Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning 7/01 , 2025, and ending 6/30 , 20 2026

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

C
UNITED WAY OF YORK COUNTY, SC
PO BOX 925
ROCK HILL, SC 29731

D Employer identification number
57-0360058

E Telephone number
(803) 324-2735

G Gross receipts $ 934,245.

F Name and address of principal officer: REBECCA MELTON
SAME AS C ABOVE

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

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

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

J Website: WWW.UNITEDWAYOFYC.ORG

H(c) Group exemption number

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

L Year of formation: 1942

M State of legal domicile: SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	185
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	972,562.	901,437.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,645.	28,183.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,625.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	997,207.	934,245.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	402,063.	395,630.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	374,195.	432,475.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 79,816.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	202,649.	248,787.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	978,907.	1,076,892.
19	Revenue less expenses. Subtract line 18 from line 12	18,300.	-142,647.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,814,411.	1,780,086.
21	Total liabilities (Part X, line 26)	5,380.	13,356.
22	Net assets or fund balances. Subtract line 21 from line 20	1,809,031.	1,766,730.

Part II Signature Block

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

Sign Here

Signature of officer — Date

REBECCA MELTON — PRESIDENT
Type or print name and title

Paid Preparer Use Only

Preparer's name	Date	Check ☐ if self-employed	PTIN
WILL STEVENS, CPA	10/26/26		P01208094
Firm's name THE HOBBS GROUP, LLP		Firm's EIN	57-0957419
Firm's address 1704 LAUREL STREET COLUMBIA, SC 29201		Phone no.	(803)799-0555

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

UNITED WAY OF YORK COUNTY, SC MISSION STATEMENT IS TO HELP 3,000 YORK COUNTY FAMILIES ACHIEVE FINANCIAL STABILITY BY 2030.

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

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

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

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

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

4a (Code:) (Expenses $ 453,416. including grants of $) (Revenue $)

I.COMMUNITY INVESTMENT PROCESS: AGENCIES SEEKING DIRECT FUNDING THROUGH UWYC MUST MEET ELIGIBILITY AND FINANCIAL REPORTING REQUIREMENTS AND DEMONSTRATE THAT THEIR LOCAL PROGRAMS MEET IDENTIFIED NEEDS AND ISSUES THAT ALIGN WITH OUR MISSION. AGENCIES APPROVED FOR FUNDING MUST SUBMIT QUARTERLY FINANCIAL AND QUARTERLY OUTCOME REPORTS TO MAINTAIN ACCOUNTABILITY AND TRANSPARENCY TO RECEIVE FUNDS. AGENCIES FAILING TO SUBMIT REPORTS IN A TIMELY MANNER MAY FACE PENALTY OR FORFEIT REMAINING FUNDS FOR NONCOMPLIANCE OF THE MEMORANDUM OF AGREE-MENT. THE COMMUNITY INVESTMENT CABINET, ALONG WITH LOCAL VOLUNTEERS, ENSURE THAT ALL FUNDED PARTNERS MEET THESE REQUIREMENTS.

SEE SCHEDULE O FOR ADDITIONAL PROGRAM DETAIL.

4b (Code:) (Expenses $ 257,648. including grants of $) (Revenue $)

COLLABORATIVE PROGRAMS AND SERVICES

THESE PROGRAMS INCLUDE THE FOLLOWING: MONEY WORKS FINANCIAL LITERACY PROGRAM; INNOVATIVE STRATEGIES - POWER TO THRIVE; NATIONAL ASSOCIATION OF LETTER CARRIERS' "STAMP OUT HUNGER" FOOD DRIVE; MY FREE TAXES; AND VOLUNTEER INCOME TAX ASSISTANCE PROGRAM

SEE SCHEDULE O FOR ADDITIONAL PROGRAM DETAIL.

4c (Code:) (Expenses $ 157,829. including grants of $) (Revenue $)

COMMUNITY ENGAGEMENT

COMMUNITY EDUCATION THROUGH FINANCIAL HARDSHIP SIMULATIONS: AS PART OF OUR COMMUNITY ENGAGEMENT STRATEGY, UNITED WAY OF YORK COUNTY FACILITATED THE BUILDING YOUR BUDGET HOUSEHOLD SURVIVAL SIMULATION FOR 545 INDIVIDUALS IN YORK COUNTY.

SEE SCHEDULE O FOR ADDITIONAL PROGRAM DETAIL.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O
(Expenses $ 76,137. including grants of $) (Revenue $)

4e Total program service expenses 945,030.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(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 employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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% 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 persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	8		
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 reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. **2a** 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O.*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O.*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	**1a**	16		
b	Enter the number of voting members included on line 1a, above, who are independent.	**1b**	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		**3**		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		X
6	Did the organization have members or stockholders?		**6**		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	X	
b	Each committee with authority to act on behalf of the governing body?		**8b**	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*		**9**		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

REBECCA MELTON 226 NORTHPARK DRIVE SUITE 100 ROCK HILL SC 29731 (803) 324-2735

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 the 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBECCA MELTON	38									
PRESIDENT	0			X				118,261.	0.	19,943.
(2) AMY STRONG	38									
DIRECTOR OF FINANCE AND HR ADM	0				X			41,427.	0.	8,093.
(3) ELIZABETH STARNES	38									
DIRECTOR OF FINANCE AND HR ADM	0						X	26,770.	0.	557.
(4) DEAN FAILE	1									
DIRECTOR	0	X						0.	0.	0.
(5) SCOTT WALLACE	3									
SECRETARY	0	X		X				0.	0.	0.
(6) MICHELLE HARRIS	1									
DIRECTOR	0	X						0.	0.	0.
(7) KELLY COXE	1									
DIRECTOR	0	X						0.	0.	0.
(8) STACEY MOORE	3									
CHAIR	0	X		X				0.	0.	0.
(9) FRANK ROBARDS, III	1									
IMMED PAST CHAI	0	X		X				0.	0.	0.
(10) PATRICK WHITE	1									
DIRECTOR	0	X						0.	0.	0.
(11) TIFFANY MCCALLUM	1									
DIRECTOR	0	X						0.	0.	0.
(12) JOSH NYEGAARD	1									
DIRECTOR	0	X						0.	0.	0.
(13) GERI HOPKINS	1									
VICE CHAIR	0	X		X				0.	0.	0.
(14) TYSON WRIGHT	1									
DIRECTOR	0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) COURTNEY BECK JURADO	1									
DIRECTOR	0	X						0.	0.	0.
(16) LORIN HAMILTON	3									
TREASURER	0	X		X				0.	0.	0.
(17) PATTERSON KANNON	1									
DIRECTOR	0	X						0.	0.	0.
(18) CHRIS MOODY	1									
DIRECTOR	0	X						0.	0.	0.
(19) ELISSA COX	1									
DIRECTOR	0	X						0.	0.	0.
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								186,458.	0.	28,593.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								186,458.	0.	28,593.

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	901,437.				
	g Noncash contributions included in lines 1a-1f	1g	500.				
	h **Total.** Add lines 1a-1f			901,437.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			28,183.	28,183.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a REIMBURSEMENTS			4,625.	4,625.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			4,625.			
	12 **Total revenue.** See instructions			934,245.	32,808.	0.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	395,630.	395,630.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	220,121.	181,753.	12,576.	25,792.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	160,026.	132,133.	9,143.	18,750.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	23,908.	20,979.	960.	1,969.
10 Payroll taxes	28,420.	24,046.	1,434.	2,940.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	25,034.	12,594.	10,900.	1,540.
12 Advertising and promotion	34,704.	29,380.	1,745.	3,579.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	3,131.	2,153.	20.	958.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,133.	9,446.	515.	2,172.
20 Interest				
21 Payments to affiliates	15,636.	13,230.	788.	1,618.
22 Depreciation, depletion, and amortization	8,330.	7,048.	420.	862.
23 Insurance	12,381.	10,684.	390.	1,307.
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.)				
a DIRECT COSTS	45,124.	45,124.		
b REPAIRS AND MAINTENANCE	34,960.	25,712.	2,932.	6,316.
c UTILITIES	17,042.	14,419.	860.	1,763.
d ERC FEES	8,400.		8,400.	
e All other expenses	31,912.	20,699.	963.	10,250.
25 **Total functional expenses.** Add lines 1 through 24e	1,076,892.	945,030.	52,046.	79,816.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing		114,144.	1	111,939.
	2	Savings and temporary cash investments		646,815.	2	634,324.
	3	Pledges and grants receivable, net		42,000.	3	
	4	Accounts receivable, net		296,543.	4	228,019.
	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	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		7,232.	9	6,111.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 370,661.			
	b	Less: accumulated depreciation	10b 200,990.	178,001.	10c	169,671.
	11	Investments — publicly traded securities			11	
	12	Investments — other securities. See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		529,676.	15	630,022.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,814,411.	16	1,780,086.
Liabilities	17	Accounts payable and accrued expenses		5,380.	17	13,356.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		5,380.	26	13,356.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.**	X			
	27	Net assets without donor restrictions		1,804,101.	27	1,737,581.
	28	Net assets with donor restrictions		4,930.	28	29,149.
		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	☐			
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,809,031.	32	1,766,730.
	33	Total liabilities and net assets/fund balances		1,814,411.	33	1,780,086.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	934,245.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,076,892.
3	Revenue less expenses. Subtract line 2 from line 1	3	-142,647.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,809,031.
5	Net unrealized gains (losses) on investments	5	104,867.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-4,521.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,766,730.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
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 reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF YORK COUNTY, SC	57-0360058

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).**

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

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

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

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

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

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

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).**

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . .

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,116,996.	991,427.	998,488.	972,562.	901,437.	4,980,910.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	1,116,996.	991,427.	998,488.	972,562.	901,437.	4,980,910.
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)						0.
6 **Public support.** Subtract line 5 from line 4						4,980,910.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	1,116,996.	991,427.	998,488.	972,562.	901,437.	4,980,910.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-65,250.	43,279.	14,824.	24,645.	28,183.	45,681.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	1,706.	14,050.	3,517.		4,625.	23,898.
11 **Total support.** Add lines 7 through 10						5,050,489.

