

EXTENDED TO NOVEMBER 15, 2021

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

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.

Open to Public Inspection

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

A For the 2020 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: UNITED WAY OF HORRY COUNTY, INC.
D Employer identification number: 57-0558692
E Telephone number: 843-347-5195
G Gross receipts \$: 1,447,720.
H(a) Is this a group return for subordinates? Yes X No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: WWW.UNITEDWAYHORRY.ORG
K Form of organization: X Corporation
L Year of formation: 1973
M State of legal domicile: SC

Part I Summary
Table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include: 1. Mission statement, 2-7. Governance metrics, 8-12. Revenue breakdown, 13-19. Expense breakdown, 20-22. Net assets and liabilities.

Part II Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.
Sign Here: Signature of officer: BLAKELY ROOF, PRESIDENT/CEO
Date:
Preparer: SHARON C. NORRIS CPA
Date:
Firm's name: WEBSTER ROGERS LLP
Firm's address: 1411 SECOND LOOP ROAD, FLORENCE, SC 29505
Firm's EIN: 57-0776381
Phone no: 843-665-5900

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: IMPROVING LOCAL LIVES BY MEETING BASIC NEEDS OF EDUCATION, HEALTH AND FINANCIAL STABILITY. PROVIDING LEADERSHIP IN UNITING OUR COMMUNITY TOWARD CARING FOR ALL AND WORKING COLLECTIVELY TO SOLVE LOCAL SOCIAL PROBLEMS.

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

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

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 \$ 1,103,385. including grants of \$ 548,542.) (Revenue \$) SOME SPECI FICALLY DESIGNATED AND ALLOCATIONS OF UNDESIGNATED DONOR CONTRIBUTI ONS DI STRIBUTED TO VARIOUS NEED- BASED PROGRAMS OF LOCAL, QUALI FIED NON- PROFIT ORGANIZATI ONS AS DEEMED APPROPRIATE BY THE BOARD OF DI RECTORS. ALL DI STRIBUTI ONS OF FUNDS ARE MADE TO ADVANCE UWHC' S MI SSION: WORKING TO UNITE THE DI VERSE ELEMENTS OF Horry COUNTY (SOUTH CAROLINA) I N A NETWORK OF CONTRIBUTORS, PROVIDERS AND USERS OF HUMAN SERVI CES I N ORDER TO EXPAND THE CAPACI TY OF THESE CITIZENS TO SOLVE SOCIAL PROBLEMS AND CARE FOR ONE ANOTHER. WE FIGHT FOR THE HEALTH, EDUCATI ON AND FINANCI AL STABI LITY OF EVERY PERSON I N OUR COMMUNI TY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses | 1,103,385.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various IRS requirements and their status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed J SC
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records | BLAKELY ROOF - 843-347-5195 761 CENTURY CIRCLE, CONWAY, SC 29528

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

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

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

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

¥ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

¥ List all of the organization's current key employees, if any. See instructions for definition of "key employee."

