

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: BLACK RIVER UNITED WAY INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address): PO BOX 1065
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: GEORGETOWN, SC 29442
D Employer identification number: 57-0526145
E Telephone number: (843) 546-6317
F Name and address of principal officer: YOLANDA MCCRAY, PO BOX 1065, GEORGETOWN, SC 29442
G Gross receipts \$ 917,096
H(a) Is this a group return for subordinates? No
H(b) Are all subordinates included? No
H(c) Group exemption number
I Tax-exempt status: 501(c)(3)
J Website: WWW.BLACKRIVERUW.ORG
K Form of organization: Corporation
L Year of formation: 1978
M State of legal domicile: SC

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains multiple rows of data with columns for Prior Year and Current Year.

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

Sign Here
Signature of officer: YOLANDA MCCRAY EXECUTIVE DIRECTOR
Date: 2021-02-25

Paid Preparer Use Only
Print/Type preparer's name: LOVE BAILEY & ASSOCIATES LLC
Preparer's signature
Date: 2021-03-16
Check if self-employed
PTIN: P01426283
Firm's EIN: 27-4292646
Firm's address: 218 W LAURENS ST, LAURENS, SC 29360
Phone no.: (864) 984-2698

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE BLACK RIVER UNITED WAY (BRUW) CREATES A BETTER QUALITY OF LIFE FOR PEOPLE IN GEORGETOWN AND WILLIAMSBURG COUNTIES BY LEVERAGING RESOURCES; TO LEAD EARLY GRADE LEARNING PROGRAMS FOR CHILDREN, BUILD FAMILY SELF- SUFFICIENCY, AND ENSURE DISASTER RESILIENCY THROUGH PREPARATION AND MITIGATION; WITH THE GOAL OF PRODUCING THE GREATEST COMMUNITY IMPACT. BRUW OPERATES UNDER THE FOLLOWING VALUE SYSTEM: COMMUNITY FOCUSED WE ARE COMMITTED TO WORKING WITH AND FOR THE CITIZENS OF GEORGETOWN AND WILLIAMSBURG COUNTIES. COMMITMENT TO ACCESS WE WILL PROVIDE EQUITABLE ACCESS AND AWARENESS FOR OUR COMMUNITY TO THE PROGRAMS THAT SUPPORT BRUW'S PURPOSE BY REMOVING BARRIERS AND LEVERAGING RESOURCES. COLLABORATIVE WE ENSURE THAT OUR WORK COMPLEMENTS THOSE ORGANIZATIONS THAT SUPPORT AND SHARE IN BRUW'S PURPOSE IN MAKING OUR COMMUNITY STRONGER. CREDIBILITY WE WILL BUILD AND MAINTAIN TRUST BY CREATING PROCESSES AND PROCEDURES THAT ENSURE TRANSPARENCY, ACCOUNTABILITY, AND INTEGRITY AS WE FULFILL OUR GOAL OF P

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 392,483 including grants of \$ ) (Revenue \$ 311,763 )

See Additional Data

**4b** (Code: ) (Expenses \$ 3,454 including grants of \$ ) (Revenue \$ 10,000 )

See Additional Data

**4c** (Code: ) (Expenses \$ 320,829 including grants of \$ 195,383 ) (Revenue \$ 279,937 )

See Additional Data

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

BRUW CONTINUES TO SUPPORT OUR COMMUNITIES BY PROVIDING SC211, FAMILYWIZE PRESCRIPTION CARD AND WORKING WITH OTHER COMMUNITY ORGANIZATIONS BY PROVIDING AMERICORPS VISTA (VOLUNTEERS IN SERVICE TO AMERICA) SUPPORT FOR CAPACITY BUILDING.

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

**4e Total program service expenses** 716,766

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a through f for items 11 and 14.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 16 main rows (2a-16) and sub-rows (a-e). Columns include question text, a numeric column (2a-7d), and Yes/No columns. Questions cover employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and charitable trusts.

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



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed. Answer: SC. Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O). Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records: YOLANDA MCCRAY PO BOX 1065 GEORGETOWN, SC 29442 (843) 546-6317

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) YOLANDA MCCRAY EXECUTIVE DI	40.00			X			74,597	0	0	
(2) TRAVA HENDRIX FINANCE DIRE	20.00			X			18,134	0	0	
(3) LORI BEARD PRESIDENT		X		X			0	0	0	
(4) NICOLE CAPALBO-DINGLE TRUSTEE		X					0	0	0	
(5) ANDRE DORSEY TRUSTEE		X					0	0	0	
(6) JULIE GOLDEN TRUSTEE		X					0	0	0	
(7) RANDY HALL TRUSTEE		X					0	0	0	
(8) ANDY KUNZ PRESIDENT EL		X		X			0	0	0	
(9) STEADMAN NASH TRUSTEE		X					0	0	0	
(10) PAT TROMBLY TREASURER		X		X			0	0	0	
(11) CANDICE THOMPSON SECRETARY				X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
<b>1b Sub-Total</b>											
<b>c Total from continuation sheets to Part VII, Section A</b>											
<b>d Total (add lines 1b and 1c)</b>									92,731		

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

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**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . .

	<b>Yes</b>	<b>No</b>
<b>3</b>		No

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* . . . . .

