Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public

										-	
<u>A</u>	For the	2022 calend	lar year, or tax year begii	nning	01-0	1 , 2022 , a	nd endi	ng	12	-31 , 20	22
В	Check if a	pplicable:	C Name of organization UN	NITED WAY OF PIO	CKENS COUNTY			!	D Emplo	yer identifica	tion number
	Address c	hange	Doing business as							57-047	5249
	Name cha	inge	Number and street (or P.O. bo	ox if mail is not delivered to stre	eet address)		Room/su	ite	E Teleph	one number	
	Initial retur	rn	PO BOX 96							(864)8	50-7094
	Final retur	n/terminated	City or town, state or province	, country, and ZIP or foreign po	ostal code				G Gross	receipts	
	Amended	return	EASLEY, SC 29	541					\$		1,750,585
	Application	n pending	F Name and address of principa	al officer:				H(a) Is this a gr	roup return fo	r subordinates?	Yes X No
								H(b) Are all s	ubordinates	s included?	Yes No
ı	Tax-exem	pt status: X	501(c)(3) 501(c) () (insert no.)	947(a)(1) or 5	527		If "No," a	attach a list	. See instruction	ons —
J	Website:		.UWPICKENS.ORG					H(c) Group e	xemption n	umber	
K	Form of or	rganization: X		sociation Other	L	Year of formation	on: 197		tate of lega		sc
	rt I	Summar									
			ribe the organization's miss	sion or most significant a	activities: THE	MISSION	OF TH	E UNITE) WAY	OF PICE	CENS
			S TO OPTIMIZE THE								
çe			KENS COUNTY IN C								
Governance		-	INDIVIDUALS, FAM								-
Ver			ox if the organization of			more than 25	% of its	net assets.			
တိ	3		oting members of the gove	·	•				3		13
త	4		ndependent voting member	• , , .	,				4		13
Activities &			er of individuals employed in		,				5		13
ξį	6		er of volunteers (estimate if						6		
¥		Total unrelat	ted business revenue from	• ,					7a		0
			ed business taxable income	. , , , ,					7b		0
					,			Prior Year		Curr	ent Year
	8	Contributions	s and grants (Part VIII, line	1h)					,308		1,616,377
ō	9		rvice revenue (Part VIII, lin	,					,		0
enr		•	ncome (Part VIII, column (•				81	,238		52,917
Revenue	11		ue (Part VIII, column (A), li	•					,743		101
_			ie - add lines 8 through 11		,				,289		1,669,395
			similar amounts paid (Part	,	` ' '			,,,,	,205		442,660
			d to or for members (Part I				0				
	15		ner compensation, employe	. , , , , ,				343	,935		780,735
es		•	I fundraising fees (Part IX,	,	, ,,						0
Expenses			ising expenses (Part IX, co			75,443					
꼾			ses (Part IX, column (A), li	· · · · · · · · · · · · · · · · · · ·				275	,201		535,536
_		•	ses. Add lines 13-17 (mus	• ,					,136		1,758,931
			s expenses. Subtract line	1					,153		(89,536)
			o onponeder e de alle de mile				Begi	nning of Curre		End	of Year
ts o	E 20	Total assets	(Part X, line 16)					2,485			2,073,145
Asse	21		es (Part X, line 26)						,957		88,033
Net Assets or	22		or fund balances. Subtract					2,366	_		1,985,112
$\overline{}$	rt II	Signatu	re Block								, ,
Und	er penaltie	es of perjury, I ded	clare that I have examined this retu				of my knov	vledge and belie	ef, it is		
true	, correct, a	and complete. De	claration of preparer (other than of	ficer) is based on all informatio	n of which preparer has	any knowledge.					
		JULI	E CAPALDI							05-12	-2023
Sig	ın [Signature of office	cer						Date)	
He	re	JULI	E CAPALDI, EXECUT	IVE DIRECTOR							
	ţ	Type or print nar		-							
		Print/Type pre	eparer's name	Preparer's signature		Date		Check	if	PTIN	
Pai	d	Aneshia	a Smith	Aneshia Smith		09-19-20	23	self-emp	_	P0051	1116
	parer		Curry PA			, , , , , , , , , , , , , , , , , , , ,		irm's EIN	,		
	e Only							hone no.			
	y		Easley S				[]		864-8	55-5621	L
May	the IDS	discuss this	return with the preparer sl		etions						Ves No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE UNITED WAY OF PICKENS COUNTY IS TO OPTIMIZE THE ORGANIZED CAPACITY OF PEOPLE
	TO CARE FOR ANOTHER WITH THE VISION TO LEAD PICKENS COUNTY IN CREATING AND DEVELOPING TALENTS AND
	RESOURCES TO ENHANCE THE QUALITY OF LIFE FOR INDIVIDUALS, FAMILIES AND THE COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	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 \$1,513,730 including grants of \$) (Revenue \$)
	COMMUNITY IMPACT PROGRAM - COMMUNITY IMPACT WAS DEVELOPED AND IMPLEMENTED IN 2008 AS A WAY TO
	IDENTIFY LOCAL ISSUES OF CONCERN, SET SPECIFIC COMMUNITY GOALS AND TO CREATE LONG-TERM POSITIVE
	CHANGES IN THE LIVES OF THE RESIDENTS. THIS PROGRAM INVOLVES AGENCY SUPPORT, PROGRAM REVIEW AND
	INVESTMENT, COMMUNITY COLLABORATION, COMMUNITY INVESTMENT, EDUCATION, INFORMATION AND REFERRAL,
	AND EMERGENCY FOOD AND SHELTER.
4b	(Code:) (Expenses \$326 including grants of \$) (Revenue \$)
	VOLUNTEERISM PROGRAM - VOLUNTEERISM IS AN EFFECTIVE WAY TO INTERJECT PUBLIC PARTICIPATION INTO
	THE ORGANIZATION'S OPERATIONS AND DECISION MAKING PROCESS. VOLUNTEERISM ALSO PROVIDES INDIVIDUALS
	AND BUSINESSES IN THE COMMUNITY TRAINING IN THE AREAS OF PROVIDING FOR COMMUNITY NEEDS AND IN
	ADVOCATING THE CAUSES OF THE PROVIDER ORGANIZATIONS.
4c	(Code:) (Expenses \$14,902 including grants of \$) (Revenue \$)
	211 CALL PROGRAM - THE PICKENS COUNTY 2-1-1 CALL PROGRAM PROVIDES VALUE IN CONNECTING PEOPLE TO
	LOCAL NON-PROFIT, FAITH-BASED ORGANIZATIONS AND PUBLIC SERVICES QUICKLY, EASILY AND
	CONFIDENTIALLY FOR THE PURPOSE OF EITHER RECEIVING OR GIVING HELP IN MEETING HUMAN SERVICE NEEDS
	OR IN THE AFTERMATH OF DISASTER. THE SERVICE IS AVAILABLE AT NO COST TO CALLERS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,551,958
	Form 000 (2022)