12 Gross receipts from related activities, etc. (see instructions) **12** 0.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** 98.62 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** 97.44 %

16a **33-1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33-1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33-1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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

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

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described 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**	
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**	

Section B. Type I Supporting Organizations

		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) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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**	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

		Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined 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 "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, 3b, and 3c below.***		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI.***	**3a**	
b	Did the organization direct 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**	
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	**3c**	

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

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

Section A — Adjusted Net Income

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

Section B — Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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 greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 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		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D – Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required – *provide details in* ***Part VI***)	**5**	
6 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E – Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required – *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2025	2024	2023	2022	2021
MISCELLANEOUS	$ 4,625.		$ 3,517.	$ 14,050.	$ 1,706.
TOTAL	$ 4,625.	$ 0.	$ 3,517.	$ 14,050.	$ 1,706.

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

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

Name of the organization	Employer identification number
UNITED WAY OF YORK COUNTY, SC	57-0360058

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(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 33-1/3% 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	Employer identification number
UNITED WAY OF YORK COUNTY, SC	57-0360058

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 94,730.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 90,320.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 41,915.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 24,591.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 55,224.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
UNITED WAY OF YORK COUNTY, SC	57-0360058

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 22,420.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 31,915.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 35,672.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 23,075.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
UNITED WAY OF YORK COUNTY, SC	57-0360058

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 21,135.	Person [X] Payroll [X] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: UNITED WAY OF YORK COUNTY, SC

Employer identification number: 57-0360058

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization UNITED WAY OF YORK COUNTY, SC

Employer identification number 57-0360058

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . . $ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

(Rev. December 2024)

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

Name of the organization

UNITED WAY OF YORK COUNTY, SC

Employer identification number

57-0360058

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

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

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

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

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

Part II Conservation Easements

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

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

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

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	529,676.	467,821.	416,443.	376,424.	441,979.
b Contributions					
c Net investment earnings, gains, and losses	104,867.	65,488.	54,784.	43,121.	-62,052.
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses	4,521.	3,633.	3,406.	3,102.	3,503.
g End of year balance	630,022.	529,676.	467,821.	416,443.	376,424.

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment ____ %
- c Term endowment ____ %

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		272,750.	143,197.	129,553.
c Leasehold improvements		65,530.	28,142.	37,388.
d Equipment		32,381.	29,651.	2,730.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				169,671.

Part VII Investments — Other Securities

N/A

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

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

Part VIII Investments — Program Related

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BOARD DESIGNATED QUASI ENDOWMENT FUND	630,022.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, column (B))*	630,022.

Part X Other Liabilities

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . . . . SEE PART XIII. [X]

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

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

1	Total revenue, gains, and other support per audited financial statements			1	1,034,591.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	100,346.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	100,346.
3	Subtract line **2e** from line **1**			3	934,245.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	934,245.

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

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

1	Total expenses and losses per audited financial statements			1	1,076,892.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	1,076,892.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,076,892.

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

IN 2011, THE UNITED WAY OF YORK COUNTY'S BOARD OF DIRECTORS ESTABLISHED A QUASI-ENDOWMENT FUND WITH THE FOUNDATION FOR THE CAROLINAS. THE PURPOSE OF THE QUASI-ENDOWMENT FUND IS TO GIVE COMMUNITY DONORS AN OPPORTUNITY TO OFFER LEGACY AND PLANNED GIFTS TO SUPPORT UNITED WAY COMMUNITY PRIORITY IMPACT INITIATIVES ALIGNED WITH EDUCATION, FINANCIAL STABILITY,HEALTH, AND BASIC NEEDS. A QUASI-ENDOWMENT FUND IS TREATED LIKE AN ENDOWED GIFT FUND SUCH THAT AN ANNUAL SPENDABLE INCOME IS CALCULATED AND AVAILABLE FOR DISTRIBUTION. HOWEVER, THE UNITED WAY OF YORK COUNTY'S

Part XIII Supplemental Information *(continued)*

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND (CONTINUED)

BOARD HAS THE AUTHORITY TO ADD AND/OR WITHDRAW FUNDS AS NEEDED BASED ON NEEDS OF COMMUNITY.

PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (IRS) INDICATING IT IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND IS SUBJECT TO FEDERAL INCOME TAX ONLY ON NET UNRELATED BUSINESS INCOME. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAS NO CURRENT OBLIGATIONS FOR UNRELATED BUSINESS INCOME TAX. ACCORDINGLY, NO PROVISIONS FOR FEDERAL AND STATE INCOME TAXES ARE REQUIRED.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITION TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2026 AND 2025, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTION; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR TAX YEARS PRIOR TO 2020.

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF YORK COUNTY, SC

Employer identification number

57-0360058

Part I General Information on Grants and Assistance

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALSTON WILKES SOCIETY 3519 MEDICAL DRIVE COLUMBIA, SC 29203	57-0477907		10,000.	0.			COMMUNITY INVESTMENT
(2) CHILDREN'S ATTENTION HOME PO BOX 2912 ROCK HILL, SC 29732	57-0527092		25,000.	0.			COMMUNITY INVESTMENT
(3) SAFE PASSAGE INC. 104 OAKLAND AVE, PO BOX 11458 ROCK HILL, SC 29731	57-0951338		20,045.	0.			COMMUNITY INVESTMENT
(4) ROCK HILL SCH DIST FOU PO BOX 12286 ROCK HILL, SC 29731	57-0862203		31,391.	0.			COMMUNITY INVESTMENT
(5) A FATHER'S WAY PO BOX 1896 LANCASTER, SC 29721	57-1084669		25,000.	0.			COMMUNITY INVESTMENT
(6) CATAWBA REGIONAL COUNCIL AT G PO BOX 450 ROCK HILL, SC 29731	57-0534143		25,000.	0.			COMMUNITY INVESTMENT
(7) HABITAT FOR HUMANITY OF YC 825 N. ANDERSON ROAD ROCK HILL, SC 29730	57-0861107		68,000.	0.			COMMUNITY INVESTMENT, HURRICANE HEL
(8) YORK SCHOOL DISTRICT 1 PO BOX 770 YORK, SC 29745	57-0792932		22,500.	0.			COMMUNITY INVESTMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14

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

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

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

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

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

AGENCIES SEEKING DIRECT FUNDING THROUGH UWYC MUST MEET ELIGIBILITY AND FINANCIAL REPORTING REQUIREMENTS AND DEMONSTRATE THAT THEIR LOCAL PROGRAMS MEET IDENTIFIED NEEDS AND ISSUES. AGENCIES APPROVED FOR FUNDING MUST SUBMIT QUARTERLY FINANCIAL AND QUARTERLY OUTCOME REPORTS TO MAINTAIN ACCOUNTABILITY AND TRANSPARENCY TO RECEIVE FUNDS. AGENCIES FAILING TO SUBMIT REPORTS IN A TIMELY MANNER MAY FACE PENALTY OR FORFEIT REMAINING FUNDS FOR NONCOMPLIANCE OF MEMORANDUM OF AGREEMENT.

THE COMMUNITY INVESTMENT PROCESS IS A COST-EFFECTIVE WAY TO EVALUATE AGENCY PROGRAM APPLICATIONS AND TO ENSURE THAT THE PEOPLE WHO LIVE AND WORK IN THE COMMUNITY SERVED BY UWYC ARE REPRESENTED IN FUNDING DECISIONS. THE ANNUAL COMMUNITY INVESTMENT

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

PROCESS UTILIZED 43 LOCAL VOLUNTEERS THAT WERE ASSIGNED TO TEAMS THAT REVIEW PROGRAM APPLICATIONS, MAKE SITE VISITS TO AGENCIES, AND INTERVIEW AGENCY LEADERSHIP TO MAKE INFORMED DECISIONS AND FUNDING RECOMMENDATIONS. VOLUNTEERS COME FROM A WIDE ARRAY OF BUSINESS, GOVERNMENT, HEALTH CARE, EDUCATION, AND OTHER PROFESSIONS. UWYC TRAINS THESE VOLUNTEERS IN EVALUATING PROGRAM OUTCOMES AND REVIEWING AGENCY FINANCIAL INFORMATION. THIS YEAR WE ADDED VOLUNTEERS THAT WERE EXPERIENCED IN FINANCIAL STABILITY. WE SPECIFICALLY ENGAGED INDIVIDUALS WITH EXPERTISE IN FINANCIAL LITERACY AND WORKFORCE DEVELOPMENT. THE VOLUNTEERS EXAMINE KEY INDICATORS RELATED TO PROGRAM AND AGENCY PERFORMANCE AS FOLLOWS:

1.THE PROGRAM'S ABILITY TO SERVE A CRITICAL NEED WITHIN THE COMMUNITY;
2.THE EXTENT TO WHICH THE OUTCOMES ARE EFFECTIVE, CLIENT-FOCUSED MEASURES OF COMMUNITY PROGRAM SUCCESS AND RELATED TO COMMUNITY PRIORITIES;
3.THE PROGRAM'S ALIGNMENT WITH THE UWYC FINANCIAL STABILITY INDICATORS AND
4.THE APPROPRIATENESS OF THE SERVICE DELIVERY STRATEGIES FOR THE POPULATION RECEIVING SERVICES.

(Rev. December 2024)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization

UNITED WAY OF YORK COUNTY, SC

Employer identification number

57-0360058

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
YORK CO FIRST STEPS 507 E BLACK ST, PO BOX 969 ROCK HILL, SC 29731	57-1097951		44,600.				COMMUNITY INVESTMENT, CHILDCARE GRA
PILGRIMS' INN PO BOX 11328 ROCK HILL, SC 29731	57-0789205		15,000.				COMMUNITY INVESTMENT
THE HAVEN MEN'S SHELTER 1435 ARCHIVE STREET ROCK HILL, SC 29731	20-5867184		20,000.				COMMUNITY INVESTMENT
BETHEL UNITED METHODIST CHURC 245 S CHURCH ST SPARTANBURG, SC 29306			35,000.				COMMUNITY INVESTMENT
NEFF'S GARAGE 2049 WOODCREST CIRCLE ROCK HILL, SC 29730	88-1197748		6,000.				COMMUNITY INVESTMENT
FINANCIAL STABILITY NETWORK 226 NORTHPARK DR STE 100 ROCK HILL, SC 29731			45,500.				COMMUNITY INVESTMENT

SCHEDULE J
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNITED WAY OF YORK COUNTY, SC

Employer identification number
57-0360058

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☒ Compensation committee ☒ Written employment contract		
	☐ Independent compensation consultant ☒ Compensation survey or study		
	☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns(B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1	ELIZABETH STARNES DIRECTOR OF FINANCE AND HR ADMINIST	(i)	26,770.	0.	0.	557.	0.	27,327.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EXPENSES	INCLUDING GRANTS	REVENUE
47,096.		