	<b>Yes</b>	<b>No</b>
<b>4</b>		No

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . .

	<b>Yes</b>	<b>No</b>
<b>5</b>		No

**Section B. Independent Contractors**

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

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

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



Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts (1a-1g), Program Service Revenue (2a-2f), Other Revenue (3-12), and Total revenue (12).

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	195,383	195,383		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	92,731	49,993	24,089	18,649
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	253,498	253,498		
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .	25,252	22,147	1,758	1,347
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,707	6,966	1,741	
<b>12</b> Advertising and promotion . . . . .	12,610			12,610
<b>13</b> Office expenses . . . . .	939	751	188	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	5,452	4,362	1,090	
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	2,827	2,262	565	
<b>20</b> Interest . . . . .	5,107		5,107	
<b>21</b> Payments to affiliates . . . . .	9,133	7,758	1,375	
<b>22</b> Depreciation, depletion, and amortization . . . . .	10,347	8,278	2,069	
<b>23</b> Insurance . . . . .	19,605	15,684	3,921	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DISASTER RELIEF	125,446	125,446		
<b>b</b> BAD DEBT	36,769		18,385	18,384
<b>c</b> GRANTS	13,577	13,577		
<b>d</b> EQUIPMENT LEASE	5,787	4,630	1,157	
<b>e</b> All other expenses	7,854	6,031	1,823	
<b>25</b> Total functional expenses. Add lines 1 through 24e	831,024	716,766	63,268	50,990
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	158,592	<b>1</b>	218,533
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	36,517	<b>3</b>	71,612
	<b>4</b> Accounts receivable, net . . . . .	17,105	<b>4</b>	25,585
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 374,618		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 157,144	227,821	<b>10c</b> 217,474
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		440,035	<b>16</b>	533,204
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	16,996	<b>17</b>	4,281
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	27,431	<b>19</b>	61,509
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	162,341	<b>23</b>	152,953
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	9,829	<b>25</b>	4,951
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		216,597	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	171,186	<b>27</b>	254,876
	<b>28</b> Net assets with donor restrictions . . . . .	52,252	<b>28</b>	54,634
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .		223,438	<b>32</b>	309,510
<b>33</b> Total liabilities and net assets/fund balances . . . . .		440,035	<b>33</b>	533,204

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	917,096
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	831,024
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	86,072
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	223,438
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	309,510

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 57-0526145

**Name:** BLACK RIVER UNITED WAY INC

Form 990 (2020)

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## Form 990, Part III, Line 4a:

**BOLD PLAY 1: EARLY GRADE READING SUCCESS** EARLY GRADE READING SUCCESS HAS BEEN A FOCUS FOR BLACK RIVER UNITED WAY SINCE 2014. THROUGH PARTNERSHIPS WITH OUR SCHOOL DISTRICTS IN GEORGETOWN AND WILLIAMSBURG COUNTIES, LOCAL EDUCATORS, BUSINESSES, AND AFTER-SCHOOL PROGRAMS, WE WORK TO ENSURE THAT OUR EARLIEST LEARNERS CAN READ ON GRADE LEVEL BY THE END OF 3RD GRADE BY PROVIDING EXTRA READING INTERVENTION SUPPORTS. OVERALL, WE ARE GROWING GREAT READERS THROUGH SIX (6) PROGRAMS: O STAR I (SUCCESS TAKES A READER) - IN-SCHOOL LITERACY TUTORING PROGRAM THAT FOCUS ON SITE WORD RECOGNITION TO INCREASE ORAL READING FLUENCY. O STAR II (SUCCESS TAKES A READER) - IN-SCHOOL AND AFTER-SCHOOL LITERACY TUTORING THAT PROVIDES IN-DEPTH SUPPORT IN MASTERING COMPREHENSION, PHONEMIC AWARENESS, VOCABULARY AND PHONICS. O SUMMER SAIL (SCIENCE AND INQUIRY LEARNING) - A SUMMER ENRICHMENT PROGRAM THAT FOCUSES ON READING THROUGH THE LENS OF SCIENCE TO PREVENT READING LOSS DURING THE SUMMER MONTHS. O UNITED TO READ - A TRI-COUNTY (GEORGETOWN, HORRY AND WILLIAMSBURG) PARTNERSHIP THAT CONNECTS COMMUNITY VOLUNTEERS TO SCHOOL CLASSROOMS, K- 2ND GRADERS, TO READ THE SAME BOOK AT THE SAME TIME AND COMPLETE ACTIVITIES RELATED TO THE BOOK WITH THE STUDENTS. O 3RD GRADE READING PEP RALLY - IN WILLIAMSBURG COUNTY SCHOOL DISTRICT, A DAY WHERE ALL 3RD GRADERS COME TOGETHER IN ONE LOCATION TO LEARN TEST STRATEGIES AND CELEBRATE DR. SEUSS' BIRTHDAY THROUGH A BIG LITERACY RALLY. O TRIPLE P (POSITIVE PARENTING PROGRAM) - A PARENTING SUPPORT PROGRAM FOR PARENTS WITH CHILDREN AGES 0-12 THAT PROVIDES EASY, PRACTICAL STRATEGIES TO HELP PARENTS BUILD STRONG AND HEALTHY RELATIONSHIPS WITH THEIR CHILDREN. THE COLLECTIVE GOALS FOR THESE PROGRAMS ARE AS FOLLOWS: O TO CONNECT BUSINESS PROFESSIONALS AND COMMUNITY STAKEHOLDERS TO K-3RD GRADE STUDENTS WHO NEED EXTRA SUPPORT IN READING O TO PROVIDE SCHOOLS IN NEED WITH AMERICORPS TUTORS TO ENSURE THAT CHILDREN ADVANCE TO GRADE LEVEL READING BEFORE COMPLETING 3RD GRADE O TO GET PARENTS ACTIVELY ENGAGED IN CHILDREN'S ACADEMICS O TO PROMOTE AWARENESS OF EARLY GRADE READING THROUGH VOLUNTEERISM, EVENTS AND PROVIDING RESOURCES THESE ARE THE MEASURED OUTCOMES: O 35 VOLUNTEERS TUTORED K-3RD GRADERS IN READING O 147 STUDENTS RECEIVED ELEVEN HOURS OR MORE OF TUTORING O 139 STUDENTS WERE BROUGHT TO ON OR ABOVE READING GRADE LEVEL O 1212 CHILDREN RECEIVED BOOKS THROUGH THE DOLLY PARTON IMAGINATION LIBRARY IN GEORGETOWN COUNTY O 220 STUDENTS ATTENDED THE 3RD GRADE READING PEP RALLY FOR WILLIAMSBURG COUNTY SCHOOL DISTRICT O 11 SCHOOLS AND NONPROFITS PARTICIPATED IN A BRUW SPONSORED LITERACY PROGRAM WHICH IMPACTED OVER 3200 STUDENTS O BRUW'S POSITIVE PARENTING PROGRAM (TRIPLE P) PRACTITIONERS SUCCESSFULLY DELIVERED 12 LEVEL 2 SEMINARS (IN PARTNERSHIP WITH TRIPLE P GEORGETOWN) TO PARENTS THAT FOCUSED ON THE FOLLOWING: O POWER OF POSITIVE PARENTING O RAISING CONFIDENT, COMPETENT CHILDREN O RAISING RESILIENT CHILDREN OUR COMMUNITY PARTNERS FOR 2020 IN BOLD PLAY 1 ARE AS FOLLOWS: O GEORGETOWN COUNTY SCHOOL DISTRICT O WILLIAMSBURG COUNTY SCHOOL DISTRICT O TEACH MY PEOPLE O CAROLINA HUMAN REINVESTMENT O TIDELANDS HEALTH O CHILDREN'S RECOVERY CENTER O UNITED WAY ASSOCIATION OF SOUTH CAROLINA

