I)S, .. '!'.Ii .J:>\_RE:A.l-f . . c;;\_,r..;.., ...A\_.. 131,A.<:!I< '.l'I .E ..E.YE!:N'.l'. :WH\_ I C!FI..

\_ . FIO:t-J() S ... L.9CA.I. 1>.F.R.I A\_N

AMERI CAN C:C> ITY I,E:1>.I\_>E.RS. l:'.rFI .'1'I-IE\_.

El-i E:R.-<;J::N\_ (;

L \_E ,A.I) E: .

. .A.W.A I>.\_. . C!C> :I '.l'J . 'l'.R.lfI:I. E3I. '1\_+..ZE R. A.W.A.R.-I>, . .1\.N.I> .'!'.F\_IE! . C::() l:'.I'l'.' LEGACY AWA ]). .. .. .... .....

EAT SMART MOVE MORE . (E!S,r.i:M)

EAT SMART MOV\_E . M.0 .R.E: C>f .. 1'.:\_N\_l)E R.S C>:t-J . <:!()1J:N\_T ,Y\_. ( E! z\_.i:M) . IS A LOCAL ..C!fIA.1?'1:'ER OF A

STATEWIDE l-19 YE.M..E .N.'I'. . 1\:t l-lE!J:?. A\_ T

COORDJ::N]\.TJ:t--1<; OBESITY l?R:E!YE.:N'.1'!0.N. E:F,Jr() \_ \_T\_ S

Pae 1 of 6

ESMM

Sch edule O (Form 990 or 990-EZ) (2019)

DAA

Schedule O Form 990 or 990-EZ 2019 Pa e 2

Name of the organization

UNITED WAY OF ANDERSON COUNTY

Empl oy er identifi cation number

57-0510602



COUNTY.,

AND T HE . UNITED WAY OF ANDERSON COUNTY • ... E:S.l,1l,I\_. :\_rs

. FOCUS E\_:I) . ():N\_ . tJNJ T.l:1-lG

A VA \_I E T.Y:. OF

P AR\_ TN,E: S TO WORK

T.()GETliER\_ T.()

:i:1-lq RE]).S\_E:

q '.l'I :VE . I..l:Yl:l-1<3 .. T.0.

IMPROVE

FIEALTHY\_

\_ EATI:til'G, A\_:ND TO DEC\_::

E ASE DULT ANI>

CHILDHOOD\_ OBES I TY IN\_ THE

COMMUNITY. . l\_:l-1\_. 2\_ 0\_ 1 5r ... S.()lJ'.l'li C\_A. () :tl-lA\_.\_RJ>.N,I<E:l) .. '.\_l'lf E 10TH HEAVIEST .S.'.I'A.'\_.l'E \_ I N,. T.liE

\_. \_tJ . S.. . J\_ I N,. T.E:R.,l-113 . ()F . %. . J:lil'p:tyI\_D\_tJA,I..S. .():S:ESE}, AND IN J>.N.D.E:R.,i3C\_>:N\_ . C\_ \_QtJN,T.\_X , TWO OUT OF

EVERY

.T· ·H·· R· ··E·E· · · A. . .D. .U. L. .T. .S. . . . I. S. . . . . E. . .I.TH. E,R.... OVER·W··EI·G··.H,.T OR OBE..S..E....A..N..D....T..H...E....N. UMBER OF

.O. . V. . .,E.R. .W. . .E. I. G. . .H. .T. . . .O. . R. . . . .O. .B. .E. .S. .E. . . . C. ,H. . .I.L. .D. . R. . .E. .N. . . C..O...N..T..I.N...U..E..S....T..O....C..L..I.M..B....... .O. .B..E..SITY CAN B...E....L..I.N..K...E..D... TO

A M. Y..R...I.A..D. ...O. F . H.. EALTH .C...O···M···P··L· I.C..·A··T··I··O·N··S··· AND C.H..R. ..O. .N. .I.C. ... .I.L. .L...N. .E. .S..S. E··S··.······T··H··ROUGH.....T..H..E E..S.MM

-. :\_E

S \_Q\_N,. \_C!()A.

