Depa	rtment o	90 the Treasury nue Service Market Content Market Content	Code (exc it may be	ncome Tax ept private foundation made public.	s) OMB No. 1545-0047 2022 Open to Public Inspection
AF	or the	2022 calendar year, or tax year beginning and er	nding		
BC	heck if	e: C Name of organization		D Employer identifica	ation number
	Addre chang Name chang		2	57-055869	2
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telephone number 843-347-5	195
	termin ated Amena return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group ret	1,312,366.
_	Applic tion pendir	a- ng F Name and address of principal officer: BLAKELY ROOF SAME AS C ABOVE empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	for subordinates? H(b) Are all subordinates incl	Yes X No luded? Yes No st. See instructions
		organization; X Corporation Trust Association Other	L Year o		State of legal domicile: SC
	art I	Summary			olate er logal definient, De
1000	1	Briefly describe the organization's mission or most significant activities: TO UN RESOURCES TO ADVANCE THE COMMON GOOD IN HO Check this box if the organization discontinued its operations or dispose	ORRY	COUNTY	
ove	3			3	21
Activities & Governance	1000	Number of independent voting members of the governing body (Part VI, line 1b)			21
		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			9
		Total number of volunteers (estimate if necessary)			300
		Total unrelated business revenue from Part VIII, column (C), line 12			0.
A		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
2028				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,266,300.	1,278,261.
nue		Program service revenue (Part VIII, line 2g)	1	0.	0.
Revenue	26.2	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,083.	2,941.
R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,502.	31,164.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,292,885.	1,312,366.
	1000	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		446,200.	436,559.
	- 200 C			0.	0.
0	1.1			403,684.	388,322.
penses	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Der	h	Total fundraising expanses (Part IX, column (D), line 25) 91.60	2.		
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		240,215.	516,515.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,090,099.	1,341,396.
		Revenue less expenses. Subtract line 18 from line 12		202,786.	-29,030.
es	15		Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,459,789.	1,506,237.
Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		564,477.	639,955.
vet,	21	Net assets or fund balances. Subtract line 21 from line 20		895,312.	866,282.
	22 Int II	Signature Block		055,512.	000,202.
1.1.1.1	2410124	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and etatame	ante and to the heat of my	knowledge and holisf it is
	10.000	it, and complete. Declaration of preparer (other than officer) is based on all information of which			NIOWICUYC ANU DEIICI, IL IS
		Blakely Roof		11/13/2	2023
Sigr	1	Signature of officer		Date	
Her		BLAKELY ROOF, PRESIDENT/CEO			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN

	Print/Type preparer's name	Preparer's signature	Date	Check PIIN
Paid	TABATHA R BELLFLOW	VERS, EA Tabatha Belly	lowers, A 11/11/23	self-employed P01314866
Preparer	Firm's name WEBSTERROO	SERS LLP	Firm	'SEIN 57-0776381
Use Only	Firm's address 1411 SECON	ID LOOP ROAD	19	100 Million 100
	FLORENCE,	SC 29505	Pho	ne no.843-665-5900
May the I	RS discuss this return with the prep	arer shown above? See instructions		X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

-	Eilo a	congrato	application	for on	ch roturn

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 instruct	ctions.		Taxpayer	r identification numb	per (TIN)	
print	UNITED WAY OF HORRY COUNTY, INC.				57-0558692		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, se PO BOX 50016						
return. See instructions.	City, town or post office, state, and ZIP code. For a fo MYRTLE BEACH, SC 29579	reign add	Iress, see instructions.				
Enter the	Return Code for the return that this application is for (file	a separa	te application for each return)			01	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227			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 bo	poks are in the care of ► PO BOX 50016 -	MYRT	LE BEACH, SC 29579				
Teleph	none No.▶ 843-347-5195		Fax No. 🕨				
 If the c 	organization does not have an office or place of business	in the Ur	nited States, check this box		>		
	s for a Group Return, enter the organization's four digit G					heck this	
box 🕨 🛛	If it is for part of the group, check this box \blacktriangleright	and atta	ch a list with the names and TINs of	all memb	ers the extension is	for.	
1 Iree	quest an automatic 6-month extension of time until	NOVE	MBER 15, 2023 , to file	the exem	npt organization retu	ırn for	
-	organization named above. The extension is for the orga \underline{X} calendar year $\underline{2022}$ or	inization's	s return for:				
Þl	tax year beginning	, an	d ending		·		
2 If th	he tax year entered in line 1 is for less than 12 months, change in accounting period	neck reas	on: Initial return F	inal retur	n		
3a lfth	his application is for Forms 990-PF, 990-T, 4720, or 6069,	enter the	e tentative tax, less				
	nonrefundable credits. See instructions.			3a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069,	enter an	y refundable credits and				
esti	mated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pay						
usir	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ons.	3c	\$	0.	
	If you are going to make an electronic funds withdrawal			153-TE ar	nd Form 8879-TE for	r payment	
	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions. THE TREASURY		Form 8868 (Re		

