990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 2023 Open to Public Inspection

			C Name of organiz			3		na enanty				D Cambri	or identif41-	n number			
_		црркосыс.	• Manue of Organiz		ited Way	-	latic	m or S	outn			D Employ	er identification	i namber			
X	Address (change	Carolina Inc Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number														
	Name cha	ange	•		<u> </u>												
_	Initial retu		1818 Bl	anding S	treet						NOONVSURE		-929-10	000			
	Final retu		City or town, stat	e or province, cou	ntry, and ZIP or	foreign postal co	de										
$\overline{}$			Columbia	-		SC 2920)1				G Gross receipts 9,687,91						
닏	Amended	retufn F	Name and addre	ss of principal offi	cer:												
Ш	Application	n pending	Henry							İ	H(a) Isthisa (roup return for subordinates? Yes X No					
				landing	g Stree	et					H(b) Are all s	H(b) Are all subordinates included? Yes No					
		j	Columb		-		292	201			If "No	o," attach a list	t. See instruction	ns			
<u></u>	Tax-exen	mpt status:	X 501(c)(3)		() (ins	ert no.)	\Box	17(a)(1) or	527								
J	Website		w.uwasc		, , , , , ,	,					H(c) Group ex	remption numb	per				
		organization:	X Corporation	Trust	Association	Other				I. Ye	ar of formation:			egal domicile: SC			
	art I		nmary	11401	T GOUCHAOIT	00101				1			T III CERCOLL	agai derillalo.			
·			cribe the organ	nization'e mis	sion or most	eignificant a	ctivities	,•									
_	1 ' '		nission o						Caro	lina	is to t	navimio	e the				
20	· ·		ity and														
E	.		sues of								rtovite.		P				
Governance													• • • • • • • • • • • • • • • • • • • •				
	1		box if the	_		-		-				۱.	22				
త			voting membe														
ties	4 1	Number of	independent v	oting membe	rs of the gove	eming body	(Part V	i, line 1b)				4	22				
Activities			per of individua			ear 2023 (Pa	art V, lir	ne 2a)					17				
Ac			per of voluntee										0				
	7a 7	Total unrel	ated business	revenue from	Part VIII, col	lumn (C), lin	e 12			<i>.</i>		7a		0			
_			ted business ta									7b		0			
		_		_							Prior Y			rent Year			
<u> </u>			ns and grants									9,631		290,833			
Revenue	9 F	Program s	ervice revenue	(Part VIII, lin	e 2g)						1,15	3,330		318,024			
ě	10 Investment income (Part VIII, column (A), lines 3, 4, and											<u>3,359</u>	1	74,898			
œ	11 (Other reve	nue (Part VIII,	nes 5, 6d, 8c	, 9c, 10c, ar	nd 11e)			L		0		4,155				
			nue – add lines								17,06	6,320	9,	687,910			
			similar amour								14,04	1,052	6,	598,770			
			aid to or for me											0			
ĮΛ			ther compensa								98	8,515		818,412			
<u> S</u>	16a F	Profession	al fundraisino f	ees (Part IX	column (A). I	ine 11e)	v 71			··· ⁻				0			
Expenses	b1	Total fundr	al fundraising f aising expense	s (Part IX. co	lumn (D). line	e 25)			0	· ·	i Name						
й	17 (Other expe	enses (Part IX,	column (A)	ines 11a_11c	, I. 11 [–24e)		• • • • • • • • • • • • • • • • • • • •		··· ├	1.18	8,425	5 1,304,544				
	12 7	Total avno	nses (Fartix, nses. Add lines	: 13_17 (mue	Henusi Pert I	y το 270). Χουμπο θ		 25)		· · · ├─		7,992		721,726			
			ess expenses.				y, and	-·/	• • • • • • • • • • • • • • • • • • • •	···		8,328		966,184			
p 8	1 1 1 1	reveting is	oo expenses.	Papadol IIIIG	io nom mic	16-,,,,,,,,,	· · · · · · · · · · · ·				Beginning of Co			of Year			
Net Assets or Fund Balances	20 1	Total asset	ts (Part X, line	16)								6,255		875,464			
Ass	21 7	Total liabili	ties (Part X, lin							⊢		7,743		340,768			
E SE	22 1		or fund baland	*						··· ├─		8,512		534,696			
	art II		nature Bloc							I_		-,	<u> </u>	,000			
			erjury, I declare ti	•	ningel this vote:	n including o		ning sabado	loe and et	tomorf	n and to the h	aget of musta	noudodae a-d	L holiof it is			
			erjury, i deciare d nplete. Declaratio										www.euge and	Deller, IL IS			
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e :		Signature) —								Date	<u>, , , , , , , , , , , , , , , , , , , </u>	10/			
Sig			. 17-11					OH-C				Date					
He	re		y Well				-	CEO									
		 ••	nt name and title			I					1:						
.		Print/Type p	oreparer's name			Preparer's sig	nature				Date	Check	: I if PTIN	1			
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	parer	Firm's name		cott an		any LI	C					Firm's EIN	<u>57-</u> 1	.021392			
Use	Only			.О. Вох									<u></u>				
		Firm's addr	ess Co	olumbia	, SC	29202						Phone no.	<u>8</u> 03-2	<u> 56-6021</u>			
Мау	the IR	RS discuss	this return with	the preparei	shown abov	e? See insti	ructions						X	Yes No			

Form 990 (2023) United Way 1			Page 2
	am Service Accomplishm		_
Check if Schedule O	contains a response or not	e to any line in this Part III	
1 Briefly describe the organization's m			
		on of South Carolina i	s to maximize the
capacity and effect	iveness of local	United Ways and to pr	ovide leadership
on issues of signif			OVICE ICIACIDIII
Oil Issues OI SIGNIII	TCAILCE CO CHE OIL	iced may system.	
	significant program services during	the year which were not listed on the	
			Yes 🗓 Yes 🗓 No
If "Yes," describe these new services			
3 Did the organization cease conducting	ig, or make significant changes ir	how it conducts, any program	
services?			Yes X No
If "Yes," describe these changes on			
_		of its three largest program services, as me	asured by
		to report the amount of grants and allocations	
the total expenses, and revenue, if a			, to outors,
the total expenses, and revenue, it a	ily, for each program service repr	nted.	
4a (Code:) (Expenses \$	004 100	grants of \$ 561,608) (Re	venue \$ 561,608)
initiatives underway initiatives to promand and service coordinatives	y in the organizote quality chilation. This is in on facilitating a	ina residents in 2023. Ation include various deare policy, housing addition to our core and improving the operate the state.	grants and assistance funding work as a member
TOURT UNITED WAY CIT	apters served in	uie butte.	
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4b (Code:) (Expenses \$		grants of \$ 6,037,162) (Re	venue \$ 10,000)
programs will provious stability, environme funding for a plann	de services in to ent, and disaster ing grant to ide m around safer c rs.	unding to Americorps p ne areas of education, recovery. The Commis ntify and assist organ communities by connecting	financial sion received izations in
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facilitating finding for easier, more ef- screen and direct pe	y resources more ficient handling eople in need to	grants of \$) (Rev access for people in a efficiently. Further, of needs by serving as the proper resources fficient for the agenc	SC 2-1-1 provides s a liaison to and making the
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•		• • • • • • • • • • • • • • • • • • • •	
Ad Other was sure of the Post of	0-1-1-1-0)		
4d Other program services (Describe on	-	X Janus	
(Expenses \$	including grants of \$) (Revenue \$	}
4e Total program service expenses	8,314,840	, , , , , , , , , , , , , , , , , , , ,	······································