Part IV

57-0476249

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
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		Х
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		х
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		
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
^	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Α
••	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	x	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	4.46		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
13	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	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		х
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	

57-0476249

Form 990 (2022) UNITED WAY OF PICKENS COUNTY

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		Х
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
d	to defease any tax-exempt bonds?	24c 24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
-	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		х
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 or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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		х
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):			
а	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
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		.,
29	"Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		Х
30	conservation contributions? If "Yes," complete Schedule M	30		х
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? <i>If</i> "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		х
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		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	0.7		
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		_ X
38	19? Note : All Form 990 filers are required to complete Schedule O	38	v	
Par		30	X	
ıaı	Check if Schedule O contains a response or note to any line in this Part V			
	the same of the sa	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		x

Page 5

Par	t 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 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		Х
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).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
ч	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
C 140	Enter the amount of reserves on hand	140		77
14a	,,,,	14a		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
13	excess parachute payment(s) during the year?	15		v
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
. •	If "Yes," complete Form 4720, Schedule O.			Α
17	Section 501(c)(21) organizations. Did the trust, or any 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?	17		
	If "Yes." complete Form 6069.	-		

LARRY POPE (864)850-7094, PO BOX 96, EASLEY, SC 29641

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Se	ction A. Governing Body and Management			ı
			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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 Q	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40		
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
40	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?	150	77	
a h	The organization's CEO, Executive Director, or top management official	15a 15b	Х	v
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IUa	with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		X
b	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		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed South Carolina			
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.			
	✓ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
-	and financial statements available to the public during the tax year.			
20	State the name address and telephone number of the person who possesses the organization's hooks and records			

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 employees."
- 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 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.

		(C)								
(A)	(B)	Position				(D)	(E)	(F)		
Name and title	Average					nan one s both an		Reportable	Reportable	Estimated amount
Name and the	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any	or a	Ins	Officer	Ke	Hig	Fol	1099-MISC/	1099-MISC/	organization and
	hours for related	direc	tituti	icer	y em	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	ior tr	onal		Key employee	ee				
	below	Individual trustee or director	Institutional trustee		ee	hpen				
	dotted line)	v	ee			Highest compensated employee				
						۵				
(1) DEBORAH CARMICAL	1.00									
BOARD MEMBER		Х						0	0	0
(2) JERRY ALLEN	1.00									
BOARD MEMBER		Х						0	0	00
(3) JIM KAPLAN	1.00									
BOARD MEMBER		Х						0	0	0
(4) EMILY DEROBERTS	1.00									
BOARD CHAIRMAN		Х						0	0	0
(5) LUCAS DURHAM	1.00									
BOARD MEMBER		Х						0	0	0
(6) SKEET HOLLAND	<u> 1.0</u> 0									
BOARD MEMBER		Х						0	0	0
(7) JULIE THOMPSON	1.00									
BOARD MEMBER		Х						0	0	0
(8) BURNETT KELLY	1.00									
BOARD MEMBER		Х						0	0	0
(9) WILL RAGSDALE	1.00									
TREASURER		Х		х				0	0	0
(10)JEFF_PUTMAN	1.00									
BOARD CHAIRMAN		Х		х				0	0	00
(11)JULIE CAPALDI	40.00									
EXECUTIVE DIRECTOR				х				0	0	00
(12)										
(13)										
<u>(14)</u>										