223841 04-01-22

		WAY OF HORRY COUNTY,	INC.	57-0558692 _{Pag}	ge 2
Pa	t III Statement of Program Se	vrvice Accomplishments			
	Check if Schedule O contains a re	esponse or note to any line in this Part III			
1		ion: EAS, AND RESOURCES TO	ADVANCE 7	THE COMMON GOOD IN	
	HORRY COUNTY				
2	Did the organization undertake any sign	nificant program services during the year	which were not liste	ed on the	
_	prior Form 990 or 990-EZ?				No
	If "Yes," describe these new services of				
3	Did the organization cease conducting, If "Yes," describe these changes on Sc	or make significant changes in how it con	nducts, any prograr	n services?Yes X	No
4	· · · · · ·	rvice accomplishments for each of its thr	ee largest program	services, as measured by expenses.	
		ations are required to report the amount o			
4a		, 069, 623 . including grants of \$	436,559	•) (Revenue \$)
	PROFIT ORGANIZATIONS	5 AS DEEMED APPROPRIA	TE BY THE	BOARD OF DIRECTORS.	_ '
		F FUNDS ARE MADE TO A			
		, AND RESOURCES TO AD			
		ATED AND ALLOCATIONS			
		IBUTED TO VARIOUS NEE	D-BASED PF	ROGRAMS OF LOCAL,	
	QUALIFIED NON-GOOD	N HORRY COUNTY.			
416					
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on So	chedule Ω)			
Ψu	(Expenses \$	including grants of \$) (Revenue \$)	
4e	Total program service expenses	1,069,623.	<u> </u>)	
		· · ·		Form 990 (2	2022)
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4 - 1		3 0111 2022 05000 11111			

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⊢orm	990	(2022)

 Form 990 (2022)
 UNITED WAY OF HORRY COUNTY, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	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			<u> </u>
	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,"		L	<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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	х	

232003 12-13-22

Form **990** (2022)

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Form 990 (2022)	Form	990	(2022)
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Part IV Checklist of Required Schedules (continued)

UNITED WAY OF HORRY COUNTY, INC.

			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v	
	Schedule K. If "No," go to line 25a	24a		X	-
	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 to defease	24c			
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24C 24d			-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 4 0			-
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200			-
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		x	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X	_
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37	
	"Yes," complete Schedule L, Part IV	28a		X	_
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X	-
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	00-		x	
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X	-
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29			-
50	contributions? If "Yes," complete Schedule M	30		x	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x	-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>				-
	Schedule N, Part II	32		x	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		X	_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37	
	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-		x	
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37			_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	x		
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	1 30		I	-
	Check if Schedule O contains a response or note to any line in this Part V				
		<u></u>	Yes	No	-
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a				-
b					
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	Х		_
232004	4 12-13-22 F	Form	990	(2022)
	h				

Form 990 (2022)

UNITED WAY OF HORRY COUNTY, INC. 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	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ms?		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	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	unt)?	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 A	ccou	nts (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 transa			5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a						
	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 ser	vices	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	as ree	quired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g						
h						
8						
_				8		
9						
а						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40-	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	440	1			
d h	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a				
D	amounts due or received from them.)	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
		12b	İ	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	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	13b				
с	Enter the amount of reserves on hand	13c				
	Did the second strength of the second strength of the second second strength of the second seco			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eratio	1 or			
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

232005 12-13-22

Form **990** (2022)

Form 990 (2	2022)
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UNITED WAY OF HORRY COUNTY, INC.

X

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	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 on line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		any other			
_	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under th					
Ū	of officers, directors, trustees, or key employees to a management company or other person?		-	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		x
- 5				5		X
	Did the organization become aware during the year of a significant diversion of the organization's as			6		X
6 7-	Did the organization have members or stockholders?			0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	• •		7-		x
b	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			76		x
~	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	-	v	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					37
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
	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 cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	ore filing the form?	11a	Х	
b	Describe on 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			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe		37	
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13		X
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 approva		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment \	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>SC</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	0-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, an	d finar	ncial	
	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 bo	oks a	nd records			
	BLAKELY ROOF - 843-347-5195					
	PO BOX 50016, MYRTLE BEACH, SC 29579				000	/==
232006	5 12-13-22 7			Form	990	(2022)
	7					

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

- List all of the organization is content have employees, it ally see the instantion of deministration of the organization of

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	dad	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee.	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		volqu	st con yee	_	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BLAKELY ROOF	40.00	-	=	0	×	1 0	ш.			
PRESIDENT/CEO		x		x				79,273.	0.	0.
(2) LAURENCE BOLCHOZ	1.00									
COMMUNITY INVESTMENT CHAIR		x		x				0.	0.	0.
(3) LISA BOURCIER	0.00									
MEMBER		X						0.	0.	0.
(4) EMMA RUTH BRITTAIN	0.00									
MEMBER		Х						0.	0.	0.
(5) BROOKE HOLDEN	0.00									
MEMBER		Х						0.	0.	0.
(6) DEBBIE CONNER	1.00									
CAMPAIGN CHAIR		Х		Х				0.	0.	0.
(7) RICK MAXEY	0.00									
MEMBER		Х						0.	0.	0.
(8) JOHN ROWE	0.10									
IMMEDIATE PAST BOARD CHAIR		Х						0.	0.	0.
(9) LOWELL CARTER	0.00									
MEMBER		Х						0.	0.	0.
(10) NATHAN SKIPPER	2.00									
TREASURER		Х		Х				0.	0.	0.
(11) EDWARD BENTON	0.00									_
MEMBER		Х						0.	0.	0.
(12) RICK ELLIOTT	0.00									_
MEMBER		Х						0.	0.	0.
(13) CHRISTY EVERETT	2.00									-
BOARD CHAIR		Х		Х				0.	0.	0.
(14) MONTY MORROW	0.00									-
MEMBER		Х						0.	0.	0.
(15) GREGG TURBEVILLE	0.00									-
MEMBER		X						0.	0.	0.
(16) ETTA CARTER	0.00									_
MEMBER		X						0.	0.	0.
(17) DUSTIN FORMO	0.00									<u>^</u>
MEMBER		X						0.	0.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22