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	١ ـ		v
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		<u> </u>
ŭ	complete Schoolide D. Dout III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a		_	
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	 		3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	44-		х
d	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		<u> </u>
u	and die Dat V line 160 K Mar II annulate Cabadula D. Dat IV	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f :	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	L
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			l
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		х
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		<u> </u>
1.0	for any finding appropriation (16 May 2 appropriate Octobridge F. Darte H. and B.)	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	- ''		
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_ _ _
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ہے ا	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

	unt 14 One of Required Concuties (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
24-	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	 	X
244	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	War to Add and a sound to Both adds M. If file Born to Born Office	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			١
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	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			v
	persons? If "Yes," complete Schedule L, Part III	27	11.1	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
_	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	The state	100 100 114	
а	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			!
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		}	
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36	ł	x
27	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	++		_
•	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17		11.	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1. 7.		
	reportable gaming (gambling) winnings to prize winners?	1c	l	1

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17

If "Yes," complete Form 6069.

Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	ee ins	tructio	ons.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22		3 44	
	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	1. **		
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>
_	supportision of officers, directors, trustops, or low employees to a management company or other parman?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the appenization have personned a starthalders?	6	X	 -
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	\ <u> </u>		
	one or more members of the governing body?	7a	х	}
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a		
D	stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10	Α.	9
	The assembles head 0	:	X	
a	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
366	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	Jue.)	\ <u></u>	
40-	Did the eventuation have lead shouters burnless or officials	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1!	v	
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		├──
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		3.5	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	10000
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1.116.1		1 1 1 2 1 1 1 2 2 2 1 1
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	a. 35		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	L	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SC			
18	Section 6104 requires an organization to make its Forms 1023 (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.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
He	enry Well 1818 Blanding Street			
		1-02	0_1/	იიი

Form 990 (2023)	United	Wav	Association	of	South	
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<u> Page</u> 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

See the instructions for the order in		•				_		_			
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	Position o not check more than one ox, unless person is both an ficer and a director/trustee) Frommer Cofficer Institutional trustee				an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2I 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) John Mark Bell			Ė		_	8					
(,,	40.00										
C00	0.00		ľ	X				119,244	o	6,219	
(2) Clarence Batts								,	-		
	3.00										
Chair	0.00	X		X				0	0	<u>o</u>	
(3) Gary Cannon											
	3.00										
Secretary/Treasurer	0.00	X		X				0	0	0	
(4) Blakely Roof	2.00										
CPO Council Chair	3.00 0.00	x		x				o	o	0	
(5) Missy Santorum	1,1,1									,	
., -	3.00										
SC Service Com Chair	0.00	X		X				0	0	0	
(6) Meghan Barp								•			
	1.00										
Board Member	0.00	X						0	0	0	
(7) Carol Burdette	1 00										
	1.00	.,								•	
Board Member (8) Karen Culley	0.00	X						0	0	<u>0</u>	
(6) Karen Currey	1.00										
Board Member	0.00	x						o	0	0	
(9) Dale Douthat											
(,, = = = = = = = = = = = = = = = = = =	1.00										
Board Member	0.00	X						0	0	0	
(10) Jason Eckensteir											
	1.00							_			
Board Member	0.00	X						0	0	0	
(11) Sara Fawcett	1										
D	1.00	,,							_	•	
Board Member	0.00	X						0	0	0	

Part VII Section A. Officers	, Directors, Tru	estee	s, K			loyee	es, a	ind Highest Compensated	d Employees (continued)	Ī
(A) Name and title	(B) Average hours per week	bo	x, unic ficer a	Pos check ess pe nd a	erson i directo	than o	ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) DJ Hampton	1.00					_				
(12) Board Member	0.00	X						0	0	(
(13) Marisel Losa (13) Board Member	1.00 0.00	X						0	0	
(14) Yolanda McCra (14)	1.00									
Board Member (15) John Mickanol		X						0	0	(
(15) Board Member	1.00 0.00	x						0	0	C
(16) Brenda Murphy (16) Board Member	1.00 0.00	x						0	0	
(17) Melissa C. Mu (17)	rphy 1.00									
Board Member (18) Stephanie Pf:		X						0	0	C
(18) Board Member	1.00 0.00	x						0	0	
(19) Marlo Raymark (19) Board Member	1.00 0.00	x						o	o	C
1b Subtotal								119,244		6,219
d Total (add lines 1b and 1c) . Total number of individuals (inc								119,244	\$100,000 of	6,219
reportable compensation from 3 Did the organization list any fo employee on line 1a? If "Yes,"	the organization	ector	1 , tru:	stee,	key	em	oloye	ee, or highest compensated	d	Yes No
4 For any individual listed on line organization and related organ individual	1a, is the sum izations greater	of rethan	**************************************	able 60,00	com 0? <i>l</i> i	pens f "Ye	satio s," c	n and other compensation complete Schedule J for succession	from the ch	4 X
5 Did any person listed on line 1 for services rendered to the or	ganization? <i>If "</i> Y									5 X
Section B. Independent Contracto 1 Complete this table for your five compensation from the organization.	e highest comp									ear.
	(A) business address								(B) ion of services	(C) Compensation
Aiken County Helplin Aiken		2	98		237	Pa		Avenue, SW, Ste S Call Center		386,096
Total number of independent or received more than \$100,000 certains.								se listed above) who		
received more than \$100,000	or compensation	IIIUII	II LITE	; QIQ	كاا ال	auçii				