EEA Form 990 (2022)

rait	(A) Name and title	(B) Average hours per week	(do r	not che	Posi eck mo	c) ition ore th	an one both an		(D) Reportable compensation from the	(E) Reportable compensation from related		Estima ((F) ated amou	ınt
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (V 1099-MISC/ 1099-NEC)		organ	om the nization an organizat	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal													
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)								0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those I	isted a	bove) wh	o re	ceived	l mo	ore than \$100,000	of				_
	reportable compensation from the organization												Yes	0 No
3	Did the organization list any former officer, direct		-				-							
4	employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re										• •	3		<u> </u>
-	organization and related organizations greater th													
	individual											4		<u>x</u>
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			_					5		X
Secti	on B. Independent Contractors	s, complete	ocnea	iaic o	101 .	Suci	1 perse	<i>311</i> .	<u> </u>	<u></u>	••			<u>~</u>
1	Complete this table for your five highest compensation	•												
	compensation from the organization. Report comp	ensation for	the cal	enda	ır yea	ar er	nding v	with	_	nization's tax y	/ear.			
	(A) Name and business addres	s							(B) Description of service	es	C	(C) Compensa	ation	
2	Total number of independent contractors (including	g but not lim	ited to	those	e liste	ed a	above)	who	0					
	received more than \$100,000 of compensation fro	-					/							

Page 9

Form 990 (2022) UNITED WAY
Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respons	e or n	ote to any line in this	s Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
	b	Membership dues		1b					
nts nts	C	Fundraising events		1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .		1d					
fts,	e	Government grants (contr		1e					
بَيْ إِيَّا	f	All other contributions, gif							
Sir	•	and similar amounts not in	-	1f	1 616 377				
her		Noncash contributions in		-"-	1,616,377				
<u></u>	g	lines 1a-1f		1g	 				
a S	h					1,616,377			
	•••	Total. Add lines fa fi		• • •	Business Code	1,010,377			
	2a				Dusilless Code				
8	za b								
je Š									
en Se	ر 2								
ıram Serv Revenue	d								
Program Service Revenue	e	All other program service	rovonuo						
<u>.</u>									
	3	Investment income (includi				40 201			40 201
	4	other similar amounts) . Income from investment of			- t	40,291			40,291
	4		•	•	- t				
	5	Royalties							
	6-	Crass routs	(i) Rea	ı	(ii) Personal				
		Gross rents							
		'	6b						
		Rental income or (loss)	6c						
	a	Net rental income or (loss)							
	7a	Gross amount from	(i) Securiti	es	(ii) Other				
		sales of assets							
		other than inventory	7a 93	,816					
	b	Less: cost or other basis							
e E		and sales expenses		,190					
en ne	С	Gain or (loss)	7c 12	,626					
8	l .	Net gain or (loss)		•		12,626			12,626
Other Re	8a	Gross income from fundra	ising						
ŏ		events (not including \$_		-					
		of contributions reported of							
		1c). See Part IV, line 18		8a	 				
		Less: direct expenses .		8b					
		Net income or (loss) from	_	ts					
	9a	Gross income from gaming	-						
		activities, See Part IV, line		9a	 				
	l .	Less: direct expenses .		9b					
	С	Net income or (loss) from	gaming activities						
	10a	Gross sales of inventory, I							
	_	returns and allowances .		10a	 				
		Less: cost of goods sold		10b	-				
	С	Net income or (loss) from	sales of inventor	y					
					Business Code				
Miscellanous Revenue		MISCELLANEOUS REV	/ENUE		900099	101	101		
anc	b								
eve	С								
Mis R	l .	All other revenue							
		Total. Add lines 11a-11d				101			
	12	Total revenue. See instru	uctions			1,669,395	101	0	52,917

57-0476249

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).