16451112 748468 UNITEDWAYOFH

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2022.05000 UNITED WAY OF HORRY COUNTY, UNITEDW1

form 990 (2022) UNITED WAY OF HORRY COUNTY, INC. 57-0558692 Page 8											
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week	box	not c , unle cer an	ss pe	ition more rson i	than (is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	Esti amo	F) mated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fror orgar and	ensation n the nization related izations
(18) SHANNON FURTICK MEMBER	0.00	x						0.	0		0.
(19) JOSEPH HEYD	0.00							0.	0	•	<u> </u>
MEMBER		X						0.	0	•	0.
(20) CARLA PIELMEIER MEMBER	0.00	x						0.	0	•	0.
(21) ALICIA THOMPSON MEMBER	0.00	x						0.	0		0.
(22) JEFF WARD	0.00	x						0.	0		0
MEMBER								0.	0	•	0.
1b Subtotal c Total from continuation sheets to Part V								79,273.	0	•	0.
d Total (add lines 1b and 1c)								79,273.	0	•	0.
2 Total number of individuals (including but r compensation from the organization	iot limited to tr	iose	ISte	ed an	DOVE	e) wr	10 r	eceived more than \$100	J,000 of reportable		0
3 Did the organization list any former officer			-	-	-		_		•		Yes No
 line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the s 	um of reportab	le co	omp	ensa	ation	n and	d ot	her compensation from	the organization	3	X
 and related organizations greater than \$15 Did any person listed on line 1a receive or 	accrue compei	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services	4	X
rendered to the organization? If "Yes," con Section B. Independent Contractors	ipiete Schedul	eji	or st	icn	pers	<u>. 100</u>				5	
1 Complete this table for your five highest co the organization. Report compensation for	•	•								isation fro	m
(A) Name and business			ONE					(B) Description of s		(C) Compens	ation
2 Total number of independent contractors (including but n	not li	mite	d to	thos	se lie	ster	d above) who received n	ore than		
\$100,000 of compensation from the organ	•)				Form 9	90 (2022)

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	n 99 rt \		2022) UNITED WAY OF	HORRY C	OUNTY, INC	•	57-0558	692 р	Page 9
Pa	rt v			eu vente te ever liv	a in this Daut V/III				
			Check if Schedule O contains a response	or note to any lin	(A)	(B)	(C)	(D)	
					Total revenue	Related or exempt	Unrelated	Revenue exc	
						function revenue	business revenue	sections 512	
ts ts	1	2	Federated campaigns						
un	Ι.		Membership dues 1b						
ي ق			Fundraising events						
ìifts ar A			Related organizations						
nii G				182,905.					
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts, grants, and						
but		•		095,356.					
i di		a	Noncash contributions included in lines 1a-1f						
aŭ		-	Total. Add lines 1a-1f		1,278,261.				
_				Business Code					
ø	2	а							
° Zi	-	b							
Se		с							
am		d							
Program Service Revenue		е						[
Ъ		f	All other program service revenue					í	
			Total. Add lines 2a-2f						
	3		Investment income (including dividends, intere						
			other similar amounts)		2,941.			2,9	941.
	4		Income from investment of tax-exempt bond p	roceeds					
	5		Royalties						
			(i) Real	(ii) Personal					
	6	а							
		b	Less: rental expenses 6b 0.						
		с	Rental income or (loss) 6c 24,000.						
		d	Net rental income or (loss)		24,000.			24,0	00.
	7	а	Gross amount from sales of (i) Securities	(ii) Other					
			assets other than inventory 7a						
•		b	Less: cost or other basis						
venue			and sales expenses 7b						
			Gain or (loss) 7c						
Other Re			Net gain or (loss)						
the	8	а	Gross income from fundraising events (not						
0			including \$ of						
			contributions reported on line 1c). See						
		Ŀ.	Part IV, line 18 8a						
			Less: direct expenses						
	6								
	"	d	Gross income from gaming activities. See Part IV, line 19 9a						
		h	Less: direct expenses						
	10		Gross sales of inventory, less returns						
			and allowances 10a						
		b	Less: cost of goods sold 10b						
			Net income or (loss) from sales of inventory						
σ				Business Code					
in o	11	а	MISCELLANEOUS	900099	7,164.	7,164.			
ane		b							
Miscellaneous Revenue		с							
Misc		d	All other revenue						
<u> </u>			Total. Add lines 11a-11d		7,164.				
	12		Total revenue. See instructions		1,312,366.	7,164.	0.		
								Form QQ	(2022)

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Form **990** (2022)