¥ List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

¥ List all of the organization's former officers, key employees, 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BLAKELY ROOF PRESIDENT/CEO	40.00	X		X				72,112.	0.	0.
(2) LAURENCE BOLCHOZ COMMUNITY INVESTMENT CHAIR	40.00	X		X				0.	0.	0.
(3) LISA BOURCIER MEMBER	0.00	X						0.	0.	0.
(4) TANYA GREENLEE FINANCE CHAIR	40.00	X		X				0.	0.	0.
(5) BRETT YATES MEMBER	0.00	X						0.	0.	0.
(6) JUSTIN LEE IMMEDIATE PAST BOARD CHAIR	0.10	X						0.	0.	0.
(7) MARK KRUEA MEMBER	0.00	X						0.	0.	0.
(8) EMMA RUTH BRITTAIN MEMBER	0.00	X						0.	0.	0.
(9) BROOKE HOLDEN MEMBER	0.00	X						0.	0.	0.
(10) DEBBIE CONNER MEMBER	0.00	X						0.	0.	0.
(11) WOODY FORD MEMBER	0.00	X						0.	0.	0.
(12) RICK MAXEY MEMBER	0.00	X						0.	0.	0.
(13) JOHN ROWE BOARD CHAIR	40.00	X		X				0.	0.	0.
(14) LOWELL CARTER MEMBER	0.00	X						0.	0.	0.
(15) NATHAN SKIPPER MEMBER	0.00	X						0.	0.	0.
(16) EDWARD BENTON IMMEDIATE PAST CAMPAIGN CHAIR	0.10	X						0.	0.	0.
(17) RICK ELLIOTT MEMBER	0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTY EVERETT CAMPAIGN CHAIR	40.00	X		X				0.	0.	0.
(19) MONTY MORROW MEMBER	0.00	X						0.	0.	0.
(20) DON BRIDWELL MEMBER	0.00	X						0.	0.	0.
(21) GREGG TURBEVILLE MEMBER	0.00	X						0.	0.	0.
(22) KEMA FAULK PARSLEY MEMBER	0.00	X						0.	0.	0.
1b Subtotal ~~~~~								72,112.	0.	0.
c Total from continuation sheets to Part VII, Section A ~~~~~								0.	0.	0.
d Total (add lines 1b and 1c)								72,112.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns ~ ~ ~ ~ ~	1a				
	b Membership dues ~ ~ ~ ~ ~	1b				
	c Fundraising events ~ ~ ~ ~ ~	1c				
	d Related organizations ~ ~ ~ ~ ~	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above ~	1f	1, 416, 575.			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		1, 416, 575.			
Program Service Revenue			Business Code			
	2 a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue ~ ~ ~ ~ ~					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ~ ~ ~ ~ ~		4, 941.		4, 941.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents ~ ~ ~ ~ ~	6a	(i) Real	24, 000.	(ii) Personal	
			(ii) Personal			
	b Less: rental expenses ~	6b	0.			
	c Rental income or (loss)	6c	24, 000.			
	d Net rental income or (loss)		24, 000.		24, 000.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities		(ii) Other	
			(ii) Other			
	b Less: cost or other basis and sales expenses ~ ~ ~	7b				
	c Gain or (loss) ~ ~ ~ ~ ~	7c				
	d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ~ ~ ~ ~ ~	8a					
b Less: direct expenses ~ ~ ~ ~ ~	8b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19 ~ ~ ~ ~ ~	9a					
b Less: direct expenses ~ ~ ~ ~ ~	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances ~ ~ ~ ~ ~	10a					
b Less: cost of goods sold ~ ~ ~ ~ ~	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code			
	11 a <u>MI SCELLANEOUS</u>		900099	2, 204.	2, 204.	
	b _____					
	c _____					
	d All other revenue ~ ~ ~ ~ ~					
e Total. Add lines 11a-11d		2, 204.				
12 Total revenue. See instructions		1, 447, 720.	2, 204.	0.	28, 941.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~	548, 542.	548, 542.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 ~ ~ ~ ~ ~				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~ ~ ~				
4 Benefits paid to or for members ~ ~ ~ ~ ~				
5 Compensation of current officers, directors, trustees, and key employees ~ ~ ~ ~ ~	72, 112.	40, 642.	18, 882.	12, 588.
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 ~ ~ ~ ~ ~	180, 890.	102, 143.	47, 248.	31, 499.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits ~ ~ ~ ~ ~	47, 925.	26, 380.	12, 927.	8, 618.
10 Payroll taxes ~ ~ ~ ~ ~	17, 934.	10, 182.	4, 651.	3, 101.
11 Fees for services (nonemployees):				
a Management ~ ~ ~ ~ ~				
b Legal ~ ~ ~ ~ ~				
c Accounting ~ ~ ~ ~ ~	30, 103.		30, 103.	
d Lobbying ~ ~ ~ ~ ~				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees ~ ~ ~ ~ ~				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion ~ ~ ~ ~ ~				
13 Office expenses ~ ~ ~ ~ ~	3, 366.	1, 683.	1, 010.	673.
14 Information technology ~ ~ ~ ~ ~				
15 Royalties ~ ~ ~ ~ ~				
16 Occupancy ~ ~ ~ ~ ~	4, 015.	2, 008.	1, 204.	803.
17 Travel ~ ~ ~ ~ ~	4, 125.	1, 247.	2, 597.	281.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ~				
19 Conferences, conventions, and meetings ~ ~				
20 Interest ~ ~ ~ ~ ~				