Part VII Section A. Officers	, Directors, 11t	12166	5, n	ey L	:iiip	oyee	:5, 2	ing nighest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	bo of	x, unle īcer a	Pos check sss pe nd a o	rson i directo	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(20) Mike Reichanh	pach									,
(12)	1.00									
Board Member	0.00	X						0	0	0
(21) Paige Stepher		l								
(13) Board Member	1.00	x						o	0	0
(22) Nancy Stouder										
(14)	1.00									
Board Member	0.00	X						0	0	0
(23) Donny Supples (15)	1.00									
Board Member	0.00	x						o	0	o
(16)										
(18)										
(19)										
1b Subtotal	ts to Part VII, S	ecti	on A	٠			٠			
d Total (add lines 1b and 1c) Total number of individuals (inc) who received more than	\$100,000 of	
reportable compensation from				11030	, 1130	ou ai	3040	y who received more than	φ 100,000 01	
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line 	complete Schede 1a, is the sum	of re	<i>for</i> porta	<i>such</i> able	ind com	<i>ividu.</i> pens	al . ation	and other compensation	from the	Yes No
organization and related organi individual 5 Did any person listed on line 1 for services rendered to the organi	a receive or acc			ensa	ation	from	 1 anj	y unrelated organization or	individual	4
Section B. Independent Contractor										
1 Complete this table for your five										
compensation from the organiz	(A) business address	mpe	Isau	on ic	и ин	e car	erius		(B) on of services	(C) Compensation
Name and	ousiness address							Description	on or services	Compensation

							-			
									-	
				-				 .		
Total number of independent or received more than \$100,000 ct.							thos	e listed above) who		
D44		-								000

P	art \		<mark>ent of Revenue</mark> f Schedule O con	tains a	a respon	se or note	to any line in th	is Part VIII		П
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts y	1 1a	Federated cam	paigns	1a	Γ					
E E	b	Membership du	es	1b	"	242,255				
4	d	Fundraising eve								
	d		zations	1d						建设设置
, E	е	Government grants (d		1e	7,	006,425				
i i	1	f All other contributions,								
E S		and similar amounts n Noncash contributions	ot included above	1f	<u> </u>	042,153				
Contributions, Gifts, Grants and Other Similar Amounts	, ,			1g	\$					
<u></u>	h	Total. Add lines	: 1a1f				8,290,833			
						Business Code				
8	2a	2-1-1 Prog	ram Income			900099		· 		
<u> </u>	b		Childcare Initia	tiv		900099	· · · · ·			
Program Service Revenue	C	Other Cont	ract Income			900099	10,000	10,000		
Pag.	d	·								·
<u>6</u>	e									
			m service revenue							
			2a–2f				1,318,024	Art 1 1 Files		
	3		me (including dividen	ds, inte	rest, and		-4			
		other similar am					74,898			74,898
	4		estment of tax-exemp		-				<u> </u>	
	5	Royalties					100			4
	۱ ـ		(i) Real		(ii) P	ersonal				
	ba	Gross rents	6a							
	þ	Less: rental expenses	6b							
	ר כ	Rental inc. or (loss)	6c		L				<u>u la la sela sila ita a d</u>	
	7a	Gross amount from	e or (loss)		1	Other			Mind of the state of	
		sales of assets	_	•	(ii)	Oulei				
ø.	ь	other than inventory Less: cost or other	7a		ļ					
Revenue	"	basis and sales exps.	7b							
ě		Gain or (loss)	7c							
	ı		s)		1		The state of the s	and the second of the second o	7787738 - 17 - 1 - 2 - 3 - 5 - 5	Burghttur verkenske staken in Sanke (1991)
Other		Gross income from								
٠		(not including \$								
		of contributions rep								
		1c). See Part IV, lir		8a						
	ь		enses	8ь						
	c		oss) from fundraising	events						
	9a	Gross income from								A STATE
		activities. See Pa	art IV, line 19	9a						
	ь	Less: direct expe		9b			<u> 18</u> 87 - 1887 - 1887			
	С	Net income or (I	oss) from gaming acti	vities						_
	10a	Gross sales of in	nventory, less	· [
		returns and allow	wances	10a						The state of the state of
	b	Less: cost of god	ods sold	10b						
	С	Net income or (le	oss) from sales of inv	entory .						
2					-	Business Code		불량이 가 당시다.		
Miscellaneous Revenue	11a	Other Incom	me				4,155	4,155		
틸립	b	• • • • • • • • • • • • • • • • • • • •					<u> </u>			
Sce.	C							į		
Ĭ			·							
		'	11a–11d				4,155		·	<u> </u>
	12	Total revenue.	See instructions				9,687,910	1,322,179	0	74,898

Sect	ion 501(c)(3) and 501(c)(4) organizations must c			mplete column (A).	
	Check if Schedule O contains a resp			(C)	
	not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		C E00 770	C E00 770		
_	and domestic governments. See Part IV, line 21	6,598,770	6,598,770		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	119,244		119,244	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	73,902	51,849	22,053	
7	Other salaries and wages	502,764	502,764		
8	Pension plan accruals and contributions (include				· ·
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	54,399	54,399		
10	Payroll taxes	68,103	68,103		
11	Fees for services (nonemployees):				
а	Management	44.040			
þ	Legal	11,268	06 605	11,268	
C	Accounting	130,900	96,625	34,275	
d	Lobbying	60,000		60,000	
e	Professional fundraising services. See Part IV, line 17			<u> 14. a 4. a 73. a 27. Gea</u>	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	653,461	612,782	40,679	
40	(A) amount, list line 11g expenses on Schedule O.)	40,679	40,679	40,679	
13	Advertising and promotion	69,778	5,122	64,656	
14	Office expenses Information technology	82,826	82,826	04,000	
15		02,020	02,020		
16	Royalties Occupancy	60,046	30,953	29,093	
17	Travel	57,640	57,640		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	48,212	15,686	32,526	
20	Interest	•			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,745	7,745		
23	Insurance	24,832	24,832		
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	C4 0CE	C4 0CF		
a	IT Allocation	64,065	64,065	6 000	
b	Bad Debt	-6,908		-6,908	
C	•				
d	All other eveness				
	All other expenses Total functional expenses, Add lines 1 through 24e	8,721,726	8,314,840	406,886	0
25 26	Joint costs. Complete this line only if the	0,121,120	0,314,040	300,000	
	organization reported in column (B) joint costs	ļ			
	from a combined educational campaign and fundraising solicitation. Check here if	ļ			
	following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 2,244,106 2,636,984 Cash—non-interest-bearing 50,102 Savings and temporary cash investments 2 51,407 2 Pledges and grants receivable, net 1,545,615 Accounts receivable, net 1,155,851 5 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) 7 Notes and loans receivable, net Inventories for sale or use 48,819 13,196 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 41,605 basis. Complete Part VI of Schedule D 10a 26,504 25,219 15,101 b Less: accumulated depreciation 10b Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11 13 Intangible assets 14 14 32,394 2,925 Other assets. See Part IV, line 11 15 3,946,255 3,875,464 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 1,296,675 1,313,091 Accounts payable and accrued expenses 17 17 18 Grants payable 18 27,677 1,051,274 Deferred revenue 19 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 29,794 2,377,743 of Schedule D 1,340,768 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 1,518,898 Net assets without donor restrictions 1,619,278 Net assets with donor restrictions 915,418 49,614 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ö Capital stock or trust principal, or current funds Assets Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 1,568,512 2,534,696 Total net assets or fund balances 32 3,946,255 3,875,464 33 Total liabilities and net assets/fund balances