COMMUNITY RESILIENCY: SEE SCHEDULE O

EXPENSES	INCLUDING GRANTS	REVENUE
27,184.		

EVALUATION AND MEASUREMENT: SEE SCHEDULE O

EXPENSES	INCLUDING GRANTS	REVENUE
1,857.		

DEI WORK: SEE SCHEDULE O

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TAX PREPARER PRESENTS THE IRS FORM 990 AND AUDIT TO THE AUDIT COMMITTEE FOR REVIEW AND THEN THE BOARD OF DIRECTORS FOR REVIEW. THE COMPLETE IRS FORM 990 IS EMAILED TO THE AUDIT COMMITTEE, FINANCE COMMITTEE AND FULL BOARD OF DIRECTORS PRIOR TO THEIR RESPECTIVE MEETINGS. FINAL SIGNED COPY OF IRS FORM 990 AND DATE FILED IS EMAILED TO FULL BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST:

ALL UNITED WAY PAID STAFF RECEIVE THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND MUST DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST. THE PRESIDENT DISCLOSES ANY POTENTIAL CONFLICT OF INTEREST TO THE BOARD CHAIRMAN AND HUMAN RESOURCE TASK FORCE. UWYC'S BOARD OF DIRECTORS RECEIVE A BOARD AGREEMENT FORM AND CONFLICT OF INTEREST POLICY AT THE FIRST BOARD MEETING OF THE YEAR TO ESTABLISH THEIR INDEPENDENCE AND DETERMINE POTENTIAL CONFLICT OF INTEREST SITUATIONS. THIS DOCUMENT IS REVIEWED BY PRESIDENT AND KEPT ON FILE. EXECUTIVE COMMITTEE IS NOTIFIED IF POTENTIAL SITUATION ARISES. IN ADDITION, ALL GRANT/ALLOCATION INVESTMENT TEAM VOLUNTEERS SUBMIT CONFLICT OF INTEREST STATEMENTS TO ALLOW TEAM ASSIGNMENTS THAT PREVENT CONFLICT OF INTEREST IN FUNDING RECOMMENDATIONS. ALL VOLUNTEERS MUST DISCLOSE POTENTIAL CONFLICT OF INTEREST AND RECUSE THEMSELVES FROM ANY ACTION, WHICH WILL BE DOCUMENTED

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

IN OFFICIAL MINUTES.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

STAFF SALARIES AND BENEFITS COMPRISING TOTAL COMPENSATION ARE REVIEWED ANNUALLY AS PART OF THE REGULAR BUDGETING FORECAST BY THE FINANCE COMMITTEE AND THE HUMAN RESOURCE TASK FORCE. THE BOARD OF DIRECTORS MUST APPROVE THE BUDGET RECOMMENDATION INCLUDING TOTAL COMPENSATION FOR ALL STAFF PRIOR TO START OF NEW FISCAL YEAR. THE PRESIDENT IS RESPONSIBLE FOR ANNUAL EVALUATION OF STAFF INCLUDING PERFORMANCE REVIEW BY SUPERVISOR. THE HR TASK FORCE REVIEWED COMPENSATION STUDIES FROM UNITED WAY WORLDWIDE SALARY AND COMPENSATION REPORT - COMPARISON OF SIMILAR SIZE AND SCOPE OF OTHER UNITED WAY ORGANIZATIONS, TOGETHER SC, OTHER NON-PROFIT IRS FORM 990'S AND SURVEYS FROM SEVERAL LOCAL PARTNER AGENCIES. BASED ON THESE SURVEYS, A RANGE OF SALARIES WAS DETERMINED FOR EACH LEVEL AND RESPONSIBILITY. THE HR TASK FORCES PRESENTED THEIR RECOMMENDATION TO THE FULL BOARD OF DIRECTORS FOR APPROVAL. THE PRESIDENT'S PERFORMANCE AND ACHIEVEMENT OF OVERALL GOALS FOR THE ORGANIZATION IS EVALUATED ANNUALLY BY THE HR TASK FORCE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE FULL BOARD RECEIVES A SUMMARY OF PRESIDENT'S REVIEW AND COMPENSATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

PUBLIC INSPECTION OF FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY: UWYC POSTS ITS MOST RECENT AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 ON THE ORGANIZATION'S WEBSITE WWW.UNITEDWAYOFYC.ORG. IRS FORM 990 IS SUBMITTED TO SC SECRETARY OF STATE'S OFFICE OF CHARITABLE ORGANIZATIONS. INDIVIDUALS MAY ALSO CALL THE UWYC OFFICE AT 803-324-2735.

FORM 990 PAGE 1 PART I SUMMARY -

UNITED WAY OF YORK COUNTY, SC'S ("UWYC") MISSION STATEMENT IS: "HELP 3,000 YORK COUNTY FAMILIES ACHIEVE FINANCIAL STABILITY BY 2030"

AS THE BACKBONE OF OUR ISSUE-FOCUSED MODEL, UWYC HAS SET A BOLD GOAL TO HELP 3,000 YORK COUNTY FAMILIES ACHIEVE FINANCIAL STABILITY BY 2030. A FINANCIALLY STABLE FAMILY IS ONE THAT CAN MEET THEIR NEEDS WITHOUT ASSISTANCE.

TO ACHIEVE THE BOLD GOAL, UWYC HAS ORGANIZED OUR IMPACT WORK INTO SIX KEY AREAS:

I.COMMUNITY INVESTMENT PROCESS

II.COLLABORATIVE PROGRAMS AND SERVICES

III.COMMUNITY RESILIENCY

IV.COMMUNITY ENGAGEMENT

V.EVALUATION AND MEASUREMENT

VI.DEI

UWYC BELIEVES THAT WE CAN SIGNIFICANTLY MOVE THE NEEDLE IN LEADING FAMILIES TOWARDS FINANCIAL STABILITY BY FOCUSING ON THESE SIX AREAS. BELOW YOU WILL FIND A SUMMARY OF UNITED WAY'S FINANCIAL STABILITY IMPACT ORGANIZED INTO EACH OF THE SIX KEY AREAS.

FORM 990 PAGE 2 PART III LINE 4A

COMMUNITY INVESTMENT PROCESS

AGENCIES SEEKING DIRECT FUNDING THROUGH UWYC MUST MEET ELIGIBILITY AND FINANCIAL REPORTING REQUIREMENTS AND DEMONSTRATE THAT THEIR LOCAL PROGRAMS MEET IDENTIFIED NEEDS AND ISSUES THAT ALIGN WITH OUR MISSION. AGENCIES APPROVED FOR FUNDING MUST SUBMIT QUARTERLY FINANCIAL AND QUARTERLY OUTCOME REPORTS TO MAINTAIN ACCOUNTABILITY AND TRANSPARENCY TO RECEIVE FUNDS. AGENCIES FAILING TO SUBMIT REPORTS IN A TIMELY MANNER MAY FACE PENALTY OR FORFEIT REMAINING FUNDS FOR NONCOMPLIANCE OF THE MEMORANDUM OF AGREEMENT. THE COMMUNITY INVESTMENT CABINET, ALONG WITH LOCAL VOLUNTEERS, ENSURE THAT ALL FUNDED PARTNERS MEET THESE REQUIREMENTS.

THE COMMUNITY INVESTMENT CABINET (CIC) CONSISTS OF COMMUNITY VOLUNTEERS AND UNITED WAY BOARD MEMBERS. THE CIC EVALUATES THE FUNDING PROPOSALS IN RELATIONSHIP TO THE

BOARD APPROVED FINANCIAL STABILITY INDICATORS AND POTENTIAL FOR CREATING LASTING CHANGE WITH AVAILABLE FUNDS FOR PROGRAM DISTRIBUTION. THE CIC'S FUNDING RECOMMENDATION IS ACTED UPON AND APPROVED BY UWYC'S BOARD OF DIRECTORS BASED ON EACH YEAR'S PROJECTED REVENUE RESULTS. WE UTILIZE AN ONLINE PLATFORM, COMMUNITY FORCE (CF), TO COLLECT GRANT APPLICATIONS. ALL AGENCIES SUBMIT THEIR ELIGIBILITY, APPLICATION, AND ALL RELATED DOCUMENTS VIA THIS SYSTEM. CIC MEMBERS REVIEW AND EVALUATE THE AGENCY APPLICATIONS VIA THE CF SYSTEM. THIS YEAR'S ALLOCATION MEETINGS WERE CONDUCTED VIA ZOOM VIRTUAL MEETING TECHNOLOGY. CIC MEMBERS AND UWYC STAFF JOINED SESSIONS WITH AGENCY LEADERS TO EVALUATE THEIR PROGRAM AND LEARN MORE ABOUT THEIR GRANT REQUEST.