21 Payments to affiliates ~ ~ ~ ~ ~				
22 Depreciation, depletion, and amortization ~ ~	8, 672.	4, 336.	2, 602.	1, 734.
23 Insurance ~ ~ ~ ~ ~	3, 278.	1, 639.	983.	656.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>DI SASTER RELI EF</u>	289, 191.	289, 191.		
b <u>2- 1- 1</u>	25, 121.	25, 121.		
c <u>LI CENSE, FEES, & DUES</u>	21, 501.	10, 751.	6, 450.	4, 300.
d <u>CAMPAI GN EXPENSE</u>	12, 645.			12, 645.
e All other expenses _____	58, 481.	39, 520.	10, 280.	8, 681.
25 Total functional expenses. Add lines 1 through 24e	1, 327, 901.	1, 103, 385.	138, 937.	85, 579.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing ~ ~ ~ ~ ~	459, 449.	1	761, 803.
	2	Savings and temporary cash investments ~ ~ ~ ~ ~	328, 828.	2	154, 412.
	3	Pledges and grants receivable, net ~ ~ ~ ~ ~	218, 443.	3	218, 443.
	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	
	8	Inventories for sale or use ~ ~ ~ ~ ~		8	
	9	Prepaid expenses and deferred charges ~ ~ ~ ~ ~	4, 760.	9	11, 123.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~ ~ ~	10a 418, 710.		
	b	Less: accumulated depreciation ~ ~ ~ ~ ~	10b 285, 037.	10c	133, 673.
	11	Investments - publicly traded securities ~ ~ ~ ~ ~		11	
	12	Investments - other securities. See Part IV, line 11 ~ ~ ~ ~ ~		12	
	13	Investments - program-related. See Part IV, line 11 ~ ~ ~ ~ ~		13	
	14	Intangible assets ~ ~ ~ ~ ~		14	
	15	Other assets. See Part IV, line 11 ~ ~ ~ ~ ~		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1, 153, 825.	16	1, 279, 454.	
Liabilities	17	Accounts payable and accrued expenses ~ ~ ~ ~ ~	617, 062.	17	586, 928.
	18	Grants payable ~ ~ ~ ~ ~		18	
	19	Deferred revenue ~ ~ ~ ~ ~		19	
	20	Tax-exempt bond liabilities ~ ~ ~ ~ ~		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D ~ ~ ~		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ~ ~ ~ ~ ~		22	
	23	Secured mortgages and notes payable to unrelated third parties ~ ~ ~ ~ ~		23	
	24	Unsecured notes and loans payable to unrelated third parties ~ ~ ~ ~ ~		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~ ~ ~ ~ ~		25	
	26	Total liabilities. Add lines 17 through 25	617, 062.	26	586, 928.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions ~ ~ ~ ~ ~	37, 599.	27	193, 362.
	28	Net assets with donor restrictions ~ ~ ~ ~ ~	499, 164.	28	499, 164.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds ~ ~ ~ ~ ~		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund ~ ~ ~ ~ ~		30	
	31	Retained earnings, endowment, accumulated income, or other funds ~ ~ ~ ~		31	
32	Total net assets or fund balances ~ ~ ~ ~ ~	536, 763.	32	692, 526.	
33	Total liabilities and net assets/fund balances	1, 153, 825.	33	1, 279, 454.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) ~ ~ ~ ~ ~	1	1,447,720.
2	Total expenses (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~	2	1,327,901.
3	Revenue less expenses. Subtract line 2 from line 1 ~ ~ ~ ~ ~	3	119,819.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~ ~ ~ ~ ~	4	536,763.
5	Net unrealized gains (losses) on investments ~ ~ ~ ~ ~	5	
6	Donated services and use of facilities ~ ~ ~ ~ ~	6	
7	Investment expenses ~ ~ ~ ~ ~	7	
8	Prior period adjustments ~ ~ ~ ~ ~	8	35,944.
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	692,526.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ~ ~ ~ ~ ~ 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		X
2b	Were the organization's financial statements audited by an independent accountant? ~ ~ ~ ~ ~ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ~ ~ ~ ~ ~ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ~ ~ ~ ~ ~		X
3b	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		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ~ ~ ~ ~ ~						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6 Total. Add lines 1 through 5 ~ ~ ~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~ ~ ~ ~ ~						
c Add lines 7a and 7b ~ ~ ~ ~ ~						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6 ~ ~ ~ ~ ~						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~ ~ ~ ~						
c Add lines 10a and 10b ~ ~ ~ ~ ~						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~ ~ ~ ~ ~						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~ ~ ~ ~						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ~ ~ ~ ~ ~	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) ~ ~ ~ ~ ~	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ |