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**Form 990, Part III, Line 4b:**

BOLD PLAY 2: FAMILY SELF-SUFFICIENCY IS ALL ABOUT ENSURING THAT FAMILIES HAVE ACCESS TO ECONOMIC STABILITY. THE PRIMARY FOCUS IS TO HELP LOW TO MODERATE INCOME INDIVIDUALS BECOME MORE SELF-SUFFICIENT. THROUGH THIS BOLD PLAY WE SUPPORT THE EMERGENCY FOOD AND SHELTER PROGRAM, WHICH PROVIDES FEDERAL GRANTS TO LOCAL COMMUNITY-BASED ORGANIZATIONS IN GEORGETOWN COUNTY TO AID WITH RENT/MORTGAGE, UTILITY AND FOOD INSECURITY SERVICES, AND THE SELF-SUFFICIENCY ACTION COUNCIL WHICH TACKLES COMMUNITY BARRIERS. IN ADDITION, WE ALSO PROVIDE FREE TAX SERVICES THROUGH THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM. VITA OFFERS FREE TAX HELP TO PEOPLE WHO GENERALLY MAKE 54,000 OR LESS, PERSONS WITH DISABILITIES, THE ELDERLY AND LIMITED ENGLISH-SPEAKING TAXPAYERS WHO NEED ASSISTANCE IN PREPARING THEIR OWN TAX RETURNS. BLACK RIVER UNITED WAY WANTS TO MAKE SURE THAT INDIVIDUALS ARE CONTROLLING THEIR MONEY, NOT THEIR MONEY CONTROLLING THEM. BY IMPLEMENTING THE MONEY MOVES INITIATIVE, WE ARE CONNECTING FAMILIES TO AVAILABLE RESOURCES. THROUGH PARTNERSHIPS, WE COORDINATE VOLUNTEERS, LOCAL AGENCIES AND COMMUNITY STAKEHOLDERS TO SUPPORT FAMILIES IN OUR COMMUNITY. THE COLLECTIVE GOALS FOR THESE PROGRAMS ARE AS FOLLOWS: O PROVIDE ACCESS TO ECONOMIC STABILITY O PROVIDE FINANCIAL LITERACY O PROVIDE ACCESS TO COMMUNITY AND FINANCIAL RESOURCES THESE ARE THE MEASURED OUTCOMES: O 22 VOLUNTEERS PREPARED TAXES FOR LOW TO MODERATE INCOME INDIVIDUALS O 1450 FEDERAL AND STATE TAX RETURNS WERE FILED (892 FAMILIES WERE SERVED) O OVER 1.7 MILLION IN TOTAL REFUNDS O 207,500 IS THE ESTIMATED TAX PREP SAVINGS, WITH A TOTAL ECONOMIC IMPACT OF 2,579,677 O OVER 2656 FAMILIES WERE SERVED THROUGH THE EFSP OUR COMMUNITY PARTNERS FOR 2020 IN BOLD PLAY 2 ARE AS FOLLOWS: O INTERNAL REVENUE SERVICE O THE MITNEY PROJECT O SC THRIVE O PALMETTO GOODWILL O WELLS FARGO O WILLIAMSBURG COUNTY LIBRARY O UNITED WAY ASSOCIATION OF SOUTH CAROLINA O GEORGETOWN KRAFT CREDIT UNION O FIRST CITIZENS BANK O ST. CYPRIAN'S OUTREACH O THE SALVATION ARMY O HELPING HANDS O LOW COUNTRY VETERANS