Do 1	Check if Schedule O contains a response or note to	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	414,648	414,648		
2	Grants and other assistance to domestic	1117010	1117010		
_	individuals. See Part IV, line 22	28,012	28,012		
3	Grants and other assistance to foreign	20,012	20,012		
	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	100,000	91,947	8,053	
6	Compensation not included above to disqualified	,	,	.,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	532,069	432,412	57,113	42,544
8	Pension plan accruals and contributions (include	,	,	,	•
	section 401(k) and 403(b) employer contributions)	35,305	27,657	4,498	3,150
9	Other employee benefits	65,715	54,517	6,775	4,423
10	Payroll taxes	47,646	39,527	4,912	3,207
11	Fees for services (nonemployees):	,	,	,-	•
а	Management				
b	Legal				
С	Accounting	15,115		15,115	
d	Lobbying	-		-	
е	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.)	390	390		
12	Advertising and promotion				
13	Office expenses	26,828	15,573	3,515	7,740
14	Information technology	16,833	14,896	1,172	765
15	Royalties				
16	Occupancy	13,522	11,217	1,394	911
17	Travel	7,090	5,882	731	477
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,325		6,325	
20	Interest				
21	Payments to affiliates	13,521		13,521	
22	Depreciation, depletion, and amortization	6,049	5,018	624	407
23	Insurance	4,866	2,778	1,863	225
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.)				
а	EQUIPMENT RENTAL	3,049	2,530	314	205
b	COMMUNITY IMPACT	358,709	358,709		
С					
d					
е	All other expenses	63,239	46,245	5,605	11,389
25	Total functional expenses. Add lines 1 through 24e	1,758,931	1,551,958	131,530	75,443
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)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	877,300	1	661,204
	2	Savings and temporary cash investments	•	2	•
	3	Pledges and grants receivable, net	170,087	3	189,257
	4	Accounts receivable, net		4	
	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	
şţ	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	6,841	9	6,841
٩	10a	Land, buildings, and equipment: cost or other	0,041	9	0,041
	IUa	basis. Complete Part VI of Schedule D 10a 62,740			
	h	Less: accumulated depreciation	14 551	10c	22 224
	b		14,551		33,224
	11	Investments - publicly traded securities	1,416,565	11 12	1,182,619
	12	Investments - other securities. See Part IV, line 11			
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,485,344	16	2,073,145
	17	Accounts payable and accrued expenses	40,376	17	3,129
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
la b		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	78,581	25	84,904
	26	Total liabilities. Add lines 17 through 25	118,957	26	88,033
		Organizations that follow FASB ASC 958, check here			
Ś		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	1,358,237	27	1,292,312
ala	28	Net assets with donor restrictions	1,008,150	28	692,800
B		Organizations that do not follow FASB ASC 958, check here			
Fun		and complete lines 29 through 33.			
or.	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2,366,387	32	1,985,112
	33	Total liabilities and net assets/fund balances	2,485,344	33	2,073,145

EEA

Form 990 (2022)

Par	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		1,66	9,3	95
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,75	8,9	31
3	Revenue less expenses. Subtract line 2 from line 1	3		(8	9,5	36)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,36	6,3	87
5	Net unrealized gains (losses) on investments	5		(28	2,4	56)
6	Donated services and use of facilities	6				
7	Investment expenses	7		(9,2	83)
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		1,98	5,1	12
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
				Ye	s	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?		. 2	3		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?		. 2	b 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 □ Consolidated basis □ Consolid					
С	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?		. 2	c 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?		. 3	a		х
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		. 3	o 📗		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Employer identification number

UNITED WAY OF PICKENS COUNTY 57-0476249 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 X 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.) 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (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.)

Secti	on A. Public Support					_	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1,235,544	653,308	1,616,377	3,505,229
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3			1,235,544	653,308	1,616,377	3,505,229
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)						390,783
6	Public support. Subtract line 5 from line 4.						3,114,446
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4			1,235,544	653,308	1,616,377	3,505,229
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources			45,161	81,238	40,291	166,690
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10		,				3,671,919
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o	-			-		
0 1:	organization, check this box and stop he						<u> </u>
	on C. Computation of Public Suppo			44 1 (6)			
	Public support percentage for 2022 (line 6					14	84.82 %
15	Public support percentage from 2021 Sch					1/20/ 27 77 272	74.09 %
16a	33 1/3% support test - 2022. If the organ box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ	•		•			_
D	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20	•		-			
174	10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa						
	organization			•	•		_
b	10%-facts-and-circumstances test - 20						
D	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets the					-	•
	organization			~	=		· · —
18	Private foundation. If the organization di						
. •	instructions						
							· · · · · · <u> </u>

EEA Schedule A (Form 990) 2022

57-0476249

(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.)

	on A. Public Support	(-) 2040	(h) 2010	(-) 2020	(4) 2024	(a) 2022	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	İ				'	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	İ				!	
_	unrelated trade or business under section 513	 				<u> </u>	
4	Tax revenues levied for the	İ				!	
	organization's benefit and either paid to	İ					
_	or expended on its behalf	 				<u> </u>	
5	The value of services or facilities	İ				'	
	furnished by a governmental unit to the	İ					
_	organization without charge	 				<u>'</u>	
6	Total. Add lines 1 through 5					<u> </u>	
7a		İ				'	
	received from disqualified persons .	 				<u> </u>	
b	Amounts included on lines 2 and 3	İ				1	
	received from other than disqualified	İ				1	
	persons that exceed the greater of \$5,000	İ				1	
	or 1% of the amount on line 13 for the year	-				ļ ''	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support			T	T		T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	 					
10a	Gross income from interest, dividends, .	İ				1	
	payments received on securities loans, rents,	İ					
_	royalties, and income from similar sources .	 				<u> </u> '	
b	Unrelated business taxable income (less	İ				!	
	section 511 taxes) from businesses	İ				1	
	acquired after June 30, 1975	 				<u> </u>	
С	Add lines 10a and 10b	 					
11	Net income from unrelated business	İ				!	
	activities not included on line 10b, whether	İ				1	
	or not the business is regularly carried on	 				<u> </u>	
12	Other income. Do not include gain or	İ				'	
	loss from the sale of capital assets	İ				!	
	(Explain in Part VI.)	 				<u>'</u>	
13	Total support. (Add lines 9, 10c, 11,	İ				!	
	and 12.)	<u> </u>					
14	First 5 years. If the Form 990 is for the organization of the organization of the property of	•	rst, second, thi	ird, fourth, or ti	fth tax year as	a section 501(c	c)(3)
	organization, check this box and stop here						<u> </u>
	on C. Computation of Public Suppor			. (0)			
15	Public support percentage for 2022 (line 8		-	13, column (f))			%
16	Public support percentage from 2021 School					16	<u>%</u>
	on D. Computation of Investment Inc						
17	Investment income percentage for 2022 (li			-			%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the organ						
	17 is not more than 33 1/3%, check this bo	-	_	-			
b	33 1/3% support tests - 2021. If the organization						
	line 18 is not more than 33 1/3%, check this box	-	-			-	
20	Private foundation. If the organization did	d not check a	box on line 14.	, 19a, or 19b, c	check this box a	and see instruc	tions 📙