Form 990 (2023)

om	1 990 (2023) United way Association of South 57-0515275			Pa	ge 12
Pa	irt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1		1	9,6	87,	910
2		2	8,7	21,	726
3	Revenue less expenses. Subtract line 2 from line 1	3		66,	
4		4	1,5	68,	512
5		5	•		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8		8			
9		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	- · · · · · · · · · · · · · · · · · · ·	10	2,5	34.0	696
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.		1	100	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	****	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				200
	reviewed on a separate basis, consolidated basis, or both.			1.045	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Mary the organization's financial statements audited by an independent assessment?		2b	X	· · · · · · ·
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			7 V V	
	separate basis, consolidated basis, or both.		Tarana	3.74	
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		127.	: 4	
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on		10	7 72	v
	Schedule O.		300	15. H 4.	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		10.2007/00/00	25.22	a terrodi I
Ju	Uniform Guidance 2 C.E.P. Port 200, Subport E2		3a	х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja	••	
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	
	required addit of additio, explaint why on contendic o and describe any steps taken to undergo such addits				(2023)
			гоп	11 ジラし	, (ZUZS)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

United Way Association of South Carolina Inc

Employer Identification number 57-0515275

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (vi) Amount of (iii) Type of organization (v) Amount of monetary listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) Instructions) (A)

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

Schedule A (Form 990) 2023

(B)

(C)

(D)

(E)

Total

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

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

Sec	tion A. Public Support						
Caler	idar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,538,598	5,118,674	3,952,759	16,826,914	8,290,833	38,727,778
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,538,598	5,118,674	3,952,759	16,826,914	8,290,833	38,727,778
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						38,727,778
	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	4,538,598	5,118,674	3,952,759	16,826,914	8,290,833	38,727,778
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,356	1,211	64	3,359	74,898	80,888
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	441,926	57,500				499,426
11	Total support. Add lines 7 through 10						39,308,092
12	Gross receipts from related activities, etc.	(see instructions)				12	1,322,179
13	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop here	-		· ·	= = =	• •	
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2023 (line 6,	, column (f) divided	by line 11, colum	ın (f))		14	98.52 %
15	Public support percentage from 2022 Sche						98.35 %
16a	33 1/3% support test — 2023. If the orga	nization did not che					
	box and stop here. The organization quali	ifies as a publicly s	supported organiza	tion			X
b	33 1/3% support test — 2022. If the organ	nization did not che	eck a box on line 1	13 or 16a, and line	15 is 33 1/3% or r	nore, check	_
	this box and stop here. The organization	qualifies as a publi	cly supported orga	anization			L
17a	10%-facts-and-circumstances test — 20	123. If the organiza	tion did not check	a box on line 13, 1	6a, or 16b, and lin	e 14 is	
	10% or more, and if the organization meet	ts the facts-and-cir	cumstances test, o	heck this box and	stop here. Explai	n in	
b	Part VI how the organization meets the fa organization 10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	122. If the organiza meets the facts-a facts-and-circumst	tion did not check nd-circumstances ances test. The or	a box on line 13, 1 test, check this box ganization qualifies	6a, 16b, or 17a, a x and stop here. E s as a publicly sup	nd line Explain oported	
12	organization Private foundation. If the organization did	I not chack a hove	nn line 12 16a 16	h 17a or 17h cho	ock this hovered or	· · · · · · · · · · · · · · · · · · ·	L
18							
	instructions						

Part III

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				:		
6	Total. Add lines 1 through 5						_
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					<u></u>	
C	Add lines 7a and 7b	* * * * * * * * * * * * * * * * * * *		1 144 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	temporarile e	and the second of the second o	1
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						T
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or	rganization's first, s	econd, third, fourti	n, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop her	************					
Sec	tion C. Computation of Public St						
15	Public support percentage for 2023 (line 8						%
16	Public support percentage from 2022 Sche					16	<u>%</u>
	tion D. Computation of Investme						7
17	Investment income percentage for 2023 (I		l line 47			140	%
	Investment income percentage from 2022 \$ 33 1/3% support tests — 2023. If the org			e 14 and line 15 i			<u>%</u>
19a	17 is not more than 33 1/3%, check this be						
ь	33 1/3% support tests — 2022. If the org	-	•				Ш
_	line 18 is not more than 33 1/3%, check th						🔲
20	Private foundation. If the organization did						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		<u> </u>
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		r	1
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	1		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1 pt	1.00	No.
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	200	
2	Did the organization operate for the benefit of any supported organization other than the supported	14.7	l si e.	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	- 1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	De L		
<u> </u>	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	Many - market of the annual all all the second and		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			\$.
Secti	the supported organization(s). on D. All Type III Supporting Organizations	1		<u> </u>
Secu	on b. All Type in Supporting Organizations		V	l Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	i	Yes	No
•	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			7.3.13
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		100° 10° 10° 10° 10° 10° 10° 10° 10° 10°
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	15, 100	14.5.360	41.11 W. 11
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	100		1 7 11
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2	ر فرشن جوء تعرض	3 3 c - 5
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have		2 22 23	4877
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions)).	
2	Activities Test, Answer lines 2a and 2b below.	ĺ	Yes	No
а	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			4.
	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	1 1		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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		A	8 d 1
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations, Answer lines 3a and 3b below.			
а	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? If "Yes" or "No," provide details in Part VI.	3a	*** * *	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		**	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non Eurotionally Integrated 500(a)(estions	- rage e
Part V Type III Non-Functionally Integrated 509(a)(3			See
instructions. All other Type III non-functionally integrated supp			
Section A - Adjusted Net Income	organizations indet con	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(орионан)
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or co			
of gross income or for management, conservation, or maintenance			i
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	, ,	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greate	r amount.		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		•
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A) 1	自, 1917年159年30	
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, colum			
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a nor	-functionally integrated Type	III supporting organization	
(see instructions)			