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**Form 990, Part III, Line 4c:**

BOLD PLAY 3: DISASTER RESILIENCY: PREPARATION AND MITIGATION IS HELPING FAMILIES PREPARE FOR AND RECOVER FROM DISASTERS BIG AND SMALL. WE BELIEVE THAT THE PATH TO RESILIENT COMMUNITIES IS HAVING A SUSTAINABLE INFRASTRUCTURE. WE CAN DO THIS THROUGH OUR COMMUNITY PARTNERS. IN 2020, OUR COMMUNITY EXPERIENCED TORNADOES, A PANDEMIC, AND FAMILIES ARE STILL RECOVERING FROM THE DEVASTATING 2015 AND 2016 FLOODS. THROUGH PARTNERSHIPS, WE COORDINATE VOLUNTEERS AND LOCAL AGENCIES TO SUPPORT FAMILIES IN OUR COMMUNITY. BLACK RIVER UNITED WAY CO-CHAIRS THE WINYAH BAY RESILIENCY TASK FORCE AND SUPPORTS SEVERAL PROGRAMS UNDER THIS BOLD PLAY. THIS INCLUDES THE SC HOUSING TRUST FUND THAT PROVIDES GRANT FUNDING TO QUALIFIED LOW INCOME INDIVIDUALS TO DO ROOF AND HVAC EMERGENCY REPAIRS AND BE READY WHERE WE FOCUS ON GETTING DISASTER PREPAREDNESS INFORMATION TO RESIDENTS ACROSS GEORGETOWN AND WILLIAMSBURG COUNTIES. THE COLLECTED GOALS FOR THESE PROGRAMS ARE: O TO EFFICIENTLY MANAGE VOLUNTEERS IN TIMES OF ACTIVE DISASTER O TO ESTABLISH RESILIENCY GOALS FOR COUNTIES AND MORE VULNERABLE COMMUNITIES O PROVIDE ACCESS AND RESOURCES FOR DISASTER PREPAREDNESS EDUCATION TO THE COMMUNITY O CONNECT FAMILIES AND COMMUNITY TO MITIGATION ASSISTANCE SO THAT THEY ARE MORE RESILIENT AGAINST DISASTERS. THESE ARE THE MEASURED OUTCOMES: O 52 VOLUNTEERS WERE TRAINED IN DISASTER PREPAREDNESS ACTIVITIES O 19 COMMUNITY AGENCIES PARTICIPATED IN THE WINYAH BAY RESILIENCE TASK FORCE. THE GOAL IS TO CREATE A RESILIENT COMMUNITY THROUGH IMPROVING MITIGATION, PREPAREDNESS, RESPONSE AND RECOVERY O 8 HOMES WERE MITIGATED THROUGH THE BUILD UNITED PARTNERSHIP O 355 DISASTER KITS WERE PROVIDED TO FAMILIES ACROSS GEORGETOWN AND WILLIAMSBURG COUNTIES OUR COMMUNITY PARTNERS FOR 2020 IN BOLD PLAY 3 ARE AS FOLLOWS: O SC HOUSING TRUST FUND O GEORGETOWN COUNTY EMD O WILLIAMSBURG COUNTY EMD O TIDELANDS HEALTH O UNITED WAY OF ANDERSON COUNTY O CAROLINA CUSTOM CONTRACTORS O CATHOLIC CHARITIES O GEORGETOWN R.I.S.E. O UNITED WAY OF HORRY COUNTY O NESMITH CONSTRUCTION O KENNY'S HEATING & AIR O UNITED WAY ASSOCIATION OF SC

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**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization**  
BLACK RIVER UNITED WAY INC

**Employer identification number**  
57-0526145

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	462,593	567,068	534,520	640,175	624,807	2,829,163
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	462,593	567,068	534,520	640,175	624,807	2,829,163
<b>5</b> 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). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						2,829,163

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . .	462,593	567,068	534,520	640,175	624,807	2,829,163
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. .	159,723	258,637	323,837	113,511	291,279	1,146,987
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						3,976,150
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	10
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	71.150 %
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	68.640 %
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		
▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		
▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		
▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		
▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		
▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	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? <i>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.</i>		
<b>b</b>	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

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

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2020 Open to Public Inspection

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.