THE COMMUNITY INVESTMENT PROCESS IS A COST-EFFECTIVE WAY TO EVALUATE AGENCY PROGRAM APPLICATIONS AND TO ENSURE THAT THE PEOPLE WHO LIVE AND WORK IN THE COMMUNITY SERVED BY UWYC ARE REPRESENTED IN FUNDING DECISIONS. THE ANNUAL COMMUNITY INVESTMENT PROCESS UTILIZED 14 LOCAL VOLUNTEERS THAT WERE ASSIGNED TO TEAMS THAT REVIEW PROGRAM APPLICATIONS, COMPLETE AGENCY EVALUATION RUBRICS, AND INTERVIEW AGENCY LEADERSHIP TO MAKE INFORMED DECISIONS AND FUNDING RECOMMENDATIONS. VOLUNTEERS COME FROM A WIDE ARRAY OF BUSINESS, GOVERNMENT, HEALTH CARE, EDUCATION, AND OTHER PROFESSIONS. UWYC TRAINS THESE VOLUNTEERS IN EVALUATING PROGRAM OUTCOMES AND REVIEWING AGENCY FINANCIAL INFORMATION. THE UWYC SCORING SYSTEM IS DESIGNED TO ENCOURAGE RELIABLE SCORING OF APPLICATIONS. THE UWYC GRANT APPLICATION SCORING SYSTEM USES A 9-POINT SCALE. IN ASSIGNING THEIR SCORE, REVIEWERS CONSIDER:

•ALIGNMENT WITH THE MISSION AND BOLD GOAL OF HELPING YORK COUNTY FAMILIES ACHIEVE FINANCIAL STABILITY

•WHETHER THE AGENCY SERVES THE TARGET POPULATION

•PARTICIPANTS WHO ARE UNEMPLOYED, UNDEREMPLOYED, OR NOT EARNING INCOME AT THE ALICE® THRESHOLD FOR FAMILY SIZE

•SINGLE FEMALE HEAD OF HOUSEHOLDS

•EARN ABOVE THE INCOME ELIGIBILITY FOR NEEDED SERVICES

•THE EXTENT TO WHICH THE PROGRAM USES AN EVIDENCE-BASED MODEL THAT CAN DEMONSTRATE HOW IT MEETS A NEED IN THE TARGET POPULATION

•THE IMPACT OF THE PROGRAM ON THE TARGET POPULATION

•THE QUALITY OF THE DEMOGRAPHIC DATA PROVIDED BY THE AGENCY

•SUBMISSION OF REQUIRED DOCUMENTATION

THE FOLLOWING SUMMARIZES THE COMMUNITY INVESTMENT ACTIVITIES OF UNITED WAY OF YORK COUNTY AS OF JUNE 30, 2026:

1.FINANCIAL STABILITY PARTNER GRANTS

UWYC INVESTED A TOTAL OF $401,500 AS PART OF OUR UWYC GRANTS THIS FISCAL YEAR. OUR CIC PROVIDED $296,500 IN FINANCIAL STABILITY PARTNER GRANTS TO 11 AGENCIES FOR THE 2025-26 FUNDING CYCLE FROM JULY 1, 2025, TO JUNE 30, 2026. THE GRANT RECIPIENTS WERE A FATHER'S WAY, ALSTON WILKES SOCIETY, BETHEL SHELTERS, CATAWBA AREA COALITION FOR THE HOMELESS, CHILDREN'S ATTENTION HOME, HABITAT FOR HUMANITY, PILGRIMS' INN, THE FOUNDATION FOR ROCK HILL SCHOOLS, THE HAVEN MEN'S SHELTER, SAFE PASSAGE, AND YORK ONE SCHOOLS. UNITED WAY OF YORK COUNTY'S FINANCIAL STABILITY PARTNERS SERVED 1,958 INDIVIDUALS DURING THE 2025-2026 FUNDING CYCLE. THESE PARTNERS REPORT QUARTERLY ON REQUIRED METRICS AND THE IMPACT OF THIS WORK CAN BE FOUND IN SECTION 5, EVALUATION AND MEASUREMENT. THEY SERVED CLIENTS IN THREE SPECIFIC AREAS: FINANCIAL LITERACY, WORKFORCE DEVELOPMENT, AND ECONOMIC AND FAMILY SUPPORT. IN ADDITION TO OUR TYPICAL FINANCIAL STABILITY PARTNER GRANTS, UWYC PROVIDED THE FOLLOWING ADDITIONAL GRANT OPPORTUNITIES AS PART OF OUR 2025-26 CYCLE.

A.CHILDCARE ASSISTANCE PROGRAM: UWYC PARTNERED WITH YORK COUNTY FIRST STEPS

AND YORK TECHNICAL COLLEGE TO PROVIDE CHILDCARE ASSISTANCE FOR YORK TECHNICAL COLLEGE STUDENTS UP TO $185 PER WEEK PER STUDENT. UWYC INVESTED $44,600 IN THIS PROGRAM TO PROVIDE ASSISTANCE FOR 10* YORK TECHNICAL COLLEGE STUDENTS, HELPING TO COVER THE CHILDCARE TUITION FOR THEIR CHILDREN FOR THE ACADEMIC YEAR. *NOTE: ONE STUDENT LEFT YORK TECH AFTER FIRST SEMESTER, AND FIVE STUDENTS WERE ABLE TO RECEIVE THE ASSISTANCE FOR SECOND SEMESTER, WITH THREE CONTINUING TO RECEIVE ASSISTANCE THROUGH THEIR SUMMER CLASSES.

B.EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM: THE EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM (EFSP) IS A FEDERAL PROGRAM ADMINISTERED BY THE US DEPARTMENT OF HOMELAND SECURITY'S FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) AND HAS BEEN ENTRUSTED THROUGH THE MCKINNEY-VENTO HOMELESS ASSISTANCE ACT (PL 100-77) "TO SUPPLEMENT AND EXPAND ONGOING EFFORTS TO PROVIDE SHELTER, FOOD AND SUPPORTIVE SERVICES" FOR THE NATION'S HUNGRY AND HOMELESS, AND PEOPLE IN ECONOMIC CRISIS. THE NATIONAL BOARD SELECTED UNITED WAY WORLDWIDE TO ONCE AGAIN SERVE AS SECRETARIAT AND FISCAL AGENT TO THE NATIONAL BOARD. IN ADDITION TO REPRESENTATIVES OF NATIONAL BOARD ORGANIZATIONS, THE AUTHORIZATION AS REVISED (PL 102-550) IN 1992 REQUIRES THAT A HOMELESS OR FORMERLY HOMELESS PERSON BE A MEMBER OF EACH EFSP LOCAL BOARD. YORK COUNTY IS A FUNDED JURISDICTION UNDER THE FOLLOWING PHASE: UWYC IS RESPONSIBLE FOR MANAGING A LOCAL EFSP BOARD WHOSE ROLE IS TO ADVERTISE THE AVAILABILITY OF FUNDS, ESTABLISH PRIORITIES AMONG COMMUNITY NEEDS, ALLOCATION OF FUNDS TO NON-PROFIT AND GOVERNMENT EMERGENCY FOOD AND SHELTER AGENCIES, AND HELP MONITOR PROGRAM COMPLIANCE. UWYC PROVIDES STAFFING FOR THE ADMINISTRATION OF THE YORK COUNTY JURISDICTION AND MAINTAINS A SHARED CLIENT DATABASE TO PREVENT DUPLICATION OF SERVICE. PAST LOCAL RECIPIENT ORGANIZATIONS HAVE BEEN CLOVER AREA ASSISTANCE CENTER AND THE HOUSING AND DEVELOPMENT CORPORATION OF ROCK HILL. UWYC IS AWAITING FURTHER GUIDANCE ON THE

POTENTIAL OF RECEIVING FUNDING FOR PHASES 42 AND 43.

C.EMERGENCY ASSISTANCE: THE UWYC'S "LAST RESORT FUND" IS DEDICATED TO HELPING WORKING INDIVIDUALS AND FAMILIES THROUGH AN UNEXPECTED AND UNBUDGETED EXPENSE OR LOSS OF INCOME. RECIPIENTS OF ASSISTANCE MUST BE EMPLOYED, AND EXPENSES CANNOT BE USED FOR EXPENSES SUCH AS PRESCRIPTIONS OR FUNERALS. ALLOWABLE EXPENSES INCLUDE RENT, UTILITIES, AND OTHER EXPENSES DEEMED NECESSARY IN NATURE. PRIOR TO APPROVAL OF EMERGENCY FUND ASSISTANCE, CLIENTS MUST BE ABLE TO DEMONSTRATE THAT THE ASSISTANCE WILL SOLVE THEIR EXISTING PROBLEM AND NOT JUST POSTPONE IT. IN 2025-2026, 5 CLIENTS WERE HELPED FOR A TOTAL OF $3,762.74 IN RENT AND UTILITIES.

FORM 990 PAGE 2 PART III LINE 4C

COLLABORATIVE PROGRAMS AND SERVICES

A.MONEY WORKS FINANCIAL LITERACY PROGRAM: BASED ON THE FDIC'S EVIDENCE-BASED CURRICULUM, MONEY SMART, MONEY WORKS IS A "CHOOSE YOUR OWN PATH" PROGRAM THAT ALLOWS PARTICIPANTS TO CUSTOMIZE THEIR EXPERIENCE BASED ON THEIR FINANCIAL KNOWLEDGE AND SKILLS, AS WELL AS THEIR LONG-TERM GOALS. EACH PARTICIPANT PARTNERS WITH A MONEY WORKS STAFF MEMBER/FINANCIAL COACH TO PROVIDE INDIVIDUAL FINANCIAL COACHING AND SUPPORT AND CHOOSE THE MODULES THAT BEST SUIT THEIR SPECIFIC NEEDS. THE MODULES ARE:

I.MODULE 1: MONEY VALUES & INFLUENCES

II.MODULE 2: INCOME & EXPENSES

III.MODULE 3: SPENDING & SAVING PLAN

IV.MODULE 4: BANKING

V.MODULE 5: SAVINGS

VI.MODULE 6: CREDIT REPORTS & SCORES

VII.MODULE 7: MANAGING DEBT

VIII.MODULE 8: BUYING A HOME

IX.MODULE 9: FORECLOSURE PREVENTION

X.MODULE 10: BUILDING YOUR FINANCIAL FUTURE

OUR MONEY WORKS PROGRAM IS STRUCTURED TO PROVIDE FINANCIAL EDUCATION FOR WORKING FAMILIES. THROUGH THESE INDIVIDUALIZED RELATIONSHIPS, CLIENTS GAIN THE SKILLS NECESSARY TO MAKE THEIR FINANCIAL GOALS A REALITY. MONEY WORKS IS USED IN ONE-ON-ONE FINANCIAL COACHING WITH PARTICIPANTS IN THE FINANCIAL STABILITY NETWORK. IN THE 2025-2026 FISCAL YEAR, CASE MANAGERS/FINANCIAL COACHES PROVIDED 20 HOURS OF FINANCIAL COACHING TO FSN PARTICIPANTS.