16451112 748468 UNITEDWAYOFH 2022.05000 UNITED WAY OF HORRY COUNTY, UNITEDW1

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UNITED WAY OF HORRY COUNTY, INC. 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	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	436,559.	436,559.		
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,	07 220	54 600		18 005
_	trustees, and key employees	97,332.	54,620.	25,627.	17,085
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	237,603.	134,167.	62,061.	41,375
7 8	Other salaries and wages Pension plan accruals and contributions (include	237,003.		02,001.	±1,313
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	31,662.	17,430.	8,539.	5,693
10	Payroll taxes	21,725.	12,383.	5,649.	3,693
11	Fees for services (nonemployees):		,		
а					
b					
с	Accounting	22,345.		22,345.	
d					
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 Sch 0.)	14,344. 4,923.		14,344.	
12	Advertising and promotion	4,923.		4,923.	
13	Office expenses				
14	Information technology				
15	Royalties	11,786.	5,893.	3,536.	2 257
16		9,500.	2,850.	5,985.	2,357 665
17		9,500.	2,030.	5,905.	005
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,925.	3,963.	2,378.	1,584
23	Insurance	8,840.	4,420.	2,652.	1,768
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 0.)				
а	BREAKING BARRIERS	144,466.	144,466.		
b	SUMMER READING CAMP	48,194.	48,194.		
c	2-1-1	26,555.	26,555.		
d	AMERICORPS	25,244.	25,244.		
е	All other expenses SEE SCH O	192,393.	152,879.	22,132.	17,382
25	Total functional expenses. Add lines 1 through 24e	1,341,396.	1,069,623.	180,171.	91,602
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)				Form 990 (202

232010 12-13-22

Form **990** (2022)

Form 990 (2022)

1

Part X Balance Sheet

	2	Savings and temporary cash investments			100,270.	2	100,746.
	3	Pledges and grants receivable, net			218,443.	3	311,256.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial co	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ins		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10.000	8	
<	9	Prepaid expenses and deferred charges		······	10,292.	9	14,443.
	10a	Land, buildings, and equipment: cost or other		425 045			
		basis. Complete Part VI of Schedule D		435,845.	105 680		104 000
	b	Less: accumulated depreciation		300,956.	125,679.	10c	134,889.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		······		14	
	15	Other assets. See Part IV, line 11			1 450 700	15	
	16	Total assets. Add lines 1 through 15 (must equa			1,459,789.	16	1,506,237.
	17	Accounts payable and accrued expenses			564,477.	17	639,955.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I			21		
ties	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
Lia	00	controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24 05	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
			-			25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			564,477.	25	639,955.
	20	Organizations that follow FASB ASC 958, che	ck here	X	,	20	,
sec		and complete lines 27, 28, 32, and 33.					
alances	27	Net assets without donor restrictions			396,148.	27	367,118.
	 28	Net assets with donor restrictions			499,164.	28	499,164.
pu		Organizations that do not follow FASB ASC 9			-		,
Ъ.		and complete lines 29 through 33.	,				
s or	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund B	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			895,312.	32	866,282.
_	33				1,459,789.	33	1,506,237.

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

Cash - non-interest-bearing

(B)

End of year

944,903.

(A)

Beginning of year

1,005,105.

1

Form **990** (2022)

	1990 (2022) UNITED WAY OF HORRY COUNTY, INC.	57-05	58692	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			1 210		cc
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,312		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,341		
3	Revenue less expenses. Subtract line 2 from line 1	3	-29		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	895), J.	12.
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			
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	866	,28	32.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2022)

232012 12-13-22

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service				At /Go to www.irs.gov		Open to Public Inspection				
Nam	e of	the organizati		0010 000013.900/			e latest in	iormation.	Employer	identification number
Num		the of guinzat			HORRY COUNTY	TNC	ı			7-0558692
Pa	rt I	Reason			(All organizations must c			oo instructio		7-0550092
						-			115.	
	e 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).									
1	\square	-					on 170(b)(*	1)(A)(I).		
2					Attach Schedule E (Forn					
3		A hospital or	a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and stat	:e:							
5		An organizat	ion operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	ate, or local go	vernment or governr	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X	An organizat	ion that norma	ally receives a substa	intial part of its support f	rom a gov	rernmental	unit or from	the general	public described in
		section 170	b)(1)(A)(vi). (C	omplete Part II.)						
8					(1)(A)(vi). (Complete Parl	t II.)				
9					in section 170(b)(1)(A)(ed in coniu	unction with a	a land-orant	college
-					culture (see instructions).					
		university:		grant conege of agrie			name, en	y, and otato t		
10			ion that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ns member	shin fees a	nd aross receipts from
10					ct to certain exceptions;					
					(less section 511 tax) fro		esses acqu	lifed by the d	ryanization	anel Julie 30, 1975.
				mplete Part III.)	i velu te test feu sublis se	fate Caa	+: F(O(-)(4)		
11	\square	-	-	-	ively to test for public sa	•				
12					ively for the benefit of, to					
					ed in section 509(a)(1) o					Check the box on
	_				of supporting organizatio					
а					supervised, or controlled					
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
	_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving
		control or r	management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fui	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and function	ally integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		🗌 Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	orted organi	ization(s)
		that is not	functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement ar	d an attent	iveness
		requiremer	nt (see instruct	tions). You must cor	nplete Part IV, Sections	A and D.	, and Part	v.		
е					written determination fro				e II. Type III	
			•		nally integrated support			<u> </u>	, ,,	
f	Ente									
g				n about the supporte						·
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	า		(described on lines 1-10	Yes	ing document?	support (see i	nstructions)	support (see instructions)
					above (see instructions))					
										1

Schedule A (Form 990) 2022

UNITED WAY OF HORRY COUNTY, INC.