Name of the organization BLACK RIVER UNITED WAY INC

Employer identification number 57-0526145

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 about fund values and questions 5-6 about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions 1-9 about easement types, monitoring, and reporting. Includes a table for 'Held at the End of the Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-1b and 2 about reporting on art and historical treasures.



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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		30,145		30,145
<b>b</b> Buildings . . . . .		333,211	146,128	187,083
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		11,262	11,016	246
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				217,474

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	4,951
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,951

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	917,096
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	917,096
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	917,096

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	831,024
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	831,024
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	831,024

**Part XIII Supplemental Information**

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

Return Reference	Explanation	
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**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization BLACK RIVER UNITED WAY INC

Employer identification number

57-0526145

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE ORGANIZATION MAKES ALLOCATIONS TO ITS MEMBER AGENCIES, AS RECOMMENDED BY ITS ALLOCATIONS COMMITTEE AND AS APPROVED BY ITS BOARD OF DIRECTORS. THE ALLOCATIONS COMMITTEE DOES SITE VISITS AND REVIEWS OF ALL ORGANIZATIONS SUBMITTING APPLICATIONS FOR FUNDS.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 57-0526145  
**Name:** BLACK RIVER UNITED WAY INC

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF HORRY COUNTY			38,946				DESIGNATIONS/GRANT
TRIDENT UNITED WAY			7,129				DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAROLINA HUMAN REINVESTMENT			13,627				EARLY GRADE READING
CATHOLIC CHARITIES			13,500				COVID RELIEF



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SALVATION ARMY			20,000				COVID RELIEF
ST CYPRIAN OUTREACH CENTER			20,000				COVID RELIEF

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEACH MY PEOPLE			11,229				EARLY GRADE READING
WILLIAMSBURG COUNTY EMD			30,952				COVID RELIEF

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
A FATHERS PLACE			30,000				COVID RELIEF

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization  
BLACK RIVER UNITED WAY INC