\_I\_ '.l'I \_Q\_N,*r* . C:()

\_ \_I

T,Y:. J? :R'.\_l':NE R\_ S\_ . A,R.,E: . '1QI:NIN,<; ..'I:()<3'.\_E'.l'H\_ :E R\_ ;. T\_.() \_.:F' I :N\_D\_ . . A.'XS... TO

GE\_T . THE COUNT\_Y

:E\_A,T,I \_N\_,(;

S MA\_ R\_TE R, !vi()'J'I \_:NG\_ l-i():R\_E:

A:\_N\_D . Il-i:E>R.,()'l:[:Nq\_ OVERALL HEALTH.

ESMM WOR...K..S. . . T. . O. . . . .M. .A. K. .E.. . .T.. H. ..E. .. .H..EALTHY CH. .O. . I. C. . .E. . THE E. ..A. ·S··Y····C··H···O..I.C. E I.N. . . . .A. .N. .D. . E. . R. . S. .O. . N BY

.P.R.9 YI\_ \_DI N,<;. - .:E:N,\_VI

Rp :til-t:Et\_-l'.f . FOR\_.. S.C:li ()()!J\_S

. T.FIA,'I:. . S.tJJ?PO.R;'I'.. li E:A.1:,'.1':HY\_ . \_E:A\_'I:l:l-1<3

\_. \_P FIY:S.I CAL

ACTIVITY, . Al\_'1I>

PL AY.; . SUPPORTIN,G li:EA\_.l:,T\_H C\_A.R.E:. . J? Q:VI \_[)E:R.S.. :\_t l-1 . D\_[)R;E:S.S.:I:l-1(; ISSUES

.\_ C:()1-l<\_:!:ER:NI N,(; HEALTHY. LJ:fESTYLES,

·O··B··E···S··I·T··Y····P··R··E·V··E··N·, TION, AND OBESITY TREATMENT;

. . A.P Y9 CA\_.\_TI N,G POSITIVE CHAN\_G\_E A.N,1) C ONl-lECT\_ \_J:N,(; \_. COMMUNITIES TO L()CAL RESOtJR;C:ES

..· ·························· ························

THAT SUPPORT ACT I VE:. :i:y :\_r:\_NG

AND li :E !J T\_

HY. E ATi t-l(; . A\_C\_ROSS. TlfE C.9t1lil''I:i'.°l . ANl:> . .....

. S.lTJ?J?(\_) RT\_ I N,c; OUR L\_()C.A,L FARMERS MARKE\_T\_ S-- ............. .. .... ... . .. ..... . ... . . . .. .. . ... .

VITA

THE UNITED ..,W. .A. .Y O. .F.

ANDERSON COU. .N. . T. .Y. . . . .P. A..R..T..N..E..R...S...W.. ITH TH.E....U...N..I.T.E..D..., .W...AY., ..V,., I.T..A.........., ....

COLLABORATIVE OF THE UPS. . T. . A. . .T. .E. . . .T. .O PRO.V.

ID.E. . . . F. .R. . E. . .E. . . I.N. .C. .O. . M. . , E. . . T· ··A· ·X·· ·A·· S· ·S. ,I.,S.T. .A. . .N. . C. . E TO LOW

-. MODERATE I\_:NCO.M,E:

J:1-lI):t:VI\_D\_tJA,I..S. AND FAMI I..I :E '. .\_.. \_ T F\_IE:

tJl'1:\_t'l' ED.. A.X\_ y I TA.

. C:() !\_J

BO.R:A,T.J:Y:E . I\_ S . A\_ . P.A,WI'l\_-1:\_ER\_ S H:I I?. ():\_F'

J?tJBI.,IC!*! .* . . J\_?

I :VA\_T,E:, . A.l-l])\_. G\_

\_0.YE:R.lil'lv1:Er\_-l'.l' . PA\_R.'I'lil'E:R.,S.

THROUGH VITA, L.OCAL VOLUNTEE:RS A E IRS TRAIN D A.N,1) . C:::E \_ T I F I E D TO\_ PR()YI D\_E

. .'I: }-{\_. \_ E Tt] R;lil'.. S.E RV.\_I CE:\_S.. J\_:t-l . '.\_I'l\_f E ..C.9 \_I '.l'J\_ . 'r,(). E:lil'S.lJ . T,HAT .QlJ !\_J\_I

F\_ I

E:l) .. :tt-lpiyI\_[)tJA,I..S.