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	ations (continued)		
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp		3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide del	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	- 10
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
_		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	•	Distributable
			Pre-2023	-	Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023		at several Fig. 1274 to 1		
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Сапуover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount	当人的 经数据的条件 的	3 13 15 15 15 15 15 15 15 15 15 15 15 15 15		
С	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if		İ		
	any. Subtract lines 3g and 4a from line 2. For result			1	
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023, Subtract lines 3h	[30] 이 개 개발한 보험			
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:		the state of the second of the		
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023		The Book Av		

Schedule A (For	n 990) 2023		United	l Way	Associa	tion c	f Sout	h .	57-0515275	Page 8
Part VI	Suppleme III, line 12; B, lines 1 a 3a, and 3b	Part IV, S and 2; Pa r; Part V, I	ormation. F Section A, I art IV, Section line 1; Part	Provide the lines 1, 2, on C, line V, Sectio	e explanatio 3b, 3c, 4b, 1; Part IV, \$	ns require 4c, 5a, 6, Section D ; Part V, \$	ed by Part 9a, 9b, 9d , lines 2 an Section D, l	ll, line 10; s, 11a, 11b d 3; Part l' ines 5, 6, a	Part II, line 17a or , and 11c; Part IV, V, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
Part Ti	T.ine	10 -	Other	Tncome	. Detail					
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

United Way Association of South

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

Carolina Inc 57-0515275 Organization type (check one): Filers of: Section: **X** 501(c)(Form 990 or 990-EZ 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 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 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 |X| 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), Part II, line 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. 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 column (b) instead of the contributor name and address), II, and III. 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 \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization
United Way Association of South

Employer identification number 57-0515275

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1		\$ 2,500,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
• • • • • • • • • • • • • • • • • • • •		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Italine, address, and Zif + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
,		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

202

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

	Section 501(c)(4), (5), or (6) organizations: Complete Part III								
Nam	e of organization United Way Associat: Carolina Inc	ion of South		Employer ident 57-05152	tification number 75				
Pa	t I-A Complete if the organization is exen	npt under section 501(c) or is a secti						
1	Provide a description of the organization's direct and indire	-	•						
	definition of "political campaign activities."	, , , , , , , , , , , , , , , , , , , ,							
2	Political campaign activity expenditures. See instructions			\$					
3	Volunteer hours for political campaign activities. See instru	uctions							
Pai	t I-B Complete if the organization is exen								
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955		\$					
2	Enter the amount of any excise tax incurred by organization	n managers under section 49	55						
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No				
4a	Was a correction made?								
b	If "Yes," describe in Part IV.								
Pai	t I-C Complete if the organization is exen	-		tion 501(c)(3).					
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fun	ction						
	activities			\$					
2	Enter the amount of the filing organization's funds contribu	ted to other organizations for	section						
	527 exempt function activities			\$					
3									
4	Did the filing organization file Form 1120-POL for this year?								
5	Enter the names, addresses, and employer identification n		· -	ions to which the filing					
	organization made payments. For each organization listed,	·							
	the amount of political contributions received that were pro-	• •		-					
	as a separate segregated fund or a political action commit	tee (PAC). If additional space	is needed, provide	information in Part IV.	**				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
				filing organization's funds. If none, enter -0	contributions received and promptly and directly				
				ionico, a none, enter -o	delivered to a separate				
					political organization. If none, enter -0				
					II Hone, enter -o				
(1)									
/ ^ \									
(2)									
/2\		<u>. </u>							
(3)									
(A)									
(4)									
(5)	_								
(5)									
(6)			 						
(4)			1	1					

Sche	edule C (Form 990) 2023 Uni	ted Way Ass	ociation of	South		57-051527	5		Page 2
Pa	rt II-A Complete if the orga				d filed	Form 5768 (e	lectio	n unde	
	section 501(h)).								
4	Check if the filing organization	on belongs to an aff	iliated group (and lis	st in Part IV e	each aff	iliated group mer	nbers	name,	
	address, EfN, expens	ses, and share of ex	cess lobbying expe	nditures).					
В	Check if the filing organization	on checked box A a	nd "limited control"	provisions ap _l	pły.				
	Limits on L	obbying Expendi	tures			(a) Filing		(b) Affiliated	ı
	(The term "expenditures				org	anization's totals		group totals	•
	Total lobbying expenditures to influence								
b	Total lobbying expenditures to influence	a legislative body (dire	ect lobbying)						
¢	,	a and 1b)							
d									
е	/ / /								
1	f Lobbying nontaxable amount. Enter the	amount from the follow	ving table in both						
ſ	columns.					J. 15 C			
ŀ	If the amount on line 1e, column (a) or (b)	is: The lobbying no	ntaxable amount is:						
-	not over \$500,000,	20% of the amour	nt on line 1e.						
ŀ	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15	% of the excess over \$50	ess over \$500,000.					
ŀ	over \$1,000,000 but not over \$1,500,000.		% of the excess over \$1,					er er er er	
ŀ	over \$1,500,000 but not over \$17,000,000,		of the excess over \$1,5	00,000.					
	over \$17,000,000,	\$1,000,000.					1. 14		<u> </u>
	Grassroots nontaxable amount (enter 25								
h	Subtract line 1g from line 1a. If zero or le								
	Subtract line 1f from line 1c. If zero or le								
j	If there is an amount other than zero on		•					П.,	
	reporting section 4911 tax for this year?							Yes	No
		4-Year Averagi	ing Period Under S	Section 501(h	٦)				
	(Some organizations that ma	de a section 501(h) election do not h	ave to comp	lete all	of the five colu	mns I	selow.	
		See the separate i	nstructions for line	es 2a through	h 2f.)				
	-	_obbying Expenditu	ires During 4-Vear	Avoraging I	Dariad				
		DDDynig Experient	res During 4-1ear	Averaging	renou				
	Calendar year (or fiscal year	(a) 2020	(b) 2021	(c) 202	,	(d) 2023		(e) Tot	al
	beginning in)	(2) 2020	(6) 2021	(6) 202.	_	(u) 2020		(e) 100	aı
	· · · · · · · · · · · · · · · · · · ·								
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount								
	(150% of line 2a, column (e))								
_	Total labbying avanaditures								
C	Total lobbying expenditures								
ď	Grassroots nontaxable amount								
_	Grassroots ceiling amount				Ta: I				
C	(150% of line 2d, column (e))								
	175570 OF INTO 24, COLUMNITY (C))	4		<u> </u>			-		
f	Grassroots lobbying expenditures		l	I					