Employer identification number

57-0526145

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>THE BLACK RIVER UNITED WAY (BRUW) CREATES A BETTER QUALITY OF LIFE FOR PEOPLE IN GEORGETOWN AND WILLIAMSBURG COUNTIES BY LEVERAGING RESOURCES; TO LEAD EARLY GRADE LEARNING PROGRAMS FOR CHILDREN, BUILD FAMILY SELF- SUFFICIENCY, AND ENSURE DISASTER RESILIENCY THROUGH PREPARATION AND MITIGATION; WITH THE GOAL OF PRODUCING THE GREATEST COMMUNITY IMPACT. BRUW OPERATES UNDER THE FOLLOWING VALUE SYSTEM: COMMUNITY FOCUSED WE ARE COMMITTED TO WORKING WITH AND FOR THE CITIZENS OF GEORGETOWN AND WILLIAMSBURG COUNTIES. COMMITMENT TO ACCESS WE WILL PROVIDE EQUITABLE ACCESS AND AWARENESS FOR OUR COMMUNITY TO THE PROGRAMS THAT SUPPORT BRUW'S PURPOSE BY REMOVING BARRIERS AND LEVERAGING RESOURCES. COLLABORATIVE WE ENSURE THAT OUR WORK COMPLEMENTS THOSE ORGANIZATIONS THAT SUPPORT AND SHARE IN BRUW'S PURPOSE IN MAKING OUR COMMUNITY STRONGER. CREDIBILITY WE WILL BUILD AND MAINTAIN TRUST BY CREATING PROCESSES AND PROCEDURES THAT ENSURE TRANSPARENCY, ACCOUNTABILITY, AND INTEGRITY AS WE FULFILL OUR GOAL OF PRODUCING THE GREATEST COMMUNITY IMPACT. WE FOCUS ON LOCAL NEEDS TO PROVIDE LOCAL SOLUTIONS.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 2, PART III, LINE 2	<p>COVID-19 RELIEF THE COVID-19 PANDEMIC TOOK OUR COMMUNITY BY STORM, AND LIKE MANY OTHER COMMUNITIES AROUND THE WORLD, OUR NEIGHBORS WERE NOT ABLE TO GO TO WORK AND OUR CHILDREN WERE NOT ABLE TO GO TO SCHOOL. THEREFORE, BASIC NEEDS WERE ELEVATED BEYOND AVERAGE POVERTY RATES. BLACK RIVER UNITED WAY STEPPED UP TO THE PLATE BY PULLING IN OVER 200,000 IN RELIEF GRANTS FOR GEORGETOWN AND WILLIAMSBURG COUNTIES. THESE FUNDS WERE PRIMARILY FOCUSED TOWARDS PROVIDING FINANCIAL RESOURCES TO INDIVIDUALS WHO WERE WORKING FULL-TIME AND PART-TIME JOBS AND EXPERIENCED LAY-OFFS AND FURLOUGHS. BECAUSE OF THE GRANTS THAT WERE AWARDED, BLACK RIVER UNITED WAY WAS ABLE TO ASSIST WITH RENT/MORTGAGES, UTILITIES, FOOD INSECURITIES, CHILD CARE COST, TRANSPORTATION, COVID-19 CARE KITS AND EVEN INTERNET ACCESS TO ENSURE OUR STUDENTS LEARNING SUCCESS. OUR PARTNERS WHO PARTICIPATED IN THESE EFFORTS DID AN OUTSTANDING JOB IN GETTING THE RESOURCES TO THE FAMILIES THAT NEEDED IT THE MOST. OUR PARTNERS INCLUDE: O CATHOLIC CHARITIES - SERVED 178 INDIVIDUALS THROUGH FOOD BOXES O CARING AND SHARING - SERVED 2702 INDIVIDUALS THROUGH FOOD SERVICES O A FATHER'S PLACE - SERVED 178 FAMILIES THROUGH RENT/MORTGAGE AND UTILITY ASSISTANCE O ST. CYPRIAN'S OUTREACH CENTER - IMPACTED 703 INDIVIDUALS THROUGH RENT/MORTGAGE AND UTILITY ASSISTANCE O HABITAT FOR HUMANITY - PROVIDED OVER 3000 IN MORTGAGE ASSISTANCE O WILLIAMSBURG COUNTY GOVERNMENT - PROVIDED BASIS NEEDS ASSISTANCE TO INDIVIDUALS O FRIENDSHIP PLACE - SERVED 3,469 MEALS O MEALS ON WHEELS - ABLE TO EXTEND THE NUMBER OF MEALS SERVED O TIDELANDS HEALTH - PROVIDED 107 COVID-19 CARE KITS</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>BOLD PLAY 1: EARLY GRADE READING SUCCESS EARLY GRADE READING SUCCESS HAS BEEN A FOCUS FOR BLACK RIVER UNITED WAY SINCE 2014. THROUGH PARTNERSHIPS WITH OUR SCHOOL DISTRICTS IN GEORGETOWN AND WILLIAMSBURG COUNTIES, LOCAL EDUCATORS, BUSINESSES, AND AFTER-SCHOOL PROGRAMS, WE WORK TO ENSURE THAT OUR EARLIEST LEARNERS CAN READ ON GRADE LEVEL BY THE END OF 3RD GRADE BY PROVIDING EXTRA READING INTERVENTION SUPPORTS. OVERALL, WE ARE GROWING GREAT READERS THROUGH SIX (6) PROGRAMS: O STAR I (SUCCESS TAKES A READER) - IN-SCHOOL LITERACY TUTORING PROGRAM THAT FOCUS ON SITE WORD RECOGNITION TO INCREASE ORAL READING FLUENCY. O STAR II (SUCCESS TAKES A READER) - IN-SCHOOL AND AFTER-SCHOOL LITERACY TUTORING THAT PROVIDES IN-DEPTH SUPPORT IN MASTERING COMPREHENSION, PHONEMIC AWARENESS, VOCABULARY AND PHONICS. O SUMMER SAIL (SCIENCE AND INQUIRY LEARNING) - A SUMMER ENRICHMENT PROGRAM THAT FOCUSES ON READING THROUGH THE LENS OF SCIENCE TO PREVENT READING LOSS DURING THE SUMMER MONTHS. O UNITED TO READ - A TRI-COUNTY (GEORGETOWN, Horry AND WILLIAMSBURG) PARTNERSHIP THAT CONNECTS COMMUNITY VOLUNTEERS TO SCHOOL CLASSROOMS, K- 2ND GRADERS, TO READ THE SAME BOOK AT THE SAME TIME AND COMPLETE ACTIVITIES RELATED TO THE BOOK WITH THE STUDENTS. O 3RD GRADE READING PEP RALLY - IN WILLIAMSBURG COUNTY SCHOOL DISTRICT, A DAY WHERE ALL 3RD GRADERS COME TOGETHER IN ONE LOCATION TO LEARN TEST STRATEGIES AND CELEBRATE DR. SEUSS' BIRTHDAY THROUGH A BIG LITERACY RALLY. O TRIPLE P (POSITIVE PARENTING PROGRAM) - A PARENTING SUPPORT PROGRAM FOR PARENTS WITH CHILDREN AGES 0-12 THAT PROVIDES EASY, PRACTICAL STRATEGIES TO HELP PARENTS BUILD STRONG AND HEALTHY RELATIONSHIPS WITH THEIR CHILDREN. THE COLLECTIVE GOALS FOR THESE PROGRAMS ARE AS FOLLOWS: O TO CONNECT BUSINESS PROFESSIONALS AND COMMUNITY STAKEHOLDERS TO K-3RD GRADE STUDENTS WHO NEED EXTRA SUPPORT IN READING O TO PROVIDE SCHOOLS IN NEED WITH A MERICORPS TUTORS TO ENSURE THAT CHILDREN ADVANCE TO GRADE LEVEL READING BEFORE COMPLETING 3RD GRADE O TO GET PARENTS ACTIVELY ENGAGED IN CHILDREN'S ACADEMICS O TO PROMOTE AWARENESS OF EARLY GRADE READING THROUGH VOLUNTEERISM, EVENTS AND PROVIDING RESOURCES THESE ARE THE MEASURED OUTCOMES: O 35 VOLUNTEERS TUTOR K-3RD GRADERS IN READING O 147 STUDENTS RECEIVED ELEVEN HOURS OR MORE OF TUTORING O 139 STUDENTS WERE BROUGHT TO ON OR ABOVE READING GRADE LEVEL O 1212 CHILDREN RECEIVED BOOKS THROUGH THE DOLLY PARTON IMAGINATION LIBRARY IN GEORGETOWN COUNTY O 220 STUDENTS ATTENDED THE 3RD GRADE READING PEP RALLY FOR WILLIAMSBURG COUNTY SCHOOL DISTRICT O 11 SCHOOLS AND NONPROFITS PARTICIPATED IN A BRUW SPONSORED LITERACY PROGRAM WHICH IMPACTED OVER 3200 STUDENTS O BRUW'S POSITIVE PARENTING PROGRAM (TRIPLE P) PRACTITIONERS SUCCESSFULLY DELIVERED 12 LEVEL 2 SEMINARS (IN PARTNERSHIP WITH TRIPLE P GEORGETOWN) TO PARENTS THAT FOCUSED ON THE FOLLOWING: O POWER OF POSITIVE PARENTING O RAISING CONFIDENT, COMPETENT CHILDREN O RAISING RESILIENT CHILDREN OUR COMMUNITY PARTNERS FOR 2020 IN BOLD PLAY 1 ARE AS FOLLO</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	WS: O GEORGETOWN COUNTY SCHOOL DISTRICT O WILLIAMSBURG COUNTY SCHOOL DISTRICT O TEACH MY P EOPLE O CAROLINA HUMAN REINVESTMENT O TIDELANDS HEALTH O CHILDREN'S RECOVERY CENTER O UNIT ED WAY ASSOCIATION OF SOUTH CAROLINA