IN. . . . , T. . H.. .E. . . .C. O..M..MUNI.T.Y....H...A..V..E.. ACCESS TO FREE TAX ASSISTANCE AND RECEIVE ALL

,

·········• · • •·· · ·· . . . ., .. , ··· · · • · ·· · ·· · . . .. . . . . . . . . . . , . . .. . .. . . . . . .... ········

ELIG.. .I.BLE BENEFIT.S. ...AND DEDUCTIONS INCLUDING THE EARNED INCOME TAX CREDIT

Pae 2 of 6

Schedule O (Form 990 or 990-EZ) (2019)

DAA

ScheduleO Form 990 or 990-EZ 2019 Pae **2**

Nameof the organization

UNITED WAY OF ANDERSON COUNTY

Employer identification number

### 57-0510602

. (E::r'.I'C::L ..C:Ei:II..I> . '.I'AX .c: E:I>:r'.I' ED.tJC:1'.'1:':r () :N . T.A.:ic . .<: E:IJ.I '.I'. ... CHI .LP. . .C:1'. E... IJ;EDUCTION •

. .GlJ ;E:NTI.Y., y:r:rA .SE: y :r <:E: . A R.E... AVAI LAB L E: . 1'.'1:' § ):,()CATIONS T:EiR,()tJC3EiOUT THE COUNTY.

WEEKEND SNACKPACK PROGRAM

I..N. . . THE FALL. OF 2.0. .1. .2. . . .A. . . .G. . .R. .O. .U. .P. . . .O. . F CHURCH LEADERS AND THE UNITED WAY OF

ANDERSON COUNT. Y. . . . .C. .A. .M·E·· · ··T· O· ·G·· E··T· H··E· ·R·· · ·T. .O. . . ··E· ·X··P· ·L· ·O· RE WAYS . .T. .O. . . .H. . .E.L. . P. . . .O. .U..R....C..H...I.L..D..R..E..N. REA..C..H...

THEIR FULLEST PO.T.E.N:':r:I J>.L .•. . . .. .T.H: ()lJqfl .'.I'li A'I' . 1?1'. '.l':N;E S.H:I.J? , . .. '.l'fl;E. . W.E.E:I<E: I>. . :3:NA.C:I<l?J>.C!I< PROGRAM .W.AS . . I..11.lJNCHED;... A !? ()GRAM THAT.. PROVIDES A BAC!I<PACI< .0.F... 9 . l?.E.RI $ HAE3I. E

FO.O...D.. EVERY.. F. .R. .I. .D. .A. .Y. . . . .T.O. . . .CHILD·R···E· ·N· ..T.·O·· ·· ·B··R· ·ID·· ·G··E· ·· ·T· ·H· .E.. .W. . .E. .E. .KEND M. .E. .A. .L.. . .G.. AP WHE. .N S..C. .HOOL

LUNCH.. AN1J. .E3 E:11.I<.FAS .T .. PROGRAMS ARE . :N()'.I'. . .A.VJ>.:I I..l\.:S E . ..'l'.E.1'.Gfl ;E.RS , .. ll::3 ANI) .. . .. .. .

. .S..C. .H..O. ..O. .L... .C..O. U. ..N. .S..E..L.O. ..R. .S. . ..I.D...E. .N. ..T. .I.F. .Y.. . ..T. .H...E. CHILD. .R.. .E..N. .. .W. ..H..O.. .A. R• •E· ·· · ·A·· T· ·· ·G· · ·R···EA. . T. .E. . S. .T. . . .R. . .I.S. .K. . . . .OF MISSING

..M. .E. .A. .L. .S. . . .D. .U. . .R. .I.N. .G. ...W. .E..E...K..E. .NDS. THESE . C. .··H· ·I·L· ·D·· R· ·E· ·N·· · ·O· ··FTEN HAVE...L., , I.T..T.L...E. ..O..R....N...O..T. H..I.N..G····T··O EAT

,

,

.1'.'1:'. ():M:E, I> ;E'.I'TJ.R,N TO . . C::liQ9I.. ..Q . ():NI>A.Y. .. Ei Q J,..T.J: E:I> .:A:NI> I L L- P RE P A R,E.D.. .'1:'0 LEARN.