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

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			-110
-	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)? <i>If</i> "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		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer 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		
С	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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		
С	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.	9с		
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			

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

10a

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

rait	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	NO
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
·	provide detail in Part VI.	11c		
Section	on 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	on 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	on 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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
J	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	on 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	e inst	ructio	ons).
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			,
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
I.	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	UTILG SUPPORTED OLYAFIIZALIONS! IT 165, DESCRIBE ITI FAIT VI THE FOIR DIAVED BY THE OLUAFIIZALION ITI THIS FRUAFO.	เงม		

Part							
1							
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Secti	on 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					
Secti	on B - Minimum Asset Amount	<u>'</u>	(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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
Secti	on 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-functiona	lly ir	ntegrated Type III suppor	ting organization			
	(see instructions).	-		- •			

EEA Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on 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	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive						
	(provide details in Part VI). See instructions.	8					
9	Distributable amount for 2022 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					
Secti	on E - Distribution Allocations (see instructions)	ns	(iii) Distributable				

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022 EEA

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

2022

UNITED WAY OF PICKENS COUNTY 57-0476249 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 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).

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	the organization			Employer identification number
UNITE	D WAY OF PICKENS COUNTY			57-0476249
Pai		Funds or Other Si	milar Funds or Ac	counts.
	Complete if the organization answered "Yes"	on Form 990, Part I	V, 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	n writing that the assets	s held in donor advised	i
	funds are the organization's property, subject to the organiz	zation's exclusive legal	control?	
6	Did the organization inform all grantees, donors, and donor	advisors in writing that	grant funds can be us	sed
	only for charitable purposes and not for the benefit of the do	onor or donor advisor, o	or for any other purpos	e
	conferring impermissible private benefit?			
Part	II Conservation Easements.			
	Complete if the organization answered "Yes"	on Form 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the organization	ation (check all that app	oly).	
	Preservation of land for public use (for example, recreated	ion or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	lified conservation conf	ribution in the form of	a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			2b
С	Number of conservation easements on a certified historic s	tructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	d after July 25, 2006, a	nd not on a	
	historic structure listed in the National Register $\ \ldots \ \ldots$			
3	Number of conservation easements modified, transferred, r	eleased, extinguished,	or terminated by the	organization during the
	tax year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the p		=	
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conserv	ation easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, and	enforcing conservatio	n easements during the year
	Door cook concernation accomment reported on line 2/d\ ch	ava actiofy the require	manta of acation 170/k	\/4\/D\/;\
8	Does each conservation easement reported on line 2(d) ab and section 170(h)(4)(B)(ii)?			
0				
9	In Part XIII, describe how the organization reports conserva balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	note to the organization	irs ilitariciai staterilerit	s that describes the
Par		s of Art Historica	l Treasures or (Other Similar Assets
	Complete if the organization answered "Yes"	•	•	7.000.01
1a	If the organization elected, as permitted under FASB ASC 9	•	•	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	•		
	service, provide in Part XIII the text of the footnote to its fin			
b	If the organization elected, as permitted under FASB ASC 9			
	art, historical treasures, or other similar assets held for publ			
	provide the following amounts relating to these items:	,	,	1
	(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 tr			gain, provide the
_	following amounts required to be reported under FASB AS			O /1
а	Revenue included on Form 990, Part VIII, line 1	-		\$
b	Assets included in Form 990, Part X			