B.INNOVATIVE STRATEGIES- POWER TO THRIVE: UWYC'S INNOVATIVE IMPACT STRATEGY, POWER TO THRIVE, REMOVES BARRIERS TO HELP LOW-TO-MODERATE INCOME FAMILIES MORE EASILY ACCESS AND NAVIGATE SERVICES TO REACH FINANCIAL STABILITY. AN INDIVIDUAL'S PATH TO SELF-SUFFICIENCY IS OFTEN FILLED WITH OBSTACLES THAT CAN SLOW OR EVEN PREVENT THEM FROM ESCAPING FINANCIAL HARDSHIP. WE HAVE A RESPONSIBILITY TO FOCUS OUR RESOURCES WHERE THE GREATEST IMPACT CAN BE MADE TO ELIMINATE THE COMPLEX HURDLES LIMITING FAMILIES TO SIMPLY SURVIVE INSTEAD OF TRULY THRIVING. THEREFORE, UWYC ADVOCATES FOR OUR COMMUNITY'S NEEDS AND ACTS AS A CONVENER OF FINANCIAL STABILITY SERVICES ACROSS YORK COUNTY.

I.ADVOCACY: IN THE 2025-26 YEAR, UWYC ADVOCATED FOR STATE FUNDING TO SUPPORT THE 2-1-1 RESOURCE LINE (MORE 2-1-1 INFORMATION CAN BE FOUND IN COMMUNITY RESILIENCY SECTION). WE SUCCESSFULLY ENGAGED LEGISLATORS AND ENGAGED IN PUBLIC POLICY DAY IN COLUMBIA, SC TO SHARE THE NEEDS OF OUR COMMUNITY AND TO ASK FOR STATE SUPPORT FOR THE RESOURCE.

II.CONVENING COLLABORATIVE EFFORTS: UWYC SERVES AS A LEAD ORGANIZATION IN CONVENING PARTNERS TO SEAMLESSLY CONNECT FAMILIES WITH ORGANIZATIONS ADDRESSING COMMON BARRIERS TO FINANCIAL STABILITY. THIS INNOVATIVE APPROACH RELIES ON COLLABORATION TO PROVIDE CASE MANAGEMENT AND COACHING TO REMOVE BARRIERS AND SUPPORT FAMILIES ON A PATH TO PURSUE THEIR DREAMS OF FINANCIAL SELF-SUFFICIENCY.

III.FINANCIAL STABILITY NETWORK: DURING THE 2025-2026 FISCAL YEAR, UWYC'S FINANCIAL STABILITY NETWORK (FSN) SERVED 15 UNIQUE PARTICIPANTS THROUGH INDIVIDUALIZED FINANCIAL COACHING, CASE MANAGEMENT, AND ECONOMIC AND FAMILY SUPPORT SERVICES DESIGNED TO HELP FAMILIES ACHIEVE LONG-TERM FINANCIAL STABILITY. EACH PARTICIPANT COMPLETES A COMPREHENSIVE ASSESSMENT AND WORKS ALONGSIDE A CASE MANAGER AND FINANCIAL COACH TO ESTABLISH PERSONALIZED FINANCIAL GOALS. PROGRESS IS REVIEWED DURING EVERY MEETING, WITH FORMAL REASSESSMENTS CONDUCTED QUARTERLY TO EVALUATE OUTCOMES, ADJUST GOALS, AND ENSURE SERVICES CONTINUE TO MEET EACH FAMILY'S NEEDS. IN THE 2025-2026 YEAR, 16.5 HOURS OF CASE MANAGEMENT WERE PROVIDED TO FSN CLIENTS BY FSN STAFF, IN ADDITION TO 20 HOURS OF FINANCIAL COACHING.

I.THE ECONOMIC AND FAMILY SUPPORT FUND PROVIDES TARGETED ASSISTANCE TO ADDRESS SHORT-TERM FINANCIAL BARRIERS THAT COULD OTHERWISE PREVENT PARTICIPANTS FROM ACHIEVING THEIR LONG-TERM GOALS. ASSISTANCE MAY INCLUDE SUPPORT WITH UTILITIES, TRANSPORTATION, CHILDCARE, OR OTHER EMERGENCY EXPENSES THAT THREATEN A FAMILY'S FINANCIAL STABILITY. DURING THE 2025-2026 FISCAL YEAR, $5,782.85 WAS DISTRIBUTED THROUGH THE ECONOMIC AND FAMILY SUPPORT FUND TO ASSIST FSN PARTICIPANTS EXPERIENCING FINANCIAL EMERGENCIES.

II.BARRIERS TO EMPLOYMENT: LAUNCHED DURING THE 2025-2026 FISCAL YEAR, UWYC LAUNCHED THE BARRIERS TO EMPLOYMENT INITIATIVE WHICH PROVIDES SHORT-TERM FINANCIAL ASSISTANCE TO INDIVIDUALS WHO HAVE SECURED EMPLOYMENT BUT FACE IMMEDIATE OBSTACLES

THAT COULD DELAY OR PREVENT THEM FROM STARTING OR MAINTAINING THEIR NEW POSITIONS. BEGINNING IN APRIL 2026, THROUGH JUNE 2026, THE PROGRAM SERVED 4 UNIQUE PARTICIPANTS, PROVIDING $2,819.57 IN DIRECT CLIENT ASSISTANCE. FUNDS WERE USED TO ADDRESS EMPLOYMENT-RELATED BARRIERS SUCH AS TRANSPORTATION, FOOTWEAR, AND OTHER ESSENTIAL EXPENSES THAT SUPPORT SUCCESSFUL WORKFORCE ENTRY AND RETENTION. BY HELPING PARTICIPANTS OVERCOME THESE IMMEDIATE CHALLENGES, THE INITIATIVE EMPOWERS INDIVIDUALS TO BEGIN EMPLOYMENT, EARN SUSTAINABLE INCOME, AND CONTINUE PROGRESSING TOWARD LONG-TERM FINANCIAL STABILITY.

C.NATIONAL ASSOCIATION OF LETTER CARRIERS "STAMP OUT HUNGER" FOOD DRIVE: EACH YEAR YORK COUNTY COMMUNITY RESIDENTS PARTICIPATE IN THE ANNUAL STAMP OUT HUNGER FOOD DRIVE. UWYC PARTNERS WITH THE NATIONAL ASSOCIATION OF LETTER CARRIERS THROUGH OUR LOCAL POST OFFICES AND COORDINATES WITH FOOD BANKS THAT NEED THEIR SHELVES STOCKED DURING CRITICAL SUMMER MONTHS. RESIDENTS ARE ENCOURAGED TO LEAVE NON-PERISHABLE FOOD ITEMS BY THEIR MAILBOX FOR LOCAL MAIL CARRIERS TO PICK UP. IN YORK COUNTY, RESIDENTS DONATED A TOTAL OF 10,199 POUNDS OF FOOD.

I.HOPE OF ROCK HILL RECEIVED 1480 POUNDS OF FOOD

II.PILGRIMS' INN RECEIVED 1,521.50 POUNDS OF FOOD

III.LOVE N CHERISH RECEIVED 1,200 POUNDS OF FOOD

IV.THE SALVATION ARMY RECEIVED 919.25 POUNDS OF FOOD

V.FORT MILL CARE CENTER RECEIVED 3,069 POUNDS OF FOOD

VI.CITY OF YORK POST OFFICE COLLECTED 600 POUNDS OF FOOD

VII.CLOVER AREA ASSISTANCE CENTER RECEIVED 1,409.25 POUNDS OF FOOD

D. MY FREE TAXES: IN 2025-26, UWYC PROMOTED MYFREETAXES, A FREE, SECURE TAX FILING RESOURCE THAT HELPS ELIGIBLE INDIVIDUALS AND FAMILIES PREPARE AND FILE THEIR

FEDERAL AND STATE TAX RETURNS ONLINE AT NO COST. THE PROGRAM IS AVAILABLE TO HOUSEHOLDS WITH AN ANNUAL INCOME OF $84,000 OR LESS, AS WELL AS ACTIVE-DUTY MILITARY MEMBERS, AND PROVIDES IRS SUPPORTED ONLINE FILING DESIGNED TO HELP TAXPAYERS CLAIM VALUABLE CREDITS AND MAXIMIZE THEIR REFUNDS. BY ELIMINATING TAX PREPARATION FEES AND INCREASING ACCESS TO AVAILABLE TAX CREDITS, MYFREETAXES HELPS HOUSEHOLDS RETAIN MORE OF THEIR HARD-EARNED INCOME WHILE SUPPORTING GREATER FINANCIAL STABILITY. DURING THE 2025-2026 FISCAL YEAR, 21 TAX RETURNS WERE SUCCESSFULLY FILED THROUGH MYFREETAXES, RESULTING IN $17,594 IN TOTAL TAX REFUNDS RETURNED TO YORK COUNTY RESIDENTS. THESE REFUNDS PROVIDED ADDITIONAL FINANCIAL RESOURCES THAT FAMILIES COULD USE FOR ESSENTIAL HOUSEHOLD EXPENSES, DEBT REDUCTION, SAVINGS, AND OTHER LONG-TERM FINANCIAL GOALS.

E.VOLUNTEER INCOME TAX ASSISTANCE PROGRAM: THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM OFFERS FREE TAX HELP TO PEOPLE WHO NEED ASSISTANCE IN PREPARING THEIR TAX RETURNS, INCLUDING PERSONS WITH DISABILITIES, OLDER ADULTS, AND LIMITED ENGLISH-SPEAKING TAXPAYERS. IN ADDITION TO PROVIDING FREE TAX PREPARATION, VITA WORKS TO ENSURE COMMUNITY MEMBERS RECEIVE ALL TAX CREDITS AND DEDUCTIONS FOR WHICH THEY ARE ELIGIBLE, INCLUDING THE EARNED INCOME TAX CREDIT, CHILD TAX CREDIT, EDUCATION TAX CREDITS, AND CHILD AND DEPENDENT CARE CREDIT. IRS-CERTIFIED VOLUNTEERS PROVIDE FREE BASIC INCOME TAX RETURN PREPARATION WITH ELECTRONIC FILING TO QUALIFIED INDIVIDUALS.

UWYC SUPPORTS THE VITA PROGRAM BY PROMOTING THE SERVICE ANNUALLY TO ELIGIBLE YORK COUNTY RESIDENTS, SUPPORTING VITA VOLUNTEERS, AND INVESTING $1,500 IN GRANT FUNDING TO SUPPORT THIS EFFORT. FOR THE 2025 TAX YEAR, THE VITA PROGRAM FILED 4,916 FEDERAL AND STATE TAX RETURNS, RESULTING IN MORE THAN $3,549,642 IN REFUNDS RETURNED TO FILERS. THIS REPRESENTS A SIGNIFICANT ECONOMIC IMPACT FOR YORK COUNTY, HELPING

RESIDENTS ACCESS THE TAX BENEFITS THEY HAVE EARNED WHILE BRINGING MILLIONS OF DOLLARS BACK INTO LOCAL HOUSEHOLDS AND THE COMMUNITY.

