

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type.  
See Specific Instructions.

**C Name of organization**  
**UNITED WAY OF GREENVILLE COUNTY, INC.**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**105 EDINBURGH COURT**  
 City or town, state or country, and ZIP + 4  
**GREENVILLE, SC 29607-2529**

**D Employer identification number**  
**57-0362066**

**E Telephone number**  
**(864) 467-3333**

**G Gross receipts \$** **15,076,730.**

**H(a) Is this a group return for affiliates?**  Yes  No  
**H(b) Are all affiliates included?**  Yes  No  
 If "No," attach a list. (see instructions)

**F Name and address of principal officer:** **TED HENDRY**  
**105 EDINBURGH COURT, GREENVILLE, SC 29607**

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

**J Website:** ▶ **WWW.UNITEDWAYGC.ORG**

**K Type of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1955** **M State of legal domicile:** **SC**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **TO IMPROVE PEOPLE'S LIVES AND BUILD A VITAL, CARING COMMUNITY**

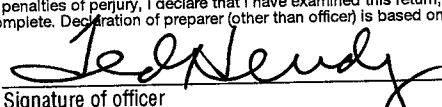
**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its assets.

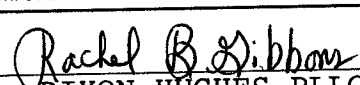
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>34</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>34</b>
<b>5</b> Total number of employees (Part V, line 2a)	<b>56</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>543</b>
<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>14,719,461.</b>	<b>14,668,272.</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>396,385.</b>	<b>246,914.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>15,115,846.</b>	<b>14,915,186.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,245,242.</b>	<b>10,069,283.</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>2,581,807.</b>	<b>2,883,053.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,721,110.</b>	<b>1,323,580.</b>	<b>1,340,676.</b>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>14,150,629.</b>	<b>14,293,012.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>965,217.</b>	<b>622,174.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		
	<b>Beginning of Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)	<b>22,605,974.</b>	<b>22,403,386.</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>3,005,925.</b>	<b>3,306,081.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>19,600,049.</b>	<b>19,097,305.</b>

**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** ▶  Date **6/25/09**  
 Signature of officer  
**TED HENDRY, PRESIDENT**  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature ▶  Date **6/24/09** Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **DIXON HUGHES PLLC**  
**POST OFFICE BOX 25849**  
**GREENVILLE, SC 29616**  
 Preparer's identifying number (see instructions) \_\_\_\_\_ EIN ▶ \_\_\_\_\_ Phone no. ▶ **864-288-5544**

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
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 [X] No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 6,875,875. including grants of \$ 6,875,875. ) (Revenue \$ )
THE UNITED WAY PROVIDES PROGRAM SUPPORT AND FUNDING TOTALING \$6,875,875 FOR 90 FUNDED PROGRAMS IN FIVE COMMUNITY FOCUS AREAS.

FOCUS AREA: CHILDREN. GRANTS TOTALING \$1,296,945 SUPPORTED LOCAL PROGRAMS THAT SUPPORT EARLY CHILDCARE FOR AT RISK CHILDREN; SERVICES, EDUCATION, AND THERAPY FOR CHILDREN WITH DEVELOPMENTAL DIFFERENCES AND DELAYS; AND PARENTING, FAMILY LITERACY, AND EARLY LITERACY PROGRAMS.

FOCUS AREA: YOUTH. GRANTS TOTALING \$1,750,000 SUPPORTED 11 LOCAL PROGRAMS WHICH PROVIDE YOUNG MEN, WOMEN, AND THEIR PARENTS OR CAREGIVERS WITH ASSISTANCE AND GUIDANCE IN ACADEMIC ACHIEVEMENT, LIFE SKILLS AND CHARACTER DEVELOPMENT, AND JUVENILE CRIME PREVENTION.

4b (Code: ) (Expenses \$ 786,541. including grants of \$ 653,339. ) (Revenue \$ )
THE UNITED WAY PROVIDES STRATEGIC PLANNING, RESEARCH AND LEADERSHIP IN THE AREA OF COMMUNITY INVESTMENT.

IN 2008, UNITED WAY INVESTED \$680,541 IN SEVERAL STRATEGIC INITIATIVES THAT WILL BE EVALUATED OVER THE NEXT TEN YEARS. WORK WAS BEGUN FOR DEVELOPMENT OF COMPREHENSIVE PLANS FOR AN AFTER SCHOOL STRATEGIC PLAN, FOR WORKFORCE DEVELOPMENT, AND FOR THE DEVELOPMENT OF AN INSTITUTE FOR CHILD SUCCESS. THESE EFFORTS WILL ALLOW THE UNITED WAY TO FOCUS STRATEGICALLY ON THE ROOT CAUSES OF THE COUNTY'S MOST PRESSING ISSUES AS DEFINED BY THE GREENVILLE COUNTY COMMUNITY IMPACT AGENDA. ANOTHER \$49,000 WAS INVESTED IN CAPACITY BUILDING INITIATIVES FOR THE CREATION OF A NURSE FAMILY PARTNERSHIP (\$25,000), AND IRS VITA SITES (\$24,000).