Ecr	(election under section 501(h)). each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(6	(a) (b)				
	each "Yes" response on lines ta through it below, provide in Part IV a detailed pription of the lobbying activity.	Yes	No	Amount			
1	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		4.313	K	ЖĬÍ.
	Media advertisements?	<u></u>	X				
d	Mailings to members, legislators, or the public?		X				
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
	Other activities?	X		_		60,	000
j	Total. Add lines 1c through 1i					60,	000
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	11. 12.	1.71	10 J	ogita.
b	If "Yes," enter the amount of any tax incurred under section 4912	11,5					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				17	1	- 1
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5),	or se	ection			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1_		↓
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				2		Ļ
1	answered "Yes." Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	political expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
þ	Carryover from last year		2b				
C	Total	l	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues]	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
	and political expenditures next year?	l	4				
5	Taxable amount of lobbying and political expenditures. See instructions		5				
Pai	t IV Supplemental Information						
2 (se	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part e instructions); and Part II-B, line 1. Also, complete this part for any additional information. Chedule C, Part II-B, Line 1 Tring the year the organization hired a lobbying firm to		•••••				
	ganization paid \$60,000 to this firm in 2023.						

Schedule C (Form 990) 2023		United	Way	Association	of	South	57-0515275	Page 4
Part IV	Supplemental	Information	(cont	inued)				
						• • • • • • • • • • • • • • • • • • • •		
				• • • • • • • • • • • • • • • • • • • •				
						• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••
	******************					• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •
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			• • • • • • • • • • • • • • • • • • • •					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

	of the organization		Employer identification number
	nited Way Association of South		E7 0515075
	arolina Inc art I Organizations Maintaining Donor Advised Fu	nde or Other Similar Funds or	57-0515275
F	Complete if the organization answered "Yes" on	Form 990. Part IV. line 6.	Accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		-
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised	
	funds are the organization's property, subject to the organization's exc		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose	
	conferring impermissible private benefit?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
P	rt II Conservation Easements		
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that <u>app</u> ly).	
	Preservation of land for public use (for example, recreation or edu-		· ·
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a cor	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic structure incl		2c
d	Number of conservation easements included on line 2c acquired after	July 25, 2006, and not	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiz	zation during the
	tax year		
4	Number of states where property subject to conservation easement is	*********	
5	Does the organization have a written policy regarding the periodic mor		□ w ₂ , □ w ₃
_	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation	easements during the year
_	Annual of annual to annual to annual to annual to the second to the seco	lations and enforcing companyation and	amounts during the year
1	Amount of expenses incurred in monitoring, inspecting, handling of vio	nations, and enforcing conservation eas	ements during the year
٥	Does each conservation easement reported on line 2d above satisfy the	ne requirements of section 170/h)//1/R)/	g)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easem		
•	sheet, and include, if applicable, the text of the footnote to the organiz		
	organization's accounting for conservation easements.		
Pá	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Othe	r Similar Assets
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial state	ments that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to repo		
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance	of public service,
	provide the following amounts relating to these items,		
	(i) Revenue included on Form 990, Part VIII, line 1		 \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain,	provide the
	following amounts required to be reported under FASB ASC 958 relationships and the second second relationships are second reported under FASB ASC 958 relationships are second reported under F		
а	Revenue included on Form 990, Part VIII, line 1		\$
ь	Assets included in Form 990. Part X		\$

Sche	edule D (Form 990) 2023 United W	ay Associat	ion of Sou	uth	57-05152	<u> </u>		Page 2
Pa	art III Organizations Maintainin	g Collections of	Art, Historical 1	Treasures, c	or Other Sim	ilar Assets	(continu	ued)
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other records,	check any of the fo	ollowing that m	ake significant u	se of its		
a	Public exhibition	_	.oan or exchange p	_				
þ	Scholarly research	e 📙 (Other					
¢	Preservation for future generations							
4	Provide a description of the organization's	collections and explain	how they further the	e organization's	exempt purpose	e in Part		
	XIII.			_				
5	During the year, did the organization solicit assets to be sold to raise funds rather than						. TYe	s No
Pa	art IV Escrow and Custodial A		un or the organization		***************************************	***************************************	+~	<u>• Ш</u> .
	Complete if the organization	n answered "Yes"	on Form 990, P	art IV, line 9	, or reported	an amount	on Form	l
1a	990, Part X, line 21. Is the organization an agent, trustee, custo	dian or other intermedia	env for contributions	or other seests	e not			
14	included on Form 990, Part X?		•				Ye	s No
b	If "Yes," explain the arrangement in Part XI	II and complete the foll	owing table.					
							Amount	
						1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	***************************************							
	Did the organization include an amount on If "Yes," explain the arrangement in Part XI							
	irt V Endowment Funds	ii. Crieck fiele ii tile ex	planation has been	provided on Fa	II AIII			· _
. 7. 77	Complete if the organizatio	n answered "Yes"	on Form 990. Pa	art IV. line 1	0.			
		(a) Current year	(b) Prior year	(c) Two year		hree years back	(e) Four	years back
1a	Beginning of year balance							<u>- </u>
	Contributions							
	Net investment earnings, gains, and			1				.
	losses			1				
d	Grants or scholarships							
	Other expenditures for facilities and							
	programs							
f	Administrative expenses							,
2	Provide the estimated percentage of the cu		(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment%							
C	Term endowment %							
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.						
3а	Are there endowment funds not in the poss	ession of the organizat	ion that are held and	d administered	for the		_	
	organization by:							Yes No
	(i) Unrelated organizations?	***************************************					3a(i)	
	(ii) Related organizations?						3a(ii)	
	If "Yes" on line 3a(ii), are the related organi						3b	
	Describe in Part XIII the intended uses of the		vment funds.					
Ра	rt VI Land, Buildings, and Equal Complete if the organization		on Form 990 Pa	ort IV line 11	1a See Form	QQA Part !	C line 1	า
	Description of property	(a) Cost or other ba		other basis	(c) Accumulat		(d) Book v	
		(investment)	''	her)	depreciation	I	• • • • • •	
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment			41,605	26	,504	1	5,101
е	Other							
[otal	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, line 10c, column	(B))			1	5,101