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ |

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	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 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

UNITED WAY OF HORRY COUNTY, INC.

Employer identification number

57-0558692

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor advisement and grant fund usage.

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

Table with 3 columns: Question, Yes, No. Rows include purpose of easements, number of easements, acreage, and monitoring details.

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

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

Table with 3 columns: Question, Yes, No. Rows include questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII _____

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment | _____%
 - b Permanent endowment | _____%
 - c Term endowment | _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | Yes | No |
|-----------------------------|--------|--------------------------|--------------------------|
| (i) Unrelated organizations | 3a(i) | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | 3a(ii) | <input type="checkbox"/> | <input type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,030.		14,030.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		404,680.	285,037.	119,643.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				133,673.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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 ...

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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

2020

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Open to Public
Inspection

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

Name of the organization **UNITED WAY OF HORRY COUNTY, INC.** Employer identification number **57-0558692**

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILDRENS RECOVERY CENTER P.O. BOX 1499 MYRTLE BEACH, SC 29578	57-1047247	501 (C) (3)	20,000.	0.			PROVIDES FORENSIC INTERVIEWS FOR CHILDREN OF SEXUAL ASSAULT
COASTAL SAMARITAN P.O. BOX 2967 MYRTLE BEACH, SC 29578	57-0719507	501 (C) (3)	7,500.	0.			OFFERS AFFORDABLE MENTAL HEALTH COUNSELING
SOUTH STRAND HELPING HANDS P.O. BOX 15968 SUNSHINE BEACH, SC 29587	57-0827131	501 (C) (3)	10,000.	0.			ASSISTS FAMILIES AND INDIVIDUALS IN CRISIS SITUATIONS
MOBILE MEALS P.O. BOX 7421 MYRTLE BEACH, SC 29578	57-0640837	501 (C) (3)	15,000.	0.			DELIVERS MEALS TO THE ELDERLY, DISABLED FIVE DAYS A WEEK
HORRY COUNTY DISABILITIES AND SPECIAL NEEDS - 250 VICTORY LANE - CONWAY, SC 29526	57-0808109	501 (C) (3)	25,000.	0.			PROVIDES A VARIETY OF SERVICES TO PEOPLE WITH MENTAL RETARDATION
A FATHER'S PLACE 809 WRIGHT BLVD CONWAY, SC 29526	57-1145908	501 (C) (3)	20,000.	0.			HELPS FATHERS INCREASE THEIR KNOWLEDGE AND DEVELOP PERSONAL SKILLS IN THE AREAS OF PARENTING