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

(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.)

Se	ction A. Public Support						
Cale	endar 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.")	1,117,446.	1,187,659.	1,416,575.	1,367,082.	1,278,261.	6,367,023.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	1,117,446.	1,187,659.	1,416,575.	1,367,082.	1,278,261.	6,367,023.
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)						66,032.
	Public support. Subtract line 5 from line 4.						6,300,991.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,117,446.	1,187,659.	1,416,575.	1,367,082.	1,278,261.	6,367,023.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	26,476.	31,903.	28,941.	25,083.	26,941.	139,344.
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.)	585.	2,431.	2,204.	1,502.	7,164.	
11	Total support. Add lines 7 through 10						6,520,253.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publ		-				
	Public support percentage for 2022 (I					14	96.64 %
	Public support percentage from 2021					15	96.50 %
16 a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact					VI how the organiz	ation
	meets the facts-and-circumstances te						
b	0 10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Sebedule A	(Form 990) 2022

Schedule A (Form 990) 2022

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Schedule A	(Form 990)) 2022
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UNITED WAY OF HORRY COUNTY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	he organization's fi	rst, second. third.	fourth, or fifth tax	vear as a section	501(c)(3) oro	anization,
	check this box and stop here	·····		,			
Sec	ction C. Computation of Publ	lic Support Pe					
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 202					16	%
	ction D. Computation of Inve	,	,			1 1	
	Investment income percentage for 20)	17	%
	Investment income percentage from		'		·	18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a	-					
h	33 1/3% support tests - 2021. If the						1/3%, and
~	line 18 is not more than 33 1/3%, cho	•					·
20	Private foundation. If the organization						
	23 12-09-22			, ee.s, encon			dule A (Form 990) 2022
				16		00/10	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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

- 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).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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10b Schedule A (Form 990) 2022

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Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

UNITED WAY OF HORRY COUNTY, INC.

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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>
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.

Section C.	Type II S	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		
Sec	ation D. All Type III Supporting Organizations			

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 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.
- 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.
- 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.
- 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.

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3b Schedule A (Form 990) 2022

2a

2b

За

No Yes

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	All other Type III non-functionally integrated supporting organizations mus	st complet	te Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	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		
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		
Sect	ion 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		

UNITED WAY OF HORRY COUNTY, INC.

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

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

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

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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Schedule A	(/=-==					COUNTY,	
Dart V	Type III	Non-Functi	onally Inter	hater	5091	a)(3) Sunr	orting Orga	nizatione

Fai				<u>, (aea</u>	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	he organization is responsive	e		
	(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)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	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

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	Form 990) 2022		UNITEI									58692 _{Pa}
	Supplementa Part IV, Section A line 1; Part IV, Se Section D, lines 5	A, lines 1, ection D, li 5, 6, and 8	2, 3b, 3c, 4l nes 2 and 3	o, 4c, 5a, ; Part IV, \$	6, 9a, 9 Sectior	9b, 9c, 11a n E, lines 1	a, 11b, an c, 2a, 2b,	d 11c; P 3a, and	art IV, Se 3b; Part '	ction B, line V, line 1; Pa	s 1 and 2; Parl t V, Section B	t IV, Section C , line 1e; Part \
	(See instructions	.)										
28 12-09-2	2										Schedule	A (Form 990)
20 12-09-2	<u>-</u>						21				Schedule	

16451112 748468 UNITEDWAYOFH 2022.05000 UNITED WAY OF HORRY **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the	organization
-------------	--------------

16451112 748468 UNITEDWAYOFH

UNITED WAY OF HORRY COUNTY, INC.

Employer identification number 57-0558692

Par			s or Ac	counts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	3
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used on	ly
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferrir	ng
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, lii	ne 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	f a historio	cally important land area
	Protection of natural habitat	Preservation of	f a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a cons	
	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 str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a		
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organiz	ation during the tax
	year			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva-	ation ease	ements during the year
~				
8	Does each conservation easement reported on line 2(d) abor			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat	•		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's mancial statem	ients that	describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or C)ther Si	milar Assets
	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under FASB ASC 95		and halar	nce sheet works
iu	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 95			sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A		J, Pi	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2022
	09-01-22			. ,
		26		

2022.05000 UNITED WAY OF HORRY COUNTY, UNITEDW1

		WAY OF HOR						57-05			age 2
	t III Organizations Maintaining C								(contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	t make si	ignificant	use of its			
_	collection items (check all that apply):										
a		C			hange progra						
b	Scholarly research	e		ther							
c	Preservation for future generations	- 11 43							NUL		
4	Provide a description of the organization's c							ose in Pari	XIII.		
5	During the year, did the organization solicit of] X		1.
Dai	to be sold to raise funds rather than to be m t IV Escrow and Custodial Arran		<u> </u>						Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ir the c	organizatio	n answered	res" on	Form 990	J, Part IV,	ine 9, or		
10	Is the organization an agent, trustee, custod		lion for o	ontribution	o or other as	ooto not	included				
Id									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ └──	1162		
U		and complete the lo	nowing ta	IDIE.					Amoun	t	
~	Reginning halance						1c			-	
	Beginning balance Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII										1
Pa											
		(a) Current year		or year	(c) Two years			ears back	(e) Four	years	back
1a	Beginning of year balance								.,	-	
	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1a	. column (a	a)) held as:						
a	Board designated or quasi-endowment		%	, (-	,,,						
b	Permanent endowment	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse		ation that	are held a	nd administer	red for th	ne				
	organization by:	C C							[Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	ed "Yes" on Form 990	D, Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o		(b) Cost		• •	cumulate	ed	(d) Boo	k value	Э
	L	basis (investr		basis 1	4,030.	uep	Reciation		1	<u>/ / </u>	30
	Land			1	4,030.				<u>т</u>	4,03	50.
	Buildings										
	Leasehold improvements										
	Equipment			10	1,815.	<u> </u>	300,9	56	10	0,8	50
	Other		V ast		-					$\frac{1}{4}, 88$	
Iota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	∧, coiumi	т (в), line 1	<i>uc.)</i>					-	