Par	t III Organizations Maintaining Co	ollections of A	Art, His	storical T	reasures,	or Ot	her Similar Ass	sets (co	ontin	ued)
3	Using the organization's acquisition, accession,	, and other records	, check a	any of the fo	llowing that ma	ake sig	nificant use of its			
	collection items (check all that apply):									
а	☐ Public exhibition		d	Loan or	r exchange pro	ogram				
b	Scholarly research		е	Other						_
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how the	y further the	e organization's	s exem	pt purpose in Part			
	XIII.									
5	During the year, did the organization solicit or re	eceive donations o	f art, hist	orical treas	ures, or other s	similar				
	assets to be sold to raise funds rather than to be		art of the	e organizatio	on's collection?	2		☐ Yes	<u> </u>	No
Par	t IV Escrow and Custodial Arrang	gements.								
	Complete if the organization an	swered "Yes"	on For	m 990, P	art IV, line 9	9, or r	eported an amo	unt on	Forn	n
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for co	ontributions of	or other assets	s not				
	included on Form 990, Part X?							Yes	, [No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the following	lowing ta	able:			<u></u>			
							Amo	unt		
С	Beginning balance					1c				
d	Additions during the year	· • • • • • • • • • • • • • • • • • • •				1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Forn									No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	cplanatio	n has been	provided on Pa	art XIII			<u>. L</u>	
Par			_							
	Complete if the organization an	swered "Yes"	on For	m 990, P	art IV, line 1	10.				
		(a) Current year	(b) P	rior year	(c) Two years b	ack	(d) Three years back	(e) Four	years h	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	•	(line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment									
b	Permanent endowment%									
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess	sion of the organiza	tion that	are held an	d administered	for the	•			
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	•				• • •		3b		
4	Describe in Part XIII the intended uses of the o		wment f	unds.						
Par			_							
	Complete if the organization an	swered "Yes"	on For	m 990, P	art IV, line	11a. S	see ⊦orm 990, F	art X, I	ine 1	10.
	Description of property	(a) Cost or other		1 ' '	r other basis		Accumulated	(d) Bool	value	
		(investmer	nt)	(0	other)	de	epreciation			
1a	Land									
b	Buildings									
C	Leasehold improvements				19,603		7,621			982
d	Equipment				28,472		29,511			039)
<u>е</u>	Other STMD1E .	, -	., :	/F: ::	14,665		(7,616)			281
Total.	Add lines 1a through 1e. (Column (d) must equ	ıal Form 990. Part	X. colur	nn (B). line	10c.)				33.	224

Part VII	Investments - Other Securities.	os" on Form 000 D	ort IV/ line	11h Soo Form	000 Part V line 12
-	Complete if the organization answered "Ye (a) Description of security or category	(b) Boo			thod of valuation:
	(including name of security)	(b) Boo	k value	, ,	l-of-year market value
(1) Financial					
	eld equity interests				
(3) Other					
(A) (B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.).				
Part VIII	Investments - Program Related.			44- 0 5	000 Dant V line 40
	Complete if the organization answered "Ye	es" on Form 990, P	art IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Boo	k value	, ,	thod of valuation: -of-year market value
(1)				0000 01 0110	Tor your market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	to the accordance of Farma 2000 Part V and (P) line 42.				
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.				
rartix	Complete if the organization answered "Ye	es" on Form 990. P	art IV. line	11d. See Form	990. Part X. line 15.
	(a) Description		,		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8) (9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.)				
Part X	Other Liabilities.				
	Complete if the organization answered "Ye	es" on Form 990, P	art IV, line	11e or 11f. See	Form 990, Part X,
	line 25.				
<u>1.</u>	(a) Description of liability	(b) Book value			
	ncome taxes				
	L LIABILITIES	72,995			
	ATIONS PAYABLE	9,134			
	BBER AGENCY FUND	1,175			
(6)	/ DEPOSITS	1,600			
(7)					
(8)					
(9)					

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.

84,904

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). .

ган	Complete if the organization answered "Yes" on Form 990, P		-	Netuili	•
1	Total revenue, gains, and other support per audited financial statements		•	1	1,384,339
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	1,301,333
a	Net unrealized gains (losses) on investments	2a	(291,737)		
b	Donated services and use of facilities	2b	6,681		
c	Recoveries of prior year grants	2c	0,001		
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	(285,056)
3	Subtract line 2e from line 1			3	1,669,395
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				_,,,,,,,,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,669,395
Part				r Retu	
	Complete if the organization answered "Yes" on Form 990, P				
1	Total expenses and losses per audited financial statements			1	1,765,614
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•
а	Donated services and use of facilities	2a	6,683		
b	Prior year adjustments	2b	•		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	6,683
3	Subtract line 2e from line 1			3	1,758,931
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	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	1,758,931
Part	XIII Supplemental Information.				
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,			art X, lin	е
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny addit	ional information.		