TliE...:F.I .R.S.T DELIVERY WAS MADE IN F\E:S lJA Y., . Ql . .,. T.9 764 . CHI L DRE: . :r:N.. .2.0.. . . . . . . . . .

S CHOOLs. . . . . .S,:r C:::E...T.H.E: , ... J)Jl::L.I Y.E: l: E:S,. . C::() :NJ I . E:. .l\.?{I)..s.

E. YE.. .l\.:P:PR Q:icI .l-i1>.'1:'ll:I.*"!* 900.... .

CHILDREN .I N..25 A:NI>ERSON COUNTY S CH9 9 .LS EACH •fE.E I< . THE UN,J'I'E:D WAY .P A R,T.N:E:RS

. .W:r'.l' ..SECOND.. flll. Y.E.S.T... F.OOIJ.. :SANK .() F.. . :E'.I.'R.0,I..l: 1'., .. l'l:EiJc:fl .. S.lJ:P:P:LIES . .'l'.EiE:. . :F99P...F.()..'.!'HE

. S, l\. C::I<P A C:I<S, . *: ·'.!' .***.11.. .**.C.0.S.'l'. .. ():F.. $5.'. 0.0. PER BAG • . ..:I . 11.IJI:>J T.I.<) , . . **.11...**L Q9 A.I... Wl\. ;E:EiQtJ S E:. HAS

. .E3E::E:N.. 9.B.T.A.J: E:J).. :Wli .E .R.E:..*I..9Gl\.* .vo.r..tm'l:'ll:ll: .s..P. .1'.C:I<. .'.l' :E..B.

.A.9 S... ()1".. :F()()p *... S,1'.*y:r:NG. .T. .H.E:

PROGRAM $4()1 000 ...EACH **.)'.'El\.R IN** SHIJ?PING . DISTRIB,tJ'I'.:I():N COS'l'S.

., Y, . O. . U. . .T.H. . . . .V. .O..L. UNT..E.E..R....C..O..R...P.S................... ...·················

THEYOUTH VOLUNTEER CORPS. OF ANDERSON, HOSTED BY UNITED WAY OF ANI:>E .R,S ()

. *.G9 '.l'°'!J ..*I.S...() ll:..CJ.F .. } () ..1'.1":F.IL.IA.'l'.E...J?R()QRAM.S . :I ..'.l' :E..:U. S..• .. '.l'flll.J ..c;IyE:S, ."!9lJTli ..1'. E:

. .1..1. .-..1..8....T..H..E....O...P.P..O...R..T.U..N...I.T..Y...T..O.....S.E..R..V..E T..H..E..I.R.

COMMU. NITY ..W...H. ILE....G.. AI.NING VAL.U..A..B. LE LIFE

SKILLS AN·D·· ··L· ·E··A·· ·D· ·E··R. . .S. .H. .I.P. .

EXPERIENCE. ALL· ··P··R· . OJE..C. .T. .S. . . .A. .R. . .E. . . EDUCAT. I..ONAL AND TEAM-

. B.J>. ;EIJ . W.I .'l'.Ei.. l\.:N. . EMPHASIS O:N... S.E RVI GE.. .L .E.A. N'.:I NG . .. YOU':rEi .. Gl\.:N.. Y.0.L.tmTEER ON . .. .. . . ...

Pae 3 of 6

Schedule O (Form 990 or 990-EZ) (2019)

Schedu le O Form 990 or 990-EZ 2019 Pae **2**

Name of the organization

UNITED WAY OF ANDERSON COUNTY

S. .A. .TURDAYS OR . A. . .F. .T. .ER SCHOO.L DUR.I.N. .G T. . H.

Employer identificationnumber

### 57-0510602

E SCHOO. . L. . . . .Y. .E. .A. .R. . . .OR ATTEND THE YVC SUMMER

\_ C!Iµvi\_P \_ FQR.