Schedule D (Form 990) 2022

232052 09-01-22

Form 990) 2022 UNTTED	WAY OF HORRY COU	JNTY, INC.	57-0558692 Page 3
Investments - Other Securiti Complete if the organization answere		ine 11b See Form 990 Part)	
			on: Cost or end-of-year market value
		(-,	
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
	13.)		
	d "Ves" on Form 990 Part IV I	ing 11d See Form 990 Part)	line 15
Complete in the organization answere			
			I (D) BOOK VAILLE
	(a) Description		(b) Book value
	(a) Description		(b) Book value
			(D) Book Value
			(D) Book Value
nn (b) must equal Form 990, Part X, cc			(D) Book Value
nn (b) must equal Form 990, Part X, cc Other Liabilities.			(D) Book Value
	I. (B) line 15.)	ine 11e or 11f. See Form 990,	
Other Liabilities.	<i>I. (B) line 15.)</i> d "Yes" on Form 990, Part IV, I	ine 11e or 11f. See Form 990,	
Other Liabilities. Complete if the organization answere	<i>I. (B) line 15.)</i> d "Yes" on Form 990, Part IV, I	ine 11e or 11f. See Form 990,	Part X, line 25.
Other Liabilities. Complete if the organization answere (a) Description of liabilit	<i>I. (B) line 15.)</i> d "Yes" on Form 990, Part IV, I	ine 11e or 11f. See Form 990,	Part X, line 25.
Other Liabilities. Complete if the organization answere (a) Description of liabilit	<i>I. (B) line 15.)</i> d "Yes" on Form 990, Part IV, I	ine 11e or 11f. See Form 990,	Part X, line 25.
Other Liabilities. Complete if the organization answere (a) Description of liabilit	<i>I. (B) line 15.)</i> d "Yes" on Form 990, Part IV, I	ine 11e or 11f. See Form 990,	Part X, line 25.
Other Liabilities. Complete if the organization answere (a) Description of liabilit	<i>I. (B) line 15.)</i> d "Yes" on Form 990, Part IV, I	ine 11e or 11f. See Form 990,	Part X, line 25.
Other Liabilities. Complete if the organization answere (a) Description of liabilit	<i>I. (B) line 15.)</i> d "Yes" on Form 990, Part IV, I	ine 11e or 11f. See Form 990,	Part X, line 25.
Other Liabilities. Complete if the organization answere (a) Description of liabilit	<i>I. (B) line 15.)</i> d "Yes" on Form 990, Part IV, I	ine 11e or 11f. See Form 990,	Part X, line 25.
Other Liabilities. Complete if the organization answere (a) Description of liabilit	<i>I. (B) line 15.)</i> d "Yes" on Form 990, Part IV, I	ine 11e or 11f. See Form 990,	Part X, line 25.
Other Liabilities. Complete if the organization answere (a) Description of liabilit	<i>I. (B) line 15.)</i> d "Yes" on Form 990, Part IV, I		Part X, line 25.
	on of security or category (including name of a derivatives eld equity interests must equal Form 990, Part X, col. (B) line Investments - Program Rela Complete if the organization answerer (a) Description of investment must equal Form 990, Part X, col. (B) line Other Assets.	on of security or category (including name of security) (b) Book value derivatives	on of security or category (including name of security) (b) Book value (c) Method of valuation derivatives

232053 09-01-22

Sche	dule D (Form 990) 2022 UNITED WAY OF HORRY COUNT	Y, INC.	57-0558692 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	-	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12.		1
1 2	Total expenses and losses per audited financial statements		
_		2a	
a b	Donated services and use of facilities		
d	Prior year adjustments		
c d	Other losses		
	Other (Describe in Part XIII.)		2e
3	Add lines 2a through 2d		
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
-	Investment expenses not included on Form 990, Part VIII, line 75	4a	
a b			
b c	Other (Describe in Part XIII.) Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		
Pa	t 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.