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047

2022

Open to Public Inspection Employer identification number

UNITED WAY OF PICKENS COUNTY						57-0476249	
Part I General Information on							
1 Does the organization maintain records to							
the selection criteria used to award the gr							. x Yes N
2 Describe in Part IV the organization's pro				. 0 1. "1		II) / II	•
Part II Grants and Other Assistan		_		•	-	"Yes" on Form 99	0,
Part IV, line 21, for any recip				-	(f) Method of valuation		T
(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	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance
(1)CANCER ASSOCIATION OF PICKE							
312 DANIEL COURT							
MAULDIN SC 29662	45-0608970	501(C)3					
(2)UNITED CHRISTIAN MINISTRIES							
3 DACUSVILLE STREET							
EASLEY SC 29640	57-0892533	501(C)3					
(3)PICKENS COUNTY MEALS ON WHE							TO PROVIDE
PO BOX 1162							HOUSING
PICKENS SC 29671	57-0708817	501(C)3	50,000		COST		STABILITY
(4)SAMARITAN HEALTH CLINIC OF							
3 DACUSVILLE STREET							
EASLEY SC 29640	57-0947115	501(C)3					
(5)PARENTING PLACE							
1899 GENTRY MEMORIAL HWY							
EASLEY SC 29640	57-0943670	501(C)3					
(6)REBUILD UPSTATE							
(7)MEYER CENTER							
STONE PLZ 1132 RUTHERFORD R							
GREENVILLE SC 29609	57-0361503	501(C)3					
(8)GOOD SAMARITAN ALLIANCE							
		501(C)3					
(9)NAMI							
		501(C)3					
(10)PICKENS CO ADVOCACY CENTER PO BOX 1121							
PICKENS SC 29671	57-0790623	501(C)3					
2 Enter total number of section 501(c)(3) ar	nd government organ	nizations listed in the line	1 table				
3 Enter total number of other organizations							

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

OMB No. 1545-0047 2022

Open to Public Inspection

Employer identification number

UNITED WAY OF PICKENS COUNTY	NITED WAY OF PICKENS COUNTY 57-0476249						
Part I General Information on C	Grants and Ass	istance				1	
1 Does the organization maintain records to	substantiate the am	ount of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria used to award the gra	ants or assistance?						. 🗌 Yes 🗌 N
2 Describe in Part IV the organization's prod	cedures for monitorin						
Part II Grants and Other Assistance	ce to Domestic C	Organizations and Do	mestic Governmen	ts. Complete if the c	organization answered	"Yes" on Form 990),
Part IV, line 21, for any recipi	ent that received	more than \$5,000. Par	rt II can be duplicate	d if additional space	is needed.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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							
6 N MEMINGER ST							
GREENVILLE SC 29601	57-0477907	501(C)3					
(2)PICKENS COUNTY FIRST STEPS							
P O BOX 1113							
CENTRAL SC 29630	57-1097863	501(C)3					
(3)SAFE HARBOR							
429 N MAIN STREET							
GREENVILLE SC 29601	57-1014137	501(C)3					
(4)GOODWILL INDUSTRIES							
115 HAYWOOD RD							
GREENVILLE SC 29607	57-0564001	501(C)3					
(5)JULIE VALENTINE CENTER							
2905 WHITE HORSE ROAD							
GREENVILLE SC 29611	57-0655611	501(C)3					
(6)MARYS HOUSE							
P O BOX 132							
PICKENS SC 29671	56-2396016	501(C)3					
(7)FAMILY PROMISE OF PICKENS C							
200 WEST D AVENUE							
EASLEY SC 29640	45-5195142	501(C)3					
(8)UPSTATE WARRIOR SOLUTION							
(9)SALVATION ARMY							TO PROVIDE
							HOUSING
		501(C)3	50,513		COST		STABILITY
(10) CHOOL DISTRICT OF PICKENS							TO PROVIDE
1348 GRIFFIN MILL ROAD							ASSISTANCE
EASLEY SC 29641					COST		FOR EDUCATION

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

UNITED WAY OF PICKENS COUNTY						57-0476249	
Part I General Information on G	rants and Assi	stance					
1 Does the organization maintain records to s	substantiate the amo	ount of the grants or assi	stance, the grantees' eli	igibility for the grants or	assistance, and		
the selection criteria used to award the gran	nts or assistance?						🗌 Yes 🗌 N
2 Describe in Part IV the organization's proce	edures for monitoring	g the use of grant funds	in the United States.				
Part II Grants and Other Assistance	to Domestic O	ganizations and Do	mestic Governmen	nts. Complete if the	organization answered	"Yes" on Form 99	0,
Part IV, line 21, for any recipie	nt that received n	nore than \$5,000. Pai	rt II can be duplicate	d if additional space	is needed.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran
(1)BEHAVIORAL HEALTH SERVICES							TO PROVIDE
309 EAST MAIN STREET							HOUSING
PICKENS SC 29671		501(C)3	54,243		COST		STABILITY
(2)CLEMSON COMMUNITY CARE							TO PROVIDE
PO BOX 271							HOUSING
CLEMSON SC 29633		501(C)3	16,667		COST		STABILITY
(3)FAMILY PROMISE OF PICKENS C							TO PROVIDE
PO BOX 1165							HOUSING
EASLEY SC 29640		501(C)3	40,000		COST		STABILITY
(4)THE PARENTING PLACE							TO PROVIDE
							HOUSING
		501(C)3	60,000		COST		STABILITY
(5)UNITED CHRISTIAN MINISTRIES							TO PROVIDE
							HOUSING
		501(C)3	41,667		COST		STABILITY
(6)UPSTATE WARRIOR SOLUTION							TO PROVIDE
							HOUSING
		501(C)3	40,000		COST		STABILITY
(7)							
(8)							
(0)							
(9)							
(10)							
(1.0)							
2 Enter total number of section 501(c)(3) and	government ergesi	zations listed in the line (1 table				
3 Enter total number of other organizations lis						-	
Line total number of other organizations is	nou iii tiid iiiid i labi	·					