Part VII	Investments – Other Securities Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11b. See Form 990. Part X. line 12.
•	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely he	eld equity interests		
(3) Other			
(P)		 -	1
/I=\			
(G)			
(H)			
	n (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments - Program Related		
	Complete if the organization answered "Yes" on		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets	E 000 B-+ 8/ E-	444 O F 000 D-4 V 5 45
	Complete if the organization answered "Yes" on	Form 990, Paπ IV, III	
(4)	(a) Description		(b) Book value
(1)		iB. I	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part X	Other Liabilities Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability		(b) Book value
	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, line 25, col. (B))		
	uncertain tax positions. In Part XIII, provide the text of the foo		· (25)
<u>Gryanication 5</u>	liability for uncertain tax positions under FASB ASC 740. Che	OK HOLD II RID TOYE OF FILE IO	Outoto rias peeti provided in Falt Alli

and penalties, when it is more likely than not the position taken by

management with respect to a transaction or class of transactions

will be overturned by a taxing authority upon examination. Management

believes there are no such positions as of December 31, 2023 and,

Schedule D (I	Form 990) 202	23 Unit	ted Way	/ Asso	ciation	of So	uth	57-051527	5	Page 5
Part XIII	Supplem	ental Info	ormation ((continued	ciation					
accord	iingiy,	no 11	abiliti	y nas	been ac	cruea.				
										• • • • • • • • • • • • • • • • • • • •
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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. Grants and Other Assistance to Organizations,

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

United Way Association of South

Open to Public Inspection OMB No. 1545-0047 2023 Employer identification number

Carolina Inc				į		, in	57-0515275	
Part I General Information on Grants and Assistance	d Assistance					-		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	the amount of the gance?	rants or ass	sistance, the grantees'	eligibility for the grant	s or assistance, an	70	× × ×	<u> </u>
cribe	onitoring the use of	grant funds	in the United States,					
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990.	omestic Organ	izations	and Domestic Go	vernments. Com	plete if the orga	anization answ	ered "Yes" on Form	n 990.
Part IV, line 21, for any recipient that received mo	received more	han \$5,0	ire than \$5,000. Part II can be duplicated if additional space is needed	duplicated if addit	ional space is n	eeded.		`
1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal.		(h) Purpose of grant	grant
		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance	e
South Carolina								
/20 Gracern KG. Ste. 106 Columbia SC 29210	58-2336332	501c3	227,083				Operational S	Support
(2) Anderson Interfaith Ministries								
outh Murray Ave.		,					Operational S	Support
Anderson SC 29624	57-0896524	501c3	287,025					
(3) Black River UW								
515 Front St.							Operational S	Support
Georgetown SC 29440	57-0526145	501c3	231,685					:
(4) City Year Columbia								
287 Columbus Ave.						-	Operational S	Support
Boston MA 02116	22-2882549	501c3	805,000					:
(5) Cleveland Academy/Spartanburg SD 7	_							
610 Dupre Dr.							Operational S	Support
Spartanburg SC 29307	57-6000942	501c3	231,222)
(6) Furman University								
3300 Poinsett Hwy.							Operational S	Support
Greenville SC 29613	57-0314395	501c3	276,000					:
(7) Healthy Learners								
2749 Laurel St.							Operational S	Support
Columbia SC 29204	57-1127197	501c3	257,869					
(8) Mental Health America of Greenvill	le Le							
429 N. Main St. Ste. 2							Operational S	Support
Greenville SC 29601	57-0955844	501c3	143,868)
(9) Palmetto Conservation Foundation								
722 King St.							Operational S	Support
Columbia SC 29205	57-0907043	501c3	442,122					:
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	organizations listed	in the line	1 table				20	
3 Enter total number of other organizations listed in the line 1 table	e 1 table							

Schedule I (Form 990) 2023

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

SCHEDULE 1 (Form 990)

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

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

Go to www.lrs.gov/Form990 for the latest information. Attach to Form 990.

South

United Way Association of

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection 2023

Employer Identification number

OMB No. 1545-0047

≗ □ Purposes Support Support Support Support Support Support Support Support Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Operational Yes Operational Operational Operational Operational Operational Operational Operational Operational 57-0515275 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) noncash assistance (e) Amount of 299,772 74,998 251,995 225,006 256,273 344,489 576,000 284,688 the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 579,522 (d) Amount of cash grant (c) IRC section (if applicable) 26-3721539 501c3 26-0122306 501c3 58-2474104 | 501c3 57-0362066 | 501c3 57-1087576 | 501c3 57-0314378 | 501c3 57-0510602 | 501c3 57-0717334 | 501c3 57-0339446 | 501c3 General Information on Grants and Assistance (e) South Carver St. Ste. 100 SC 29201 SC 29406 SC 29607 SC 29150 (9) UW of Sumter, Clarendon, and Lee 1850 Truxtun Ave. SC 29405 SC 29407 sc 29020 SC 29625 sc 29020 (a) Name and address of organization Carolina Inc (3) South Carolina First Steps (2) SC Free Clinic Association 6296 Rivers Ave. Ste. 200 (4) Sustainability Institute (7) UW of Greenville County (6) UW of Anderson County 604 North Murray Ave. or government 215 N. Washington St. County 105 Edinburgh Ct. 721 Wappoo Rd (1) Pattison's Academy 1308 Broad St. North Charleston North Charleston (8) UW of Kershaw 110 E. Dekalb (5) Trident UW Greenville Charleston Columbia Anderson Canden Camden Sumter Part II Part 1

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

Schedule I (Form 990) 2023

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

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047	2023	Open to Public Inspection

≗ □ Support Support Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Employer identification number Yes Operational Operational 57-0515275 (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) noncash assistance (e) Amount of 171,139 71,406 the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash Grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 57-0314396 | 501c3 57-0314377 | 501c3 South General Information on Grants and Assistance United Way Association of (P) EIN Enter total number of other organizations listed in the line 1 table sc 29306 SC 29201 (a) Name and address of organization Carolina Inc 203 E. Main St. 3rd Floor or government 1818 Blanding St. UW of the Piedmont UW of the Midlands Spartanburg Name of the organization Columbia (2) UW of Part II Part I 8 6 **€** 9 9 €

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

Schedule 1 (Form 990) 2023

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SCHEDULE I	Supplemental Info	rmation	ı	2023
(Form 990)	For calendar year 2023, or tax year beginning	, and ending		
Name of the organization	United Way Association of South		Employer identi	fication number
•	Carolina Inc		57-051	5275