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth vernments, an lete if the organizatio Go to www.irs	nd Individual	 S in the Ŭni on Form 990, Pa 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization							Employer identification number
		RY COUNTY, I	NC.				57-0558692
Part I General Information on Grants a 1 Does the organization maintain records criteria used to award the grants or assi 2 Describe in Part IV the organization's pr	to substantiate th stance?						
Part II Grants and Other Assistance to recipient that received more than				1 0	anization answered "	/es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILDRENS RECOVERY CENTER P.O. BOX 1499 MYRTLE BEACH, SC 29578	57-1047247	501 (C)(3)	16,000.	0.			PROVIDES FORENSIC INTERVIEWS FOR CHILDREN OF SEXUAL ASSAULT
FREEDOM READERS 381 WINSLOW AVE MYRTLE BEACH, SC 29588	27-2517686	501 (C)(3)	31,500.	0.			COVID ASSISTANCE FUNDING
SOS HEALTHCARE P.O. BOX 7136 MYRTLE BEACH, SC 29577	57-0909189	501 (C)(3)	50,000.	0.			AUTISM COMMUNITY EDUCATION PROGRAM-COVID ASSISTANCE FUNDING
FAMILY JUSTICE CENTER PO BOX 366 GEORGETOWN, SC 29442	30-0420199	501 (C)(3)	12,500.	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)	57,000.	0.			HOMELESS AND POVERTY
FRIENDSHIP MEDICAL CENTER 1396 HWY 544 CONWAY, SC 29526	30-0127648	501 (C)(3)	42,000.	0.			PROVIDES BASIC PRIMARY MEDICAL CARE AND MEDICATION TO LOW INCOME ADULTS IN HORRY COUNTY
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	is listed in the line	1 table	e line 1 table				21 • Schedule I (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) UNITED WAY OF HORRY COUNTY, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING HANDS OF MYRTLE BEACH P.O. BOX 2886 MYRTLE BEACH, SC 29578	57-0627993	501 (C)(3)	20,000.	0.			MINISTERS TOTHE NEEDS OF PERSONS THROUGH CRISIS INTERVENTION
MIRILE BEACH, SC 29576	57-0627555	501 (C)(3)	20,000.	0.			INTERVENTION
NORTH STRAND HELPING HAND							
P.O. BOX 115	E9 7702EE0	F01 (0)(2)	10 000	0.			OPTOTO INTERVENTON
MYRTLE BEACH, SC 29597	58-7702559	501 (C)(3)	10,000.	0.			CRISIS INTERVENTION INSPIRES AND ENABLES
BOYS & GIRLS CLUB - GRAND STRAND							YOUNG PEOPLE TO REALIZE
1404 CAVER STREET							THEIR FULL POTENTIAL-
MYRTLE BEACH, SC 29577	57-1051611	501 (C)(3)	12,000.	0.			COVID ASSISTANCE FUNDING
CLAIRE CHAPIN EPPS FAMILY YMCA							PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF
5000 CLAIR CHAPIN EPPS DR							SOCIAL
MYRTLE BEACH, SC 29577	57-0747196	501 (C)(3)	27,000.	0.			RESPONSIBILITY-PRESCHOOL
NEIGHBOR TO NEIGHBOR							SEEKS TO ASSIST SENIORS
P.O. BOX 3030	00.0014100		10.000				TO AGE GRACEFULLY WITH
MYRTLE BEACH, SC 29578	20-3314190	501 (C)(3)	10,000.	0.			COMMUNITY ENCOURAGEMENT
RAPE CRISIS CENTER							ASSIST RAPE VICTIMS FROM
P.O. BOX 613							THE HOSPITALS ALL THE WAY
MYRTLE BEACH, SC 29578	57-0703560	501 (C)(3)	15,000.	٥.			TO COURT
REACH OUT AND READ							BOOKS INTO PEDIATRIC
3810 RICE HOPE CT							CARE- MEDICALLY BASED
MYRTLE BEACH, SC 29577	04-3481253	501 (C)(3)	6,650.	0.			LITERACY INTERVENTION
,			,				
CATHOLIC CHARITIES							
2294 TECHNOLOGY BLVD							HURRICANE CLIENT -
CONWAY, SC 29526	57-0314369	501 (C)(3)	11,665.	0.			REPAIRS
HABITAT FOR HUMANITY OF HORRY							
COUNTY - 165 CO-OP ROAD - MYRTLE							
BEACH, SC 29588	57-0912014	501 (C)(3)	37,000.	0.			HOME BUYER PROGRAM

Schedule I (Form 990)

Schedule | (Form 990) UNITED WAY OF HORRY COUNTY, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A FATHER'S PLACE							GENERAL SUPPORT FOR
PO BOX 1231							PATHWAYS TO ECONOMIC
CONWAY, SC 29528	57-1145908	501 (C)(3)	36,000.	٥.			MOBILITY
SEA HAVEN							
PO BOX 600							SUPPORT FOR PROJECT
NORTH MYRTLE BEACH, SC 29597	57-0713478	501 (C)(3)	10,000.	0.			LIGHTHOUSE
			, ,				
LIONS VISION SERVICES							
234 OUTLET POINTE BLVD SUITE C							SUPPORT FOR ENVISION
COLUMBIA, SC 29210	23-7105526	501 (C)(3)	10,000.	٥.			HORRY COUNTY
CONSTRUCT AT A CONSTRUCT OF A CONSTR							
COMMUNITY KITCHEN							
1411 MR. JOE WHITE AVE.	57-0965358	501 (C)(3)	10.044				
MYRTLE BEACH, SC 29577	57-0965358	501 (C)(3)	12,244.	0.			COVID RELIEF

Schedule I (Form 990)

Schedule I (Form 990) 2022

57-0558692

Page 2

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 BI-ANNUAL

REPORTS IN ORDER TO RECEIVE THEIR FUNDING. THE BI-ANNUAL 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: NORTH STRAND HOUSING

Schedule I (Form 990)	UNITED	WAY O	F HORRY	COUNTY,	INC.	57-0558692 Page 2
Part IV Supplemental Info	ormation					

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES TEMPORARY SHELTER ALONG

WITH COUSELING FOR HOMELESS INDIVIDUALS IN THE NORTH END OF HORRY COUNTY.