FORM 990, PART 5, LINE 1C - REPORTABLE PAYMENTS

THE ORGANIZATION HAD NO REPORTABLE PAYMENTS TO A VENDOR REQUIRING COMPLIANCE WITH BACKUP WITHHOLDING RULES, NOR DID THEY PROVIDE ANY REPORTABLE GAMING, GAMBLING, OR WINNINGS TO A PRIZE WINNER.

FORM 990 PAGE 2 PART III LINE 4B

COMMUNITY RESILIENCY

EVERY COMMUNITY DESERVES THE OPPORTUNITY TO PROSPER. AT UWYC WE COLLABORATE WITH OUR NEIGHBORS, PARTNER AGENCIES AND BUSINESSES TO BUILD RESILIENT COMMUNITIES THAT ARE READY FOR ANY CHALLENGE. THROUGH DISASTER PREPAREDNESS AND COMMUNITY SERVICES WE ARE STRENGTHENING THE FOUNDATIONS OF YORK COUNTY FOR A MORE SECURE FUTURE.

A.YORK COUNTY COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER (YC-COAD): UWYC LEADS THE STEERING COMMITTEE OF YC-COAD COMPRISED OF YORK BAPTIST ASSOCIATION, HABITAT FOR HUMANITY YORK COUNTY AMERICAN RED CROSS, AND OUR LOCAL EMERGENCY MANAGEMENT. YC- COAD WORKS TO BRING VOLUNTARY, FAITH-BASED, AND GOVERNMENTAL AGENCIES AS WELL AS LOCAL BUSINESSES TOGETHER TO FOSTER MORE EFFECTIVE PREPAREDNESS, RESPONSE AND RECOVERY TO THE COMMUNITY OF YORK COUNTY IN TIMES OF DISASTER. IN CONTRIBUTING TO LONG-TERM COMMUNITY STRENGTHENING THROUGH GROUP TRAINING, WORKSHOPS, COLLABORATION AND OPEN COMMUNICATION, YC- COAD WORKS TO FILL GAPS THAT MAY EXIST IN THE RESPONSE AND RECOVERY PROCESS OF A DISASTER WITH THE EFFECTIVE WORK OF OUR LOCAL AGENCIES IN YORK COUNTY WHILE PROMOTING COLLABORATIVE WORK AMONGST COMMUNITY AGENCIES. YC- COAD STRIVES TO CREATE AN ENVIRONMENT WHERE EVERY INDIVIDUAL FEELS SAFE, SUPPORTED, AND EMPOWERED. YC- COAD STEERING COMMITTEE MEETS ON THE FIRST MONDAY OF EACH MONTH (SEPTEMBER THROUGH JUNE) AND IN THE 2025-2026 FISCAL YEAR HELD

10 PLANNING MEETINGS. YC-COAD LEADERSHIP WAS ESTABLISHED IN NOVEMBER 2025, WITH REBECCA MELTON OF UNITED WAY OF YORK COUNTY SERVING AS CHAIR, MIKE WALLACE OF YORK BAPTIST ASSOCIATION SERVING AS VICE CHAIR, AND KRISTIN TAYLOR OF UNITED WAY OF YORK COUNTY SERVING AS SECRETARY.

I.QUARTERLY YC-COAD MEETINGS WERE HELD THROUGHOUT THE 2025-2026 FISCAL YEAR, WITH COMMUNITY PARTICIPATION AS FOLLOWS:

A.AUGUST 25, 2025 - 35 COMMUNITY MEMBERS

B.NOVEMBER 18, 2025 - 30 COMMUNITY MEMBERS

C.MARCH 2, 2026 - 26 COMMUNITY MEMBERS

D.MAY 19, 2026 (VIRTUAL) - 18 COMMUNITY MEMBERS

II.ACROSS THE FOUR QUARTERLY MEETINGS, YC-COAD ENGAGED A TOTAL OF 94 ATTENDEES. DURING THE FISCAL YEAR, A TOTAL OF 27 AGENCIES, BUSINESS AND COMMUNITY RESOURCES HAVE BEEN ENGAGED AND HAVE COMMITTED TO YC-COAD MEMBERSHIP. PARTICIPATING ORGANIZATIONS INCLUDE: YORK BAPTIST ASSOCIATION, HABITAT FOR HUMANITY, AMERICAN RED CROSS, YORK COUNTY EMERGENCY MANAGEMENT, PATHWAYS COMMUNITY CENTER, THE HAVEN, BETHEL SHELTERS, PIEDMONT MEDICAL CENTER, ATRIUM HEALTH, HOUSING DEVELOPMENT CORPORATION OF ROCK HILL, CLOVER AREA ASSISTANCE CENTER, THE SALVATION ARMY, YORK COUNTY COUNCIL ON AGING, PRESBYTERIAN DISASTER ASSISTANCE, PILGRIMS' INN, SOUTH CAROLINA LEGAL SERVICES, A FATHER'S WAY, YORK COUNTY NATURAL GAS AUTHORITY, ROCK HILL HOUSING AUTHORITY, CATAWBA AREA COALITION FOR THE HOMELESS, YORK COUNTY DEPARTMENT OF SOCIAL SERVICES, SAFE PASSAGE, AND WINTHROP UNIVERSITY DEPARTMENT OF SOCIAL WORK. CONNECTIONS IN THE YORK COUNTY COMMUNITY CONTINUE TO GROW AS YC-COAD EXPANDS.

III.DISASTER CASE MANAGEMENT TRAINING WILL BEGIN IN PARTNERSHIP WITH WINTHROP UNIVERSITY DEPARTMENT OF SOCIAL WORK MASTER OF SOCIAL WORK PROGRAM.

IV.THROUGHOUT THE 2025-2026 FISCAL YEAR, YC-COAD SUPPORTED ONGOING TRAINING,

PREPAREDNESS, AND COORDINATION OPPORTUNITIES FOR MEMBERS AND COMMUNITY PARTNERS WITH A TOTAL ATTENDANCE OF 87. TRAININGS INCLUDED:

A.GRANT TRAINING

B.BUSINESS CONTINUITY TRAINING

C.COMMUNITY ENGAGEMENT IN DISASTER RESPONSE

D.SUPPORTING THOSE WHO SUPPORT THE COMMUNITY TRAINING

E.SHELTER FUNDAMENTALS TRAINING

F.VOLUNTEER & DONATIONS MANAGEMENT TRAINING

G.COORDINATED SUBCOMMITTEE MEETINGS

B.UNITED WAY'S 2-1-1 RESOURCE LINE : IN SEPTEMBER 2007, UWYC ESTABLISHED THIS COUNTY-WIDE, FEDERALLY DESIGNATED CALLING CODE TO PROVIDE RESIDENTS WITH ACCESS TO COMPREHENSIVE INFORMATION AND REFERRAL FOR HEALTH AND HUMAN SERVICES. UNITED WAY'S 2-1-1 IS A CONFIDENTIAL AND FREE SERVICE THAT IS STAFFED 24/7 WITH AN EASY TO REMEMBER NUMBER. 2-1-1 IS ACCESSIBLE FROM BOTH CELL AND LAND LINE TELEPHONES IN YORK COUNTY. CALLERS ARE CONNECTED TO OUR ACCREDITED CALL CENTER, ADMINISTERED BY THE UNITED WAY ASSOCIATION OF SOUTH CAROLINA. CERTIFIED CALL SPECIALISTS MAKE APPROPRIATE REFERRALS TO ALL AREA SERVICE PROVIDERS IN YORK COUNTY.

I.DURING THE 2025-2026 FISCAL YEAR, YORK COUNTY RESIDENTS MADE 2,742 CALLS TO 2-1-1, RESULTING IN MORE THAN 5,067 IDENTIFIED COMMUNITY NEEDS AND REFERRALS TO APPROPRIATE LOCAL AGENCIES AND ORGANIZATIONS. AN ADDITIONAL 369 RESIDENTS RECEIVED ASSISTANCE AND RESOURCE CONNECTIONS THROUGH TEXT MESSAGING. RENTAL ASSISTANCE REMAINED THE MOST REQUESTED NEED AMONG YORK COUNTY RESIDENTS, ACCOUNTING FOR 32% OF ALL LOCAL 2-1-1 CALLS. SHELTER SERVICES WERE THE SECOND MOST REQUESTED NEED AT 19%, FOLLOWED BY OTHER BILL PAYMENT ASSISTANCE AT 15%. IN ADDITION TO PHONE AND TEXT SUPPORT, MORE THAN 4,987 CONNECTIONS TO LOCAL RESOURCES WERE MADE THROUGH THE 2-1-1 WEBSITE DURING THE 2025-2026 FISCAL YEAR.

FORM 990 PAGE 2 PART III LINE 4D

COMMUNITY ENGAGEMENT

A. ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED (ALICE®) DATA: STARTED BY THE UW OF NW NEW JERSEY, UNITED FOR ALICE REPRESENTS A GRASSROOTS MOVEMENT TO RAISE AWARENESS ABOUT AN ESSENTIAL BUT PREVIOUSLY HIDDEN PART OF OUR COMMUNITY, ALICE: ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED. ALICE EARNS MORE THAN THE OFFICIAL US POVERTY LEVEL, BUT LESS THAN WHAT IT COSTS TO SURVIVE IN THE COUNTIES WHERE THEY LIVE. OUR LOCAL ALICE REPORT PROVIDES YORK COUNTY SPECIFIC DATA ON THE ACTUAL COSTS OF A HOUSEHOLD SURVIVAL BUDGET BASED ON FAMILY COMPOSITION AND HOW MANY HOUSEHOLDS EARN BELOW THAT AMOUNT. HOUSEHOLD SURVIVAL BUDGETS CONSIDER VARIABLES SUCH AS HOUSING, CHILDCARE, FOOD, TRANSPORTATION, HEALTHCARE, TECHNOLOGY, AND TAXES TO CALCULATE THE MINIMUM COST TO LIVE AND WORK IN YORK COUNTY. THIS INITIATIVE HELPS TO PROVIDE CURRENT RESEARCH TO QUANTIFY THE BASIC COST OF LIVING, IDENTIFY AND ASSESS FINANCIAL HARDSHIP, AND IDENTIFY GAPS IN ASSISTANCE AND COMMUNITY RESOURCES, AND STIMULATE ACTION THAT WILL IMPROVE THE FINANCIAL STABILITY AND WELL-BEING OF ALICE FAMILIES. STUDIES OF ALICE DATA BY UWYC STAFF AND COMMUNITY MEMBERS CAN INFORM OUR PRACTICE AND WORK TOWARDS BUILDING SOLUTIONS THAT WILL IMPROVE THE EXPERIENCES OF ALICE FAMILIES.