Carolina inc	37-0515275
Dank III Addikianal Information	
Part IV - Additional Information	
Part I, Line 2:	
UWASC Selection Criteria	
Sub-grantees are also usually funded on a multi-ye	ar cycle. However,
sub-grantees must reapply every year for funding.	Availability of funds in
the second and third year is contingent upon a num	ber of factors, including
the availability of funds and grant opportunities,	satisfactory progress in
relation to the approved performance measures, com	pliance with federal,
state and other regulations, submission of a conti	nuation or renewal
application outlining programmatic changes, a detail	iled budget for the
applicable program year, and any other criteria es	tablished in the original
award agreement. The selection criteria includes a	
agency's previous year audited financial statements	
each cycle, all sub-grantees seeking to continue m	ust reapply (re-compete)
as new progams.	
Sub-grantees who reapply for their second or third	year are known as
"continuation" sub-grantees. The grant review common	ittee will utilize the
staff assessment form to evaluate each continuation	n applicant's capacity to
comply with the expectations of the grantor and UW	ASC. Continuation
applicants who have adequately met grant expectation	ons will be recommended
for continuation funding without further review.	

Continuation requests will only be entered into the second stage of the

SCHEDULE I	Supplemental Information		2023
(Form 990)	For calendar year 2023, or tax year beginning	and ending	2023
lame of the organization	United Way Association of South Carolina Inc	Employer iden	ntification number
review pro	ocess and rescored along with new and re	ecompete applica	nts if:
1) It has	been determined by the grant review com	mmittee that the	applicar
	emonstrated the capacity to comply with		
	anonstrated the capacity to comply with	the expectations	or the
grant.			
2) The app	olicant has proposed significant changes	in the program	's desigr
performance	e measures, budget, or slot request.		
3) The pro	ogram is requesting a significant increa	se in funding.	
4) The app	olicant is requesting expansion and ther	e are not enougl	h resourc
	to fund continuation applications.		
availablo	to fund continuation applications.		

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

United Way Association of South Carolina Inc

Employer Identification number 57-0515275

Form 990, Part VI - Additional Information Line 1a - The executive committee shall consist of the chair, chair elect, secretary, treasurer, and the immediate past chair, chair of the CPO council, and chair of the commission of national and community service. The executive committee shall have all power and authority vested in it by the bylaws or otherwise, and may act for the board of directors in the interim between meetings to the extent permitted by law. The executive committee shall have power to make rules and regulations for the conduct of its business. A majority shall constitute a quorum, and in every case the affirmative vote of a majority of all of the members of such committee shall be necessary for the adoption of any resolution. The executive committee meetings may be held on forty-eight (48) hours notice to each member personally, by facsimile or e-mail. Any action permitted to be taken at a meeting of the committee may be taken without a meeting via mail, fax, or electronic ballot (teleconference, or in person only, with all being able to hear each other). No less than five or sixty percent of voting committee members must cast a ballot to constitute a valid action and a majority of those voting shall determine the action. The deliberation period for all committee action undertaken without meeting is no less than one week from the date of transmission. The person charged with transmitting the ballot may be required to provide an affidavit stating that all voting members were issued the notice and ballot. The results of

of the committee and board. Such consent shall have the same force and

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

Schedule O (Form 990) 2023

such action without meeting will be filed with the minutes of proceedings

Name of the organization
United Way Association of South

Employer identification numbe

57-0515275

effect as a unanimous vote.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The members of the corporation shall be those local United Way

organizations which meet the eligibility standards and requirements as set

forth in UWA standards.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

LUW directors shall be elected by the members. Prior to each annual

meeting at which LUW directors will be elected, the governance/nominating

committee shall contact all member organizations and ask for nominations of

volunteers of the particular LUW. Unless otherwise directed by the board

of directors, each nomination must be submitted by the chair/president (as

applicable) of the given member organization. At least forty-five (45)

days prior to the annual meeting, a final slate of new LUW directors shall

be selected by the governance/nominating committee from the pool of

nominees provided by member organizations and from the roster of member

organization volunteers. Included with the notice to members of the annual

meeting, the slate so selected shall be submitted to each member. A

plurality of votes cast for a given slate of LUW directors at the annual

meeting shall determine the new LUW directors. Write-in slates shall be

permitted.

At-large directors shall be elected by the members. Prior to each annual meeting at which the at-large directors will be elected, the governance/nominating committee shall contact the directors and ask for nominations for at-large director positions. At least forty-five (45) days

United Way Association of South

Employer identification number

57-0515275

prior to the annual meeting, a final slate of new at-large directors shall be selected by the governance/nominating committee from the pool of nominees provided by the directors. Included with the notice to members of the annual meeting, the slate so selected shall be submitted to each member. A plurality of votes cast for a given slate of at-large directors at the annual meeting shall determine the new at-large directors. Write-in slates shall be permitted.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members The chief profession officer group has the ability to propose transactions and changes to the organization's bylaws.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Form 990 is prepared by an outside public accounting firm and then reviewed by the president and finance staff. Afterwards, the Form 990 is provided to the board of directors before filing with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy At the annual board meeting when new board members are seated (the first board meeting following the election of new members), all board members sign the written conflict of interest statements.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The board chair compares salaries with other United Way state organizations, submits the findings to the executive committee, and the board approves the salary for the president as a separate budget line item.

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57-05152	75
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Federal Statements

Taxable Interest on Investments

Description

Amount Unrelated Exclusion Postal Acquired after US

Amount Business Code Code 6/30/75 Obs (\$ or %)

14

Investment Income

\$ 74,898

Total \$ 74,898

		Fund	w.	o o						
	n-employee)	Management & General	\$ 40,679	\$ 40,679						
Statements	Fees for Service (No	Program Service	:	\$ 612,782						
Federal Sta	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	Total Expenses		\$ 653,461						
	Form 990, Part	lion								
57-0515275		Description		Total						

57-0515275	Federal Statements	
	Schedule A. Part II, Line 1(e)	
Desc	Description	Amount
Membership Dues and Assessments Government Grants or Contributions Other Grant Revenue Contributions Total		\$ 242,255 7,006,425 1,000,000 42,153 \$ 8,290,833
	Schedule A, Part II, Line 8(e)	
Desc	Description	Amount
Investment Income Total		\$ 74,898 \$ 74,898
	Schedule A, Part II, Line 12 - Current year	
Desc	Description	Amount
2-1-1 Program Income Statewide Childcare Initiativ Other Contract Income Other Income Total		\$ 746,416 561,608 10,000 4,155 \$ 1,322,179