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-COVID ASSISTANCE FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: CLAIRE CHAPIN EPPS FAMILY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTING HEALTHY LIVING AND

FOSTERING A SENSE OF SOCIAL RESPONSIBILITY-PRESCHOOL AND AFTERSCHOOL

PROGRAMS

Schedule I (Form 990)

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 **2022**Open to Public
Inspection

UNITED WAY OF HORRY COUNTY, INC.

Employer identification number 57 - 0558692

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.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

SUPPLIES:

PROGRAM SERVICE EXPENSES

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

12,414.

Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Name of the organization UNITED WAY OF HORRY COUNTY, INC.	Page 2 Employer identification number 57-0558692
MANAGEMENT AND GENERAL EXPENSES	7,449.
FUNDRAISING EXPENSES	4,966.
TOTAL EXPENSES	
IUIAL EAFENSES	24,829.
CBDG:	
PROGRAM SERVICE EXPENSES	21,810.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,810.
LICENSE, FEES, & DUES:	
PROGRAM SERVICE EXPENSES	10,352.
MANAGEMENT AND GENERAL EXPENSES	6,257.
FUNDRAISING EXPENSES	4,141.
TOTAL EXPENSES	20,750.
PLEDGE DEISGNATION EXPENSE:	
PROGRAM SERVICE EXPENSES	20,646.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,646.
DISASTER RELIEF:	
PROGRAM SERVICE EXPENSES	18,846.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,846.

232212 10-28-22

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization UNITED WAY OF HORRY COUNTY, INC.	Employer identification numb 57-0558692
CHARITY TRACKER:	57-0550092
PROGRAM SERVICE EXPENSES	10,20
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	10,20
REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	5,47
MANAGEMENT AND GENERAL EXPENSES	2,06
FUNDRAISING EXPENSES	1,43
TOTAL EXPENSES	8,97
SCDSS:	
PROGRAM SERVICE EXPENSES	8,96
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	8,96
DAY OF CARING:	
PROGRAM SERVICE EXPENSES	7,73
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	7,73
TRAINING AND SEMINARS:	
PROGRAM SERVICE EXPENSES	3,83
MANAGEMENT AND GENERAL EXPENSES	2,29
FUNDRAISING EXPENSES	1,53

Schedule O (Form 990) 2022 Name of the organization UNITED WAY OF HORRY CON	UNTY, INC.	Page 2 Employer identification number 57-0558692
	UNTY, INC.	
TOTAL EXPENSES		7,663.
VITA:		
PROGRAM SERVICE EXPENSES		7,592.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		7,592.
SANTEE COOPER COMMUNITY CARES:		
PROGRAM SERVICE EXPENSES		6,269.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		6,269.
OTHER GRANT EXPENSE:		
PROGRAM SERVICE EXPENSES		5,000.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		5,000.
MAILINGS:		
PROGRAM SERVICE EXPENSES		4,608.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		4,608.
EVENTS:		
PROGRAM SERVICE EXPENSES		0.
232212 10-28-22	30	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
UNITED WAY OF HORRY COUNTY, INC.	57-0558692
MANAGEMENT AND GENERAL EXPENSES	944.
FUNDRAISING EXPENSES	3,550.
TOTAL EXPENSES	4,494.
EQUIPMENT LEASE:	
PROGRAM SERVICE EXPENSES	2,244.
MANAGEMENT AND GENERAL EXPENSES	1,347.
FUNDRAISING EXPENSES	898.
TOTAL EXPENSES	4,489.
BANK FEES:	
PROGRAM SERVICE EXPENSES	1,144.
MANAGEMENT AND GENERAL EXPENSES	687.
FUNDRAISING EXPENSES	458.
TOTAL EXPENSES	2,289.
UNITED TO READ:	
PROGRAM SERVICE EXPENSES	2,176.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,176.
WACCAMAW SUMMIT:	
PROGRAM SERVICE EXPENSES	1,522.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1 522

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization UNITED WAY OF HORRY COUNTY, INC.	Employer identification numb 57-0558692
PRINTING:	37 0330032
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	40
FUNDRAISING EXPENSES	40
TOTAL EXPENSES	80
UWHC TRANSITION:	
PROGRAM SERVICE EXPENSES	79
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	79
SAFE GIVING:	
PROGRAM SERVICE EXPENSES	77
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	77
BAD DEBT:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	68
FUNDRAISING EXPENSES	
TOTAL EXPENSES	68
CARING FOR KINDEGARTNERS:	
PROGRAM SERVICE EXPENSES	47
MANAGEMENT AND GENERAL EXPENSES	

) (Form 990) e organizati	on	WAY OF	HORRY	COUN	ΓY,	INC.			Employer ide 57-05	Pa ntification num 58692
TOTAL	EXPEN					-				1	47
TOTAL	OTHER	EXPENSES	ON FORM	1990,	PART	IX,	LINE	24E,	COL	A	192,39
232212 10-28-	-22									Schedule	e O (Form 990) 2
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