B. COMMUNITY EDUCATION THROUGH FINANCIAL HARDSHIP SIMULATIONS: AS PART OF OUR COMMUNITY ENGAGEMENT STRATEGY, UWYC FACILITATED THE ALICE HOUSEHOLD SURVIVAL SIMULATION FOR 140 INDIVIDUALS IN YORK COUNTY, USING EMPATHY AND DATA TO INCREASE AWARENESS OF FINANCIAL HARDSHIP IN OUR COMMUNITY. THIS IS AN INTERACTIVE IN-PERSON ACTIVITY THAT BUILDS UNDERSTANDING ABOUT HOW DIFFICULT DECISIONS ABOUT FINANCES AFFECT ALICE INDIVIDUALS AND FAMILIES. UWYC CREATED THIS SIMULATION TO HELP PEOPLE

BETTER UNDERSTAND WHAT IT IS LIKE TO HAVE A LOW-WAGE JOB, BY CHALLENGING THE PARTICIPANT TO LIVE ON VARIOUS LOW-WAGE INCOMES BASED ON YORK COUNTY WAGES. THE PARTICIPANTS ARE ASKED TO MAKE TOUGH DECISIONS REGARDING HOUSING, TRANSPORTATION, FOOD, CHILDCARE, AND OTHER MAJOR DECISIONS FOR THEIR FAMILIES, ALL WHILE FACING UNEXPECTED CHALLENGES.

C. GRIEF, LOSS, AND SELF-CARE SUPPORT FOR NONPROFIT PROFESSIONALS: RECOGNIZING THE EMOTIONAL DEMANDS PLACED ON THOSE SERVING OUR COMMUNITY, UYWC PARTNERED WITH THE DEPARTMENT OF SOCIAL WORK AT WINTHROP UNIVERSITY TO FACILITATE GRIEF, LOSS, AND SELF-CARE COUNSELING SESSIONS FOR NONPROFIT PROFESSIONALS THROUGHOUT THE 2025-2026 FISCAL YEAR. THESE SESSIONS PROVIDED A SUPPORTIVE SPACE FOR PARTICIPANTS TO PROCESS THE PERSONAL AND PROFESSIONAL IMPACT OF LOSS, STRENGTHEN RESILIENCE, AND DEVELOP PRACTICAL SELF-CARE STRATEGIES TO REDUCE COMPASSION FATIGUE AND BURNOUT. OVER THE COURSE OF THE FISCAL YEAR, SIX SESSIONS WERE HELD WITH A TOTAL OF 56 ATTENDEES REPRESENTING NONPROFIT ORGANIZATIONS THROUGHOUT YORK COUNTY. BY INVESTING IN THE WELL-BEING OF THOSE WHO SERVE OTHERS, UWYC CONTINUES TO STRENGTHEN THE CAPACITY OF THE NONPROFIT SECTOR AND SUPPORT A HEALTHIER, MORE RESILIENT NETWORK OF COMMUNITY PARTNERS.

FORM 990 PAGE 2 PART III LINE 4D CONT

DEI WORK

A. UWYC STATEMENT ON EQUITY: UWYC ADVOCATES FOR GREATER OPPORTUNITY FOR ALL AND SUPPORTS EQUALITY AND FREEDOM WITHIN OUR DIVERSE COMMUNITY. YORK COUNTY'S HISTORY, FROM THE CATAWBA INDIAN NATION DATING BACK 6,000 YEARS, TO THE FRIENDSHIP 9 "JAIL, NO BAIL" MOVEMENT, IS RICH IN DIVERSITY AND THE PURSUIT OF EQUALITY. IN HONORING THAT HISTORY, UNITED WAY OF YORK COUNTY IS COMMITTED TO PROVIDING SERVICES AND ASSISTANCE

TO THE YORK COUNTY COMMUNITY THAT SUPPORT A SAFE AND HEALTHY HOME FOR ALL.

THE PRESENT-DAY REALITY IN THE UNITED STATES IS THAT BIAS BASED ON RACE/ETHNICITY, GENDER, GENDER IDENTITY, SEXUAL ORIENTATION, AGE, AND ALL OTHER IDENTITIES IMPACTED BY SYSTEMIC, INSTITUTIONAL, AND HISTORICAL BARRIERS HAVE CREATED LASTING INEQUITIES AND POSE ONGOING BARRIERS TO ENABLING EVERYONE TO LIVE AN EQUITABLE, RESPECTFUL, AND FULFILLING LIFE. UNITED WAY OF YORK COUNTY, SC, RECOGNIZES THAT IMPROVING LIVES IN THE COMMUNITIES WE SERVE MEANS WE MUST EXPLICITLY FOCUS ON REMOVING THESE BARRIERS FOR ALL COMMUNITY MEMBERS, ESPECIALLY THOSE WHOSE VOICES HAVE TRADITIONALLY BEEN MARGINALIZED.

THIS PURSUIT INCLUDES ADDRESSING SYSTEMS, POLICIES, PRACTICES, BELIEF SYSTEMS, AND ATTITUDES THAT HAVE SERVED TO PRIVILEGE SOME AND DISENFRANCHISE OTHERS. ONLY THROUGH AN INTENTIONAL FOCUS ON REMOVING BARRIERS CAN WE ASPIRE TO CREATE THE CONDITIONS THAT ALLOW EVERYONE THE OPPORTUNITY TO THRIVE.

UNITED WAY OF YORK COUNTY BELIEVES THAT EVERY PERSON DESERVES TO BE TREATED WITH DIGNITY AND RESPECT. WE MUST CALL OUT DISCRIMINATION AND DEMAND ITS REMOVAL FROM OUR SOCIETY; OTHERWISE, WE ENDORSE THE STATUS QUO AND REMAIN COMPLICIT.

WE BELIEVE THAT COMMUNITY CHALLENGES ARE SUSTAINABLY SOLVED WHEN ALL GROUPS COME TOGETHER. WE WORK WITH RESIDENTS AND PUBLIC AND PRIVATE PARTNERS TO CO-CREATE SOLUTIONS TO ENSURE EVERYONE HAS THE RESOURCES, SUPPORTS, OPPORTUNITIES, AND NETWORKS THEY NEED TO THRIVE. WE STAND IN SOLIDARITY WITH COMMUNITY MEMBERS AND OTHER ORGANIZATIONS ADDRESSING DISPARITIES ACROSS OUR NATION—AND AFFIRM OUR COMMITMENT TO BUILDING AN INCLUSIVE AND EQUITABLE COMMUNITY IN YORK COUNTY.

WE UNEQUIVOCALLY DENOUNCE RACISM AND ETHNIC DISCRIMINATION BECAUSE IT UNDERMINES THE WELL-BEING AND VITALITY OF OUR COMMUNITIES. WE WORK CONSISTENTLY AND INTENTIONALLY TO PURSUE EQUITY BY:

-COMMITTING TO BECOMING MORE DIVERSE, INCLUSIVE, AND EQUITABLE AS AN ORGANIZATION.
-UTILIZING DATA TO ENSURE WE POSITIVELY IMPACT COMMUNITIES OF COLOR AND OTHER MARGINALIZED COMMUNITIES.
-EQUIPPING THE UWYC STAFF, BOARD, AND COMMUNITY PARTNERS WITH THE SKILLS AND KNOWLEDGE TO INFORM AND BUILD EQUITABLE APPROACHES TO WORK AND LIFE.

TO ADVANCE THESE GOALS, WE MUST HAVE COURAGEOUS, OPEN DIALOGUE AND HOLD ONE ANOTHER ACCOUNTABLE FOR CONTINUOUS PROGRESS. WE MUST ALL DO OUR PART, WORKING UNITED, TO MAKE OUR COMMUNITY EQUITABLE, RESPECTFUL, AND RICH WITH OPPORTUNITIES FOR ALL.

WE, AS A SOCIETY, HAVE A RESPONSIBILITY TO PROTECT THE BASIC HUMAN RIGHTS AND FREEDOMS OF PEOPLE EVERYWHERE.

FORM 990 PAGE 2 PART III LINE 4D

EVALUATION AND MEASUREMENT

A. RESULTS BASED ACCOUNTABILITY: UWYC IMPLEMENTS A RESULTS-BASED ACCOUNTABILITY MODEL (RBA). THE RBA MODEL IDENTIFIES BOTH POPULATION AND PERFORMANCE MEASURES AND IS A SIMPLE, COMMON-SENSE FRAMEWORK THAT EVERYONE CAN UNDERSTAND. UWYC'S FUNDED PARTNERS REPORT MONTHLY ON REQUIRED PERFORMANCE MEASURES THAT UWYC STAFF COMPILES TO ANSWER 3 QUESTIONS: HOW MUCH DID WE DO? HOW WELL DID WE DO IT? AND IS ANYONE BETTER OFF? POPULATION ACCOUNTABILITY ORGANIZES OUR WORK WITH PARTNERS TO PROMOTE COMMUNITY

WELL-BEING. IN CONTRAST, PERFORMANCE ACCOUNTABILITY ORGANIZES OUR WORK TO HAVE THE GREATEST IMPACT ON OUR PARTICIPANTS. WHAT WE DO FOR OUR PARTICIPANTS IS OUR CONTRIBUTION TO COMMUNITY IMPACT. THE DATA AND TRANSPARENCY OF THE RBA MODEL ALLOWS UWYC TO HOLD PARTNER AGENCIES AND INTERNAL REPORTING ACCOUNTABLE FOR BOTH THE WELL-BEING OF PEOPLE AND THE PERFORMANCE OF PROGRAMS.