S.EVERAL WEEKS. *qr*

SERVIC!:E

AND LEADE:R HIP

l)EVELOPMENT WITH VARIOUS

ANDERSON COUN'.l':Y'

;N:ON:J?R:C>li':C\_'.1'

\_A,c; E:r;JC!J::E-

T ll \_E:

J?'[J:RJ?()SE

.9\_F.

'J:'li:E

J O.U.'I\_'1. -1

VOLUNTEER

CORPS IS TO HELP YOUTH E\_S'.I'\_A.B I..I S H \_LI \_F E

T,I \_r.1E:\_ \_C::()MMITMEr;J'J:' '.l\_'()

S E RVI C!:E AND\_ TO

I?:R:EJ?\_A,RE

'I'.I-IE:z.l *'.*\_*1'9*

B\_E!

'I'.1-1\_:E

:L:E:AD\_ER\_,S.

()\_Ii'

'.\_1'9 M:() R,R,O\_W •

\_ . \_. \_. . . ..... . . .. \_. \_. . \_ \_. \_. \_. \_. \_. \_. \_\_ . .

x()'[Jlllc; P III r. 'J:'FI:R(\_) P\_ I s.r s. (X\_PJ

.T...H..E. ...Y..O..U..N..G....P..HILAN..T..H...R..O...P..I.S..T..S.

GROUP WAS. ..C..R. .E..A..T. .E. .D.. ...T. O····E··N··C··O··U··R· ·A···G··E I·N·



DIVIDUALS AGES

\_-: Q \_ T\_(\_)

J3E:C!C>z.I:E

I N:yQI.'l :EI> IN, 'I'.I-IE: C::C>z.i:r.IlJNJ'I'.X

'.l'FI:R()\_{J<:;1-1

I?r.I:C:LJ\N\_.T H:R,QI?i'.'\_,

VOLUNTEER,ISM AND . ADVQCAC:Y'\_-- T HEREFOR\_E \_S 'I'.RENGTHEN,I N\_G

CULT. .I.V. . .A.. T. .I.N.. .G.. . ..V. O. LUNTEERS AN.D.. . CHARITABLE DONORS.

THE COMMm-ll:'.l'X

------ ·-·- ·

\_ Q'[J:A:\_R'.\_l'E RI.,Y...E:'l :E \_'.l'S

\_A,R,E:

()li'l\_i':ER\_ E D

J?():R

FIJµfD\_S *-:-* ()r;J. \_S.:E:R:V\_ .I C.E:,

EDUCATI ON:AI. .

.\_\_ . \_ \_. . \_

\_. \_ .

\_ ()J?]?C>:RT'CJN.I':rl:E:\_S.

- \_ l)()r;J():\_R

:E G,A<;E::t-iE:

-'.l'

\_A,l)I)J:':rl: C> :AL\_L Y.r.

'I'r.I:E JP

\_A,C::J>.l)E:Z.\_,:X

'ri\_A,S

CREATED TO RECR. .U. . .I.T. . . .I. .N. .D. . .I.V•··ID. .U. .A. . .L. .S. . . . T. . O. . . . .B. .E. .C. O. . .M. . E. . . . .I.N. .VOLVED. THE ACA· ·D··E· ·M· ·Y· ·· ·W·· · ·ILL OFFER

.. .. ()J?PQR,'I'.T.J.Nl:'J\_:'J

'.l'.0\_ \_ YJ:S.I'.l'.. S\_

EYERAI, .. C::HARITABLE ORGANJ 2:J>.'J:':CC\_>

S \_ I\_N,

ANDERS \_QN.

\_ . ..

11 11

\_\_ C!()'[Jlll'.l'X'\_L. P.E:R:F\_'() :Rz.1 HANDS - ON WORK, AND SEE FIRST-HAND HOW WORKING .. ,\_, --·-·-

·····················••······················· ··· · ·· · · · ····· - -- -,- - - · ··········· ·· ··· · · · ··· · · ·· ·· · · · ·

COLLABORAT.I. V. . .E. .L. .Y...