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4B</p>	<p>BOLD PLAY 2: FAMILY SELF-SUFFICIENCY IS ALL ABOUT ENSURING THAT FAMILIES HAVE ACCESS TO ECONOMIC STABILITY. THE PRIMARY FOCUS IS TO HELP LOW TO MODERATE INCOME INDIVIDUALS BECOME MORE SELF-SUFFICIENT. THROUGH THIS BOLD PLAY WE SUPPORT THE EMERGENCY FOOD AND SHELTER PROGRAM, WHICH PROVIDES FEDERAL GRANTS TO LOCAL COMMUNITY-BASED ORGANIZATIONS IN GEORGETOWN COUNTY TO AID WITH RENT/MORTGAGE, UTILITY AND FOOD INSECURITY SERVICES, AND THE SELF-SUFFICIENCY ACTION COUNCIL WHICH TACKLES COMMUNITY BARRIERS. IN ADDITION, WE ALSO PROVIDE FREE TAX SERVICES THROUGH THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM. VITA OFFERS FREE TAX HELP TO PEOPLE WHO GENERALLY MAKE 54,000 OR LESS, PERSONS WITH DISABILITIES, THE ELDERLY AND LIMITED ENGLISH-SPEAKING TAXPAYERS WHO NEED ASSISTANCE IN PREPARING THEIR OWN TAX RETURNS. BLACK RIVER UNITED WAY WANTS TO MAKE SURE THAT INDIVIDUALS ARE CONTROLLING THEIR MONEY, NOT THEIR MONEY CONTROLLING THEM. BY IMPLEMENTING THE MONEY MOVES INITIATIVE, WE ARE CONNECTING FAMILIES TO AVAILABLE RESOURCES. THROUGH PARTNERSHIPS, WE COORDINATE VOLUNTEERS, LOCAL AGENCIES AND COMMUNITY STAKEHOLDERS TO SUPPORT FAMILIES IN OUR COMMUNITY. THE COLLECTIVE GOALS FOR THESE PROGRAMS ARE AS FOLLOWS: O PROVIDE ACCESS TO ECONOMIC STABILITY O PROVIDE FINANCIAL LITERACY O PROVIDE ACCESS TO COMMUNITY AND FINANCIAL RESOURCES THESE ARE THE MEASURED OUTCOMES: O 22 VOLUNTEERS PREPARED TAXES FOR LOW TO MODERATE INCOME INDIVIDUALS O 1450 FEDERAL AND STATE TAX RETURNS WERE FILED (892 FAMILIES WERE SERVED) O OVER 1.7 MILLION IN TOTAL REFUNDS O 207,500 IS THE ESTIMATED TAX PREP SAVINGS, WITH A TOTAL ECONOMIC IMPACT OF 2,579,677 O OVER 2656 FAMILIES WERE SERVED THROUGH THE EFSP OUR COMMUNITY PARTNERS FOR 2020 IN BOLD PLAY 2 ARE AS FOLLOWS: O INTERNAL REVENUE SERVICE O THE MITNEY PROJECT O SC THRIVE O PALMETTO GOODWILL O WELLS FARGO O WILLIAMSBURG COUNTY LIBRARY O UNITED WAY ASSOCIATION OF SOUTH CAROLINA O GEORGETOWN KRAFT CREDIT UNION O FIRST CITIZENS BANK O ST. CYPRIAN'S OUTREACH O THE SALVATION ARMY O HELPING HANDS O LOW COUNTRY VETERANS</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>BOLD PLAY 3: DISASTER RESILIENCY: PREPARATION AND MITIGATION IS HELPING FAMILIES PREPARE FOR AND RECOVER FROM DISASTERS BIG AND SMALL. WE BELIEVE THAT THE PATH TO RESILIENT COMMUNITIES IS HAVING A SUSTAINABLE INFRASTRUCTURE. WE CAN DO THIS THROUGH OUR COMMUNITY PARTNERS. IN 2020, OUR COMMUNITY EXPERIENCED TORNADOES, A PANDEMIC, AND FAMILIES ARE STILL RECOVERING FROM THE DEVASTATING 2015 AND 2016 FLOODS. THROUGH PARTNERSHIPS, WE COORDINATE VOLUNTEERS AND LOCAL AGENCIES TO SUPPORT FAMILIES IN OUR COMMUNITY. BLACK RIVER UNITED WAY CO-CHAIRS THE WINYAH BAY RESILIENCY TASK FORCE AND SUPPORTS SEVERAL PROGRAMS UNDER THIS BOLD PLAY. THIS INCLUDES THE SC HOUSING TRUST FUND THAT PROVIDES GRANT FUNDING TO QUALIFIED LOW INCOME INDIVIDUALS TO DO ROOF AND HVAC EMERGENCY REPAIRS AND BE READY WHERE WE FOCUS ON GETTING DISASTER PREPAREDNESS INFORMATION TO RESIDENTS ACROSS GEORGETOWN AND WILLIAMSBURG COUNTIES. THE COLLECTED GOALS FOR THESE PROGRAMS ARE: O TO EFFICIENTLY MANAGE VOLUNTEERS IN TIMES OF ACTIVE DISASTER O TO ESTABLISH RESILIENCY GOALS FOR COUNTIES AND MORE VULNERABLE COMMUNITIES O PROVIDE ACCESS AND RESOURCES FOR DISASTER PREPAREDNESS EDUCATION TO THE COMMUNITY O CONNECT FAMILIES AND COMMUNITY TO MITIGATION ASSISTANCE SO THAT THEY ARE MORE RESILIENT AGAINST DISASTERS. THESE ARE THE MEASURED OUTCOMES: O 52 VOLUNTEERS WERE TRAINED IN DISASTER PREPAREDNESS ACTIVITIES O 19 COMMUNITY AGENCIES PARTICIPATED IN THE WINYAH BAY RESILIENCE TASK FORCE. THE GOAL IS TO CREATE A RESILIENT COMMUNITY THROUGH IMPROVING MITIGATION, PREPAREDNESS, RESPONSE AND RECOVERY O 8 HOMES WERE MITIGATED THROUGH THE BUILD UNITED PARTNERSHIP O 355 DISASTER KITS WERE PROVIDED TO FAMILIES ACROSS GEORGETOWN AND WILLIAMSBURG COUNTIES OUR COMMUNITY PARTNERS FOR 2020 IN BOLD PLAY 3 ARE AS FOLLOWS: O SC HOUSING TRUST FUND O GEORGETOWN COUNTY EMD O WILLIAMSBURG COUNTY EMD O TIDELANDS HEALTH O UNITED WAY OF ANDERSON COUNTY O CAROLINA CUSTOM CONTRACTORS O CATHOLIC CHARITIES O GEORGETOWN R.I.S.E. O UNITED WAY OF HORRY COUNTY O NESMITH CONSTRUCTION O KENNY'S HEATING &amp; AIR O UNITED WAY ASSOCIATION OF SC</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	BRUW CONTINUES TO SUPPORT OUR COMMUNITIES BY PROVIDING SC211, FAMILYWIZE PRESCRIPTION CARD AND WORKING WITH OTHER COMMUNITY ORGANIZATIONS BY PROVIDING AMERICORPS VISTA (VOLUNTEERS IN SERVICE TO AMERICA) SUPPORT FOR CAPACITY BUILDING.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	RELATED PARTY: BOARD CHAIR RECUSES HERSELF FROM ANY BANKING VOTES.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 2	SOUTH STATE BANK MANAGER BOARD CHAIR