THE RESULTS BASED ACCOUNTABILITY RESULTS FOR THE 2025-2026 FINANCIAL STABILITY NETWORK PROGRAM AND THE 2025-2026 FINANCIAL STABILITY PARTNER GRANTS CAN BE FOUND BELOW.

I.PERFORMANCE MEASURES: ORGANIZATIONS AND PROGRAMS CAN ONLY BE HELD ACCOUNTABLE FOR THE PARTICIPANTS THEY SERVE. RBA HELPS ORGANIZATIONS IDENTIFY THE ROLE THEY PLAY IN COMMUNITY-WIDE IMPACT BY IDENTIFYING SPECIFIC PARTICIPANTS WHO BENEFIT FROM THE SERVICES THE ORGANIZATION PROVIDES. FOR PROGRAMS AND ORGANIZATIONS, THE PERFORMANCE MEASURES FOCUS ON WHETHER PARTICIPANTS ARE BETTER OFF AS A RESULT OF YOUR SERVICES. THESE PERFORMANCE MEASURES ALSO LOOK AT THE QUALITY AND EFFICIENCY OF THESE SERVICES. UWYC TRACKS THE FOLLOWING PERFORMANCE MEASURES IN EACH OF OUR IMPACT AREAS:

2025-2026 FINANCIAL STABILITY NETWORK PROGRAM:

HOW MUCH DID WE DO?

14 PARTICIPANTS ENGAGED IN FINANCIAL COACHING

14 PARTICIPANTS IDENTIFIED FINANCIAL GOALS

15 PARTICIPANTS ARE ACTIVELY ENGAGED IN CASE MANAGEMENT

15 PARTICIPANTS ENGAGED IN IDENTIFYING/ESTABLISHING PERSONAL GOALS

6 PARTICIPANTS ARE CONSISTENTLY FOLLOWING A BUDGET

HOW WELL DID WE DO IT?

5 PARTICIPANTS DECREASED THEIR DEBT

8 PARTICIPANTS DEMONSTRATE AN INCREASED KNOWLEDGE IN FINANCIAL LITERACY

5 PARTICIPANTS INCREASED THEIR ASSET OWNERSHIP

IS ANYONE BETTER OFF?

13 PARTICIPANTS OPENED OR MAINTAINED A CHECKING/SAVINGS ACCOUNT

4 PARTICIPANTS INCREASED THEIR CREDIT SCORE

5 PARTICIPANTS MAINTAIN A MINIMUM $300 BALANCE IN A SAVINGS ACCOUNT

6 PARTICIPANTS REPORT ALWAYS BEING ABLE TO PAY THEIR BILLS ON TIME

1 PARTICIPANT PURCHASED A HOME

2025-2026 FINANCIAL STABILITY PARTNER GRANTS:

FINANCIAL LITERACY: UWYC'S FINANCIAL LITERACY PARTNERS HAD 933 ENCOUNTERS DURING THIS FUNDING CYCLE. FINANCIAL LITERACY PARTNERS TRACK THE NUMBER OF PARTICIPANTS WHO INCREASE THEIR KNOWLEDGE OF FINANCIAL LITERACY PRACTICES AND IMPLEMENT SOUND FINANCIAL PRACTICES.

HOW MUCH DID WE DO?

933 PARTICIPANTS RECEIVED SOME SORT OF FINANCIAL LITERACY SUPPORT

777 PARTICIPANTS TOOK ADVANTAGE OF A FINANCIAL LITERACY COURSE OR COACHING

HOW WELL DID WE DO IT?

74% OF PARTICIPANTS COMPLETED THEIR COURSE OR COACHING PROGRAM

IS ANYONE BETTER OFF?

152 FAMILIES DECREASED THEIR DEBT

456 INDIVIDUALS CREATED AND ARE FOLLOWING A BUDGET

591 INDIVIDUALS OPENED OR MAINTAINED A CHECKING OR SAVINGS ACCOUNT

WORKFORCE DEVELOPMENT: OUR GOAL WITH WORKFORCE DEVELOPMENT IS TO COUNT THE NUMBER OF PARTICIPANTS WHO ARE ENROLLED IN JOB TRAINING PROGRAMS IN ORDER TO INCREASE THEIR WAGES. UWYC'S WORKFORCE DEVELOPMENT PARTNERS HAD 782 ENCOUNTERS.

HOW MUCH DID WE DO?

782 PARTICIPANTS RECEIVED SUPPORT WITH UNEMPLOYMENT OR UNDEREMPLOYMENT

138 PARTICIPANTS ENROLLED IN A VOCATIONAL DEGREE, LICENSE, CERTIFICATE, OR CREDENTIAL PROGRAM

HOW WELL DID WE DO IT?

89% OF PARTICIPANTS COMPLETED THEIR SOFT SKILLS TRAINING PROGRAM

44 INDIVIDUALS EARNED A LICENSE, CERTIFICATE, DEGREE, OR CREDENTIAL

IS ANYONE BETTER OFF?

93 PARTICIPANTS INCREASED THEIR INCOME

152 PARTICIPANTS GAINED EMPLOYMENT

ECONOMIC AND FAMILY SUPPORT: 1,736 FAMILIES RECEIVED SUPPORT TO ADDRESS THE ADDITIONAL BARRIERS TO FINANCIAL STABILITY BEYOND FINANCIAL LITERACY AND WORKFORCE DEVELOPMENT.

HOW MUCH DID WE DO?

1,378 PARTICIPANTS RECEIVED CASE MANAGEMENT SERVICES

1,030 PARTICIPANTS ARE ACTIVELY TAKING STEPS IN IDENTIFYING AND TAKING STEPS TO ACHIEVING THEIR GOALS

HOW WELL DID WE DO IT?

383 PARTICIPANTS ARE CONSISTENTLY ABLE TO PAY THEIR BILLS ON TIME

558 PARTICIPANTS WERE REFERRED TO OTHER PROVIDERS OR PROGRAMS FOR WRAP-AROUND OR CONTINUED SERVICES.

IS ANYONE BETTER OFF?

647 PARTICIPANTS RECEIVED INCENTIVES OR DIRECT SUPPORT TO OVERCOME BARRIERS.

365 PARTICIPANTS RECEIVED RENT OR MORTGAGE ASSISTANCE

298 PARTICIPANTS RECEIVED UTILITY ASSISTANCE

92 PARTICIPANTS RECEIVED TRANSPORTATION ASSISTANCE

90 PARTICIPANTS RECEIVED FOOD ASSISTANCE

II.POPULATION MEASURES: IT IS CRITICAL TO IDENTIFY POWERFUL MEASURES TO DETERMINE THE PROGRESS A COMMUNITY IS MAKING TOWARDS ACHIEVING FINANCIAL STABILITY. FOR COMMUNITIES, THE MEASUREMENTS ARE KNOWN AS COMMUNITY INDICATORS AND ARE USUALLY COLLECTED BY PUBLIC AGENCIES. UWYC PARTNERS WITH WINTHROP UNIVERSITY'S SOCIAL WORK DEPARTMENT TO TRACK AND ANALYZE THE FOLLOWING COMMUNITY INDICATORS RELATED TO FINANCIAL STABILITY:

AMERICAN COMMUNITY SURVEY, YORK COUNTY, SC (2024)

•7.3% (14,780) ADULTS AGED 25 AND OLDER LACK A HIGH SCHOOL DIPLOMA/GED

•6.5% OF HOUSEHOLDS (7,393) RECEIVED SNAP BENEFITS IN THE PAST 12 MONTHS

•17.7% OF FAMILIES (14,351) HAVE INCOMES BELOW $50,000

• 24.8% OF FEMALE-HEADED HOUSEHOLD WITH CHILDREN UNDER 18 YEARS FALL BELOW THE FEDERAL POVERTY LINE.

SELF-SUFFICIENCY STANDARD FOR YORK COUNTY (2024)

•FOR A FAMILY CONSISTING OF 1 ADULT, 1 PRESCHOOLER, 1 SCHOOL AGE CHILD:

• HOUSING: $1,390

•MONTHLY CHILDCARE COST: $1,454

•MONTHLY FOOD COST: $746

•TO BE SELF-SUFFICIENT, PARENT WOULD HAVE TO EARN $34.95 PER HOUR

ALICE YORK COUNTY REPORT (2024)

•FOR A FAMILY CONSISTING OF 1 ADULT, 1 PRESCHOOLER, 1 SCHOOL AGE CHILD, HOUSEHOLD SURVIVAL BUDGET REFLECTS MIN. COST TO LIVE:

•HOUSING-RENT + UTILITIES: $1,709

•CHILDCARE: $831

•HOURLY WAGE: $37.34

•69% OF SINGLE FEMALE HEADED HOUSEHOLDS (W/ CHILDREN) BELOW ALICE THRESHOLD ($74,688)

YORK COUNTY WAGE & BENEFIT SURVEY (2024)

•AVG. ENTRY LEVEL WAGE: $18.06/HR. (+5% FROM 2023)

•AVG. HOURLY WAGE—SKILLED OR TECHNICAL: $25.80 (+15% FROM 2023)

•EDUCATIONAL REQUIREMENTS (2020/2021): 38%

SCHEDULE R
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF YORK COUNTY, SC

Employer identification number

57-0360058

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity? Yes	(g) Sec 512(b)(13) controlled entity? No
(1) UNITED WAY WORLDWIDE 701 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314 13-1635294	MOBILIZE TO RAISE & DISTRIBUTE RESOURCES	VA	501(C)(3)	170(B)(1)(A)(VI)	N/A		X
(2) UNITED WAY ASSOCIATION OF SOUTH CA 914 RICHLAND STREET, SUITE A 200 COLUMBIA, SC 29201 57-0515275	MAXIMIZE THE CAPACITY OF LOCAL UWS	SC	501(C)(3)	509(A)(2)	N/A		X
(3)							
(4)							

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity		X
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)		X
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Dividends from related organization(s)		X
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)	X	
k	Lease of facilities, equipment, or other assets from related organization(s)		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o	Sharing of paid employees with related organization(s)		X
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses		X
r	Other transfer of cash or property to related organization(s)		X
s	Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNITED WAY WORLDWIDE	J	12,136.	FMV
(2)	UNITED WAY ASSOCIATION OF SOUTH CAROLINA	L	5,345.	FMV
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.