CAN , P.O. . .S. .I.T. .I. .V...E.L.. .Y. . . IMPACT. .O. . U...R. . .C...O. MMUNITY. TH. .E. . . .Y. . P. . . . ACADEMY IS **A**

S.l\_:}{ -:?viQ;N:Tli J?:R()<;:R:AM\_ , \_ l-1E:E:1:':CN.(;\_ ON,E: MORNING *P.E.R:*

MONTH. A.C!\_FI

Zvi\_Q 'I'.ll \_.F\_'() C\_::lJ\_ S ES

(\_)N **A**

DIFFERENT

E:I.E:?vi:E T OF THE ALTRlJISTIC M:I N.D.S.E\_!T

:AND WILL O1?\_:E

'I'.I-IE:

EY\_:ES .. \_()F,

()'[JR

X91rn,(;

LE!Al)E::RS.

'.\_1'0

. S()r.1E: .() Ii'\_ \_ '\_.l'HE C!I-IJ>.I.I. :E \_G\_ES. 1>.l\_',ll)

S OLUTI Q

\_-S.

:F:ACING OUR COMMUNITY.

\_ XI>

:AC:::A.D\_E!?-r!

'J:''[J:\_C'.l'I \_Q\_ \_ :r\_S.

$\_2.\_5 0 \_ P E:R:

l: l\_'@I y I \_I)lJ J>.I. . \_ '.l'lI:\_ES\_E

FUNDS WII.,I\_.,

J3E:

:APPLIED

TOWARD THE:

cn.:r:r'.l'ED*-*. \_

*I>*\_*.*,X

GENERAL . CAMPAIGN. \_

\_ :R:E(\_:!RUl:'I'.l-1:E '.l' FOR\_ I>.C!:AI>:E MEMBERS

- :rs--.

(\_)UGll 'I'-.

F.R:O\_ z-.I

'.\_l'l\_f E- J3'[JS INE\_Ss\_ . c o \_ I '.\_1.'Y- THROUG\_ E-I

A-\_ N.Q:t-1:I: AT I ON I> () C:::\_E

SJ\_- -

AS--.

W:ELL

. .A. .S. . . . T. .H. . R. . O. . .U...G.H....P..E..R..SONA.,L. . . C. . O. . NTACT . .W. . .I. T. .H. . . . INDIVIDUALS. YP MEMBERS DO NOT HAVE TO

ATTEND

T,liE\_:

i'.'P

:AC:A\_I)E:?-\_r!

TO BE IN,Yq:Ly:Ep

AS*\_ J>.* \_i'.'C>lJ;N\_:G

P,lil:I. '.l'lIR()P,J:S.'J:',

BUT THE

ACAI>:Ez.i:Y.

QFF.E::\_R

A \_lJN.l:Q '[J\_:E

()P\_ \_P () R,'I'cn.:r:r'.l\_'X

F\_QR

():R(3:ANIZE\_D

l-19N.'.l'lILY

E!N,<:;:AGEMEN\_T

WI TH

THE COMMUNITY.

IMAGINE ANDERSON.. ··· ·•· · ·

DAA



### Page 4 of 6

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O Form 990 or 990-EZ 2019 Pae **2**

Name of the organization

UNITED WAY OF ANDERSON COUNTY

Employer identifi cation number

5 7 - 0 5 1 0 6 0 2

. . :ER..S O .N... C!C>UNTY SOUTfI .q R,()L I N.A..' S. Y I .S .I ON J?I.Al{.. -:- . J lviAG I NE ANDERSON - WAS

.. C! :E

.T.E..D

J J:•L

.Q 0 .6 THROUGH A COMMUNITY-WIDE VISIONING PROCESS THAT DEFINED THE

. I>E. P: R..ED .F.tJ':rtJ :E.. STATE .*.9r..*THE CC> TY. .. C!C> .I T.J .R.E:S.:CI>ENT S F.I<C>M... T.HROUGHOtJ'.l'

. .T. .H. .E.....C..O..U..NTY WERE. .. .A. . . PAR. .T. .

OF BU. I.L. .D. .I.N.

G THIS SHARED VISION WIT.H. . . .5. . ..G. . O. . .A..L. .