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

3 Enter total number of other organizations listed in the line 1 table ~~~~~ | _____

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOM READERS 381 WINSLOW AVE MYRTLE BEACH, SC 29588	27-2517686	501 (C) (3)	20,000.	0.			IMPROVES THE READING SKILLS IN LOW INCOME COMMUNITIES BY PROVIDING ONE ON ONE LITERACY
NORTH STRAND HOUSING 4200 COQUINA HARBOUR DR UNIT H7 LITTLE RIVER, SC 29566	26-4164344	501 (C) (3)	12,000.	0.			PROVIDES TEMPORARY SHELTER ALONG WITH COUSLING FOR HOMELESS INDIVIDUALS IN THE NORTH
CENTER FOR WELLNESS AND COUNSELING 110 YE OLDE KINGS HIGHWAY NORTH MYRTLE BEACH, SC 29582	45-3110009	501 (C) (3)	20,000.	0.			COUNSELING SERVICES
SOS HEALTHCARE P.O. BOX 7136 MYRTLE BEACH, SC 29577	57-0909189	501 (C) (3)	9,000.	0.			AUTISM COMMUNITY EDUCATION PROGRAM
GRAND STRAND MIRACLE LEAGUES P.O. BOX 7503 MYRTLE BEACH, SC 29572	57-0801130	501 (C) (3)	7,000.	0.			PROVIDES PEOPLE OF ALL AGES WITH SPECIAL NEEDS THE OPPORTUNITY TO PLAY BASEBALL, SOCCER, OR
FAMILY JUSTICE CENTER PO BOX 366 GEORGETOWN, SC 29442	30-0420199	501 (C) (3)	10,000.	0.			COORDINATED SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN AS WELL AS
NEW DIRECTIONS 732 8TH AVENUE NORTH MYRTLE BEACH, SC 29572	20-1831970	501 (C) (3)	75,000.	0.			HOMELESS AND POVERTY
FRIENDSHIP MEDICAL CENTER 1396 HWY 544 CONWAY, SC 29526	30-0127648	501 (C) (3)	50,000.	0.			PROVIDES BASIC PRIMARY MEDICAL CARE AND MEDICATION TO LOW INCOME ADULTS IN HORRY COUNTY
HELPING HANDS OF MYRTLE BEACH P.O. BOX 2886 MYRTLE BEACH, SC 29578	57-0627993	501 (C) (3)	40,000.	0.			MINISTERS TOTHE NEEDS OF PERSONS THROUGH CRISIS INTERVENTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH STRAND HELPING HAND P.O. BOX 115 MRTLE BEACH, SC 29597	58-7702559	501 (C) (3)	30,000.	0.			CRISIS INTERVENTION
AMERICAN RED CROSS 2795 PAMPAS DRIVE MRTLE BEACH, SC 29577	53-0196605	501 (C) (3)	30,000.	0.			PROVIDES DISASTER RELIEF, EMERGENCY PREPAREDNESS, EDUCATION AND COMMUNICATIONS
CHURCHES ASSISTING PEOPLE 206 MAIN STREET CONWAY, SC 29526	57-0865901	501 (C) (3)	35,000.	0.			CRISIS INTERVENTION
BOYS & GIRLS CLUB - GRAND STRAND 1404 CAVER STREET MRTLE BEACH, SC 29577	57-1051611	501 (C) (3)	27,000.	0.			INSPIRES AND ENABLES YOUNG PEOPLE TO REALIZE THEIR FULL POTENTIAL
CLAIRE CHAPIN EPPS FAMILY YMCA 5000 CLAIR CHAPIN EPPS DR MRTLE BEACH, SC 29577	57-0747196	501 (C) (3)	15,700.	0.			PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY
NEIGHBOR TO NEIGHBOR P.O. BOX 3030 MRTLE BEACH, SC 29578	20-3314190	501 (C) (3)	15,000.	0.			SEEKS TO ASSIST SENIORS TO AGE GRACEFULLY WITH COMMUNITY ENCOURAGEMENT
CLASSY SMILES 64-B EGRET RUN LANE PAWLEY'S ISLAND, SC 29585	27-1425593	501 (C) (3)	18,000.	0.			INITIATIVE TO INCREASE ACCESS TO PREVENTIVE DENTAL CARE AND IMPROVE THE ORAL HEALTH
RAPE CRISIS CENTER P.O. BOX 613 MRTLE BEACH, SC 29578	57-0703560	501 (C) (3)	8,000.	0.			ASSIST RAPE VICTIMS FROM THE HOSPITALS ALL THE WAY TO COURT
REACH OUT AND READ 3810 RICE HOPE CT MRTLE BEACH, SC 29577	04-3481253	501 (C) (3)	5,500.	0.			BOOKS INTO PEDIATRIC CARE- MEDICALLY BASED LITERACY INTERVENTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY OUTREACH OF HORRY COUNTY 1836 LONE STAR ST, UNIT 4 CONWAY, SC 29528	57-0761302	501 (C) (3)	20,000.	0.			PROVIDES SUPPORT SERVICES TO PREGNANT AND PARENTINAL TEENS