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 11B	THE CEO ALONG WITH THE FINANCE COMMITTEE WILL REVIEW THE FORM 990 AND RECOMMEND ITS APPROVAL TO THE FULL BOARD OF DIRECTORS.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	EACH YEAR OFFICERS AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTERESTS AND SIGN AN ASSURANCE TO THAT EFFECT. ANY CONFLICTS SO DISCLOSED ARE INVESTIGATED AND RESOLVED. DURING THE YEAR, IF ANY OTHER CONFLICTS ARE MADE AWARE TO MANAGEMENT, IT WOULD PURSUE AND RESOLVE THOSE ISSUES WITH THE OFFICE OR BOARD MEMBER IN QUESTION.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE AND FINANCE COMMITTEES WORK TOGETHER ANNUALLY TO DEVELOP THE ANNUAL OPERATING BUDGET, INCLUDING ANY SALARY AND BENEFIT CHANGES. ANY NEW EMPLOYEE POSITIONS WOULD BE BUDGETED AND APPROVED AS PART OF THIS PROCESS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE AND FINANCE COMMITTEES WORK TOGETHER ANNUALLY TO DEVELOP THE ANNUAL OPERATING BUDGET, INCLUDING ANY SALARY AND BENEFIT CHANGES. ANY NEW EMPLOYEE POSITIONS WOULD BE BUDGETED AND APPROVED AS PART OF THIS PROCESS.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S LATEST AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON ITS WEBSITE. GOVERNING DOCUMENTS, FORM 1023 AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE AT REQUEST FROM THE ORGANIZATION.