AREAS:

. .E.I>t.JC:: .TI.9N. . E.q ()l'.l() M.I .G .D.E.Y:E:L()P z.lE:N.'.l'*!* )i:EALT,li &:. Ii . I<E:S.QtJ C::E SJ AND LEISURE &

. R.E.q R:EATJ C>N.. . . T.liE P.LA L :ER.:VES A,S. . C::11.TA,I.XS.'.l'. FOR IMPROVING...T.H.E C!Qtr!'1'.l'Y . .'l'.Fll<OUGH

. .2. .0. .2. .. .···W·· H···E·N· ····A·N. .D. .E. R. .S.O. . .N. . . COUNTY C··E· ·L··E··B· RATES ITS.....B...IC.ENTEN.N..I..A..L...•..

. '.l'fI:E . tJ:NIT,E:I> .. W. X..OF . ...1'.N.D.E. ()?{. ..99 '.l'X I?.RQYIDE.S. .FA.CJ I. :C'.l' T.I .0:N. !<OLE F OR.

THE

.. :ClwiAGINE ANDERSON LEA.I>E. li .I P . BC>A.RI> . .I .T.H <J()AI.S . '.!'0 . BI<:r q.. l?.EO P I. E:.. '.I'OGET H.E:l<. AT

. .'.l'fI:E.. C::():M.MtJN:C'.l'X T A.B.I..E:.. '.l'Q. FOCtJS...9 .. P E C.I .F.I .G. *qq :r..s..*.A.J:.lD... E.I.Iz.t.I.N.A.T,E:. .JHSTRACTIONS FROM THE .D.A.X '.l'()IJAY,! .. <3t.J:CI>:E .AN.I> FACILITATE ..G9 T..I .N.tJED PROqR,ESS... .C> . l?E CI F I C

l? :C()R,JTJ .A.C!'.l':C() l'.lSJ . .GC>N.'.1':CllTIJ:E... T.9 BU I LI) . AWARENESS AND REINVICJC>I<A.':rE. .'.l'li :E . .. . .. . . .



. .:r :C:VI D tJA.I. S.. .. 9.R.(3 :rz '.l'ION.S...I.E: I>.I ?{.G. . .':rI-iE:. . tJ C::.C.E.S.S.E:S·.'· .L I S T E. .N.. .'.l'Q. V OI CE .S. .. . . . . . .

.R. . .E. .P.R. . .E. .S. .E. .N. .T. . I.N. . .G. . . W. . .H. .A. .T. . . .M. . .A. .T. .T. .E. .R. .S. . . .M. . O. . .S. T. . . . T. .O. . . . .T. H. . .E. . . .P. .E. .O. . P. .L. .E. . . *i '* O*. .*F., . . .A. . N. . D. ' .E. R. . .S. O. . N. . . . .C. .O. . U. . N. . .T. .Y. .,. . .A. .N. .D. . . . . . . . . . . .

. ..A.D. .V. . .O..C..ATE FOR POSITIVE CHANGE. ·········· ················································



UNITED·• · ·W· ,A..Y O..F.

ANDERSON C·O···U··N··T··Y ..O..U...T..S.O. URCED ALL FINANCIAL DUTIES TO ·A··············

C. . .E. .R. .T...I.F. I.E..D.....P..U···B··L· I.C.....A..C..C..O..U..N. TANT •·····• · · · · ·· ....······· ····•· · ···· · ······· · ··· · · ··· · · ·· · · · · · · · ··· · ·· ········ ·· · · · · · · · · · ·· ·

Form 990. ,

Part .YIJ . .r..:i11-e .1 .1 1:>.. :-. () l'."g c111i z a.t: :i c,111 E:1 Process to Review Form 990

. .'.l'H.l!:. .:V.P... OF FINANCE ..P.I<Oy :r r>:E.S ..T.H:E:.. 139 R.P.. .0.F. . .I>:r :e:C::.TO R.S. . **.A...**I> A..F.T.. C!C>J?X OF FOI<M... 9- 9-0

.F.Q:R. . '.!'1:.iEI. I<. .R.:EY:C:E . . . ..B.QA. I>.. z.t.E.M.B.E:R.S.. . A.R..E.. A,B,I.E: .. *T.9..*A.S.K. . QtJ E. '.l'.I () ;NS,

. .C>F.. . T.I-I:E.. YP . .C>F.. . . .