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

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

PART I, LINE 2:

THE UNITED WAY OF HORRY COUNTY PROVIDES GRANTS ONLY TO REPUTABLE 501 (C) (3) ORGANIZATIONS. THE ORGANIZATIONS THAT RECEIVE GRANTS MUST SUBMIT QUARTERLY REPORTS IN ORDER TO RECEIVE THEIR FUNDING. THE QUARTERLY REPORTS ARE REVIEWED BY OUR VICE PRESIDENT OF ALLOCATIONS AND THE STAFF TO MONITOR THE APPROPRIATE USE OF FUNDING.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: A FATHER'S PLACE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: HELPS FATHERS INCREASE THEIR KNOWLEDGE AND DEVELOP PERSONAL SKILLS IN THE AREAS OF PARENTING HEALTHY RELATIONSHIPS AND ECONOMIC STABILITY SO THEY CAN BECOME A POSITIVE SUPPORT FOR THEIR CHILDREN FINANCIALLY AND EMOTIONALLY

NAME OF ORGANIZATION OR GOVERNMENT: FREEDOM READERS

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVES THE READING SKILLS IN LOW INCOME COMMUNITIES BY PROVIDING ONE ON ONE LITERACY TUTORING.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH STRAND HOUSING

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES TEMPORARY SHELTER ALONG WITH COUSLING FOR HOMELESS INDIVIDUALS IN THE NORTH END OF HORRY COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: GRAND STRAND MIRACLE LEAGUES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES PEOPLE OF ALL AGES WITH SPECIAL NEEDS THE OPPORTUNITY TO PLAY BASEBALL, SOCCER, OR GOLF. ALSO PROVIDES AN ALL-ACCESS PLAYGROUND.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY JUSTICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: COORDINATED SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN AS WELL AS EDUCATIONAL PROGRAMS FOR THE COMMUNITY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED WAY OF Horry COUNTY, INC.

Employer identification number
57-0558692

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

Horry CO.

FORM 990, PART VI, SECTION B, LINE 11B:

THE UNITED WAY OF Horry COUNTY, INC DISTRIBUTES AN ELECTRONIC COPY OF THE
FORM 990 TO THEIR BOARD OF DIRECTORS FOR THEIR REVIEW. ANY QUESTIONS,
CONCERNS AND COMMENTS ARE ENCOURAGED AND ADDRESSED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR OUR BOARD OF DIRECTORS ARE ASKED TO FILL OUT A CONFLICT OF
INTEREST FORM, SIGN AND DATE IT. IF ANY ONE HAS A CONFLICT OF INTEREST
THIS IS REVIEWED BY THE EXECUTIVE DIRECTOR AND IF IT IS SERIOUS IT WOULD BE
BROUGHT BEFORE THE BOARD OF DIRECTORS AND HANDLED ACCORDINGLY. TO DATE WE
HAVE NOT HAD ANY SERIOUS CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS REVIEWED ANNUALLY, AS WELL AS ALL OTHER PAID POSITIONS, BY
THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE MAKES
RECOMMENDATIONS WHICH ARE REVIEWED BY THE FINANCE COMMITTEE. THE
RECOMMENDATIONS ARE THEN SENT TO THE BOARD FOR THEIR DECISION.

FORM 990, PART VI, SECTION C, LINE 19:

THE UNITED WAY OF Horry COUNTY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO OUR BOARD AND TO THE
PUBLIC UPON REQUEST.