Part III	Grants and Other Assistance to Part III can be duplicated if addition			e organization ansv	vered "Yes" on Form 990	, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Prov	vide the information re	quired in Part I, li	ne 2; Part III, colum	n (b); and any other addit	tional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization **Employer identification number** 57-0476249 UNITED WAY OF PICKENS COUNTY 01. Members or stockholder classes and rights (Part VI, line 6) THE MEMBERSHIP OF THE ORGANIZATION IS COMPOSED OF INDIVIDUALS AND PARTNER AGENCIES. 02. Form 990 governing body review (Part VI, line 11) THE FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE OF THE ORGANIZATION FOR APPROVAL PRIOR TO SUBMISSION. A COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION AT A REGULARLY SCHEDULED BOARD MEETING. 03. Conflict of interest policy compliance (Part VI, line 12c) THE ORGANIZATION ANNUALLY MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. ALL EMPLOYEES, BOARD MEMBERS AND COMMITTEE MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS ANNUALLY. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, THE PERSON OR COMPANY MUST DISCLOSE THE EXISTENCE OF THE POTENTIAL CONFLICT OF INTEREST AND ALL PERTINENT MATERIAL FACTS. THE DIRECTOR AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDER THE PROPOSED TRANSACTION OR ARRANGEMENT FOR APPROVAL OR DENIAL. 04. CEO, executive director, top management comp (Part VI, line 15a) THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVES AS THE COMPENSATION COMMITTEE FOR THEY ARE CHARGED WITH CONDUCTING THE ANNUAL PERFORMANCE REVIEW OF THE THE PRESIDENT. THE PRESIDENT'S ANNUAL SALARY IS DETERMINED BASED ON PERFORMANCE FROM THE PREVIOUS YEAR AND A REVIEW OF COMPENSATION OF OTHER SIMILARLY SIZED UNITED WAY ORGANIZATIONS IN THE SAME GEOGRAPHICAL AREA. THE CHAIR OF THE BOARD PRESENTS THE ENTIRE COMPENSATION PACKAGE, INCLUDING BENEFITS, TO THE BOARD FOR FINAL APPROVAL. ALL OTHER EMPLOYEE COMPENSATION IS DETERMINED BY THE PRESIDENT AND SUBMITTED TO THE BOARD FOR

APPROVAL.

Schedule O (Form 990) 2022 Name of the organization **Employer identification number** UNITED WAY OF PICKENS COUNTY 57-0476249 05. Governing documents, etc, available to public (Part VI, line 19) UPON REQUEST, THE PUBLIC CAN RECEIVE ANY DOCUMENT OPEN TO PUBLIC INSPECTION INCLUDING GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, FORMS 990, BYLAWS OR THE CONFLICT OF INTEREST POLICY. 06. Significant program services not listed on prior year return (Part III, line 2) IN 2008, THE UNITED WAY OF PICKENS COUNTY ENGAGED IN DEVELOPING A THREE YEAR STRATEGIC "COMMUNITY IMPACT" PLAN. THE COMMUNITY IMPACT PLAN'S FOCUS IS EDUCATION, INCOME, AND BASIC NEEDS OF THE RESIDENTS IN THE COMMUNITY. THE ORGANIZATION HAS IMPLEMENTED THE COMMUNITY IMPACT PLAN AND DURING THE CURRENT YEAR CONTINUTED TO IMPROVE THE PLAN AND ITS OPERATION. THE CHANGING NEEDS OF THE COMMUNITY, ESPECIALLY DURING THESE ECONOMIC TIMES, ARE ADDRESSED AND PROGRAMS DEVELOPED AND IMPLEMENTED TO MEET THOSE NEEDS.

EEA Schedule O (Form 990) 2022

(Rev. January 2022)

Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form8868 for the latest information. Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print UNITED WAY OF PICKENS COUNTY 57-0476249 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. EASLEY SC 29641 Application Return Application Return Is For Code Is For Code Form 1041-A Form 990 or Form 990-EZ 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) Form 5227 Form 990-PF 04 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 • The books are in the care of ▶ LARRY POPE, PO BOX 96 EASLEY SC 29641 Telephone No.▶ 864-850-7094 FAX No.▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until 11-15 , 20 23 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 22 or

tax year beginning , 20 , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3с Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

	FOR YOUR RECORDS ONLY Federal Supporting Statements	2022 PG01
Name(s) as shown on return		Tax ID Number
UNITED WAY OF	PICKENS COUNTY	57-0476249
DESCRIPTION	FORM 990 - SCHEDULE D - PART VI - LINE 1E INVESTMENTS - OTHER COST/BASIS COST/BASIS	STATEMENT #D1E
OF INVESTMENT		DEPR VALUE
FURNITURE	0 1,512	0 1,512
SOFTWARE	013,153	0 13,153
TOTAL	<u> </u>	0 14,665