F.I.N. . .A. .N., C•E· · • A· ··N·D· · · · THE T.AX RETURN PR. E...P.A. .R' E. ..R. .• OF THE 990.

DAA

THEBOARD VOTES TO APPROVE THE FILING



Pae 5 of 6

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O Form 990 or 990-EZ 2019 Pa e 2

Name of the organization

# UNITED WAY OF ANDERSON COUNTY

Employer identification number

##### 57-0510602

WHEN.])E'I'E:R.?i•l:J:.l.'I:NG...F.lJNI):rJ:.l'q .T.0.I>R.C>Y:II:>:E:.T.0...C> FI:E . N.ON- P ROFIT. AGENCIES, BOARD

..:t.i EMB:E:.RS...R.E:C:lT/3:E:..'.l'.HE z.!S.E:I.Y:ES ..F.R.C>z-1..Y9'.l'I :N.G .'I'C>..F,lJ:NI) AG.E.N.C:IES THAT THEY.l:IAYE.. A.1'1

..A.F.F.:r;LIA'I'I.C>N.. \'l:I'.l'l:I.



##### Form 9.9.0,.. Part YI Line 15a .-:- . C:e>rnp <:a11.s ct :i e>11. P.l:'.0.c e s si for . '.!.'OP.. C> :i .i .a l

THE BOARD O. BTAI... N. .S. . . .S. .A. .L. . A. . RY INF· ·O· ·R· •M· •A•· T· · I· · O· ··N· ·· F,R. O. . M. . . . T. . HE U.. N. .I. .T. .E. . D. . . . W. . .A. Y • ·W· •O· ·R· LD. W. . I. D. . E. . .

# FOR

OTHE I.'I'.E:D...\'lAY ORGANIZATIONS THAT ARE SIMILAR IN.. S:r:z:e:. ....'I'.l:IE: :I:N ()R. 'I'.I.9?-l'

..:t/3 .tJ E]).. I.N.. D.:E'.l'E.R:M.I N.:t N(. ;.'.l'lI.E . S.A: A.R.X. 9.F .'I'l:IE: .():FF,I.C.E.R.S..9F.. THE \_()RGA.1'1:IZ/l.'.l'I.ON..

B. O. . A. . R. . D. . .

# MEM..B..E..R..S... CONDUCT THE ANNUAL REVI..E.,W..

OF... T...H..E....C..H..I..E..F... E..X. E.CU.T. IV..E. .O. FFICER.



##### Form 990, Par .t .VI , Line 15b - ..C:e>rnp e11.s .a. i e>11 . Pr.. .oc.e s.si for Officers

. .T. . H. . E. . . BOARD OBTAINS . .S. .A. L. . A. . R. . .Y. . .I. N. .F. .O. .R. ·.·M··A· ·TION. . . .F.. R. .O. .M. . . THE UNI.T.. E. .D. . . . W. AY WORLDWID. . ·E·· ··F·.O. .R.... . ...

OTH. . E. . R.....U. NITED WAY ORGANIZATIONS....T..H..A...T. ..A..R..E....S..I..M..I..L..AR....I..N....S..I..Z...E.........T..H. AT I.N.F..ORMATION

IS U..S..E..D I..N..

D.E. .TERMIN.I..N..G T..H..E.

S.A·L··A··R·Y····O···F···O··F·F··I·C··E·R··S····O·F····T··H··E····O··R··G·A· .N.I..Z..A..T.I...O..N.. THE

CHIEF . .E. .X. .E. .CUT· · I· · V· · E·· · ··OFFI..CER. CONDUC.. T.. S. . . . T. . .H. .E. . .A. .N. .N. .U. .A. ..L... R. .E. .V. .I. .E. .W. . ...OF. . . . .EMPL.OY. .E. ES.. . ..... . ..... . ... ..

##### Fo rm . 9.9 0J .. Part VI .c. . i n e ...1.9.. -:- .c;e>y E!l:'I1.i 11g Do c ume n ts . D..1:1:1 :l.C>.s .ur . . . E::>ep :l.c111a t .i e>11



Page 6 of 6

Schedule O (Form 990 or 990-EZ) (2019)