4c (Code: ) (Expenses \$ 2,192,092. including grants of \$ 66,667. ) (Revenue \$ )
THE UNITED WAY STAFF PROVIDES ESSENTIAL SUPPORT TO THE GREENVILLE COMMUNITY AND TO FOUR DIRECT SERVICE PROGRAMS.

UNITED WAY PROVIDED \$258,723 TO SUPPORT THE IMPLEMENTATION OF THE GRADUATE GREENVILLE PROGRAM, WHICH IS DESIGNED TO INCREASE THE HIGH SCHOOL GRADUATION RATE IN GREENVILLE COUNTY.

THE UNITED WAY HOSTED VOLUNTARY INCOME TAX ASSISTANCE PROGRAMS PROVIDED 1,463 RETURNS WHICH RESULTED IN \$826,026 BACK INTO THE GREENVILLE COMMUNITY. 45 VOLUNTEERS, INCLUDING STUDENTS FROM FURMAN UNIVERSITY, PROVIDED SERVICES. THE VITA PROGRAM HAD VITA SITES IN FIVE LOCATIONS

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 2,449,394. including grants of \$ 2,449,394. ) (Revenue \$ )

4e Total program service expenses \$ 12,303,902. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	23	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
	1c		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	56	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	2b		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
	6a		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
	7a		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders		
	11a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
<b>1b</b>	Enter the number of voting members that are independent .....		
<b>2</b>	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? .....		X
<b>3</b>	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? .....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? .....	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	Is there any officer, director or 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 .....		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b>	Does the organization have a written whistleblower policy? .....	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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:		
<b>15a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>15b</b>	Other officers or key employees of the organization? .....	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **► SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**  
**JO NELSON - (864) 467-3333**  
**105 EDINBURGH COURT, GREENVILLE, SC 29607-2529**

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SUSAN SHI IMMEDIATE PAST CHAIRMAN		X						0.	0.	0.
W. HOWARD BOYD, JR. VICE CHAIRMAN, ANNUAL CA		X						0.	0.	0.
FRANK HOLLEMAN, III CHAIRMAN, COMM. IMPACT		X						0.	0.	0.
JIM AKERHIELM MEMBER		X						0.	0.	0.
JUDITH AUGHTRY MEMBER		X						0.	0.	0.
DAVID BLACK MEMBER		X						0.	0.	0.
JAMES BOUREY MEMBER		X						0.	0.	0.
ARNOLD BURRELL MEMBER		X						0.	0.	0.
JERRY CHAPMAN MEMBER		X						0.	0.	0.
MERL CODE MEMBER		X						0.	0.	0.
CHANDRA DILLARD MEMBER		X						0.	0.	0.
DORAN DUNAWAY MEMBER		X						0.	0.	0.
SCOTT EVANS MEMBER		X						0.	0.	0.
DR. PHINNIZE FISHER MEMBER		X						0.	0.	0.
P. EDWIN GOOD JR. MEMBER		X						0.	0.	0.
JAMES CURTIS HARKNESS MEMBER		X						0.	0.	0.
MICHAEL HAYES MEMBER		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	(C) Position (check all that apply)						(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			
CAMILLA HERTWIG MEMBER		X						0.	0.	0.
HERB JOHNSON JR. MEMBER		X						0.	0.	0.
RAY LATTIMORE MEMBER		X						0.	0.	0.
TIM REED MEMBER		X						0.	0.	0.
MARK REILLY MEMBER		X						0.	0.	0.
ANN ROBINSON MEMBER		X						0.	0.	0.
SCOTT RUBY MEMBER		X						0.	0.	0.
VALINDA RUTLEDGE MEMBER		X						0.	0.	0.
MICHAEL SHAIR MEMBER		X						0.	0.	0.
MINOR SHAW MEMBER		X						0.	0.	0.
<b>1b Total</b>								<b>239,047.</b>	<b>0.</b>	<b>120,758.</b>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 1

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	279,104.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	14,389,168.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		180,162.					
	<b>h Total.</b> Add lines 1a-1f .....			14,668,272.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____ Business Code _____						
		<b>b</b> _____						
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue .....								
<b>g Total.</b> Add lines 2a-2f .....								
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			247,185.			247,185.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....						
		<b>c</b> Gain or (loss) .....						
		<b>d</b> Net gain or (loss) .....			<271.>			<271.>
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....							
	<b>b</b> Less: direct expenses .....							
	<b>c</b> Net income or (loss) from fundraising events .....							
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....							
	<b>b</b> Less: direct expenses .....							
	<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....								
<b>b</b> Less: cost of goods sold .....								
<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>								
<b>11</b>	<b>a</b> _____ Business Code _____							
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....			14,915,186.	0.	0.	246,914.		

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	10,045,273.	10,045,273.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	24,010.	24,010.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	261,152.	100,271.	147,824.	13,057.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,944,908.	843,793.	572,338.	528,777.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	200,842.	76,044.	69,394.	55,404.
9 Other employee benefits .....	317,086.	120,016.	107,324.	89,746.
10 Payroll taxes .....	159,065.	63,761.	51,490.	43,814.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	27,025.		22,408.	4,617.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	17,459.		17,459.	
g Other .....	41,074.	20,536.	20,538.	
12 Advertising and promotion .....	7,243.	7,243.		
13 Office expenses .....	451,683.	122,028.	69,536.	260,119.
14 Information technology .....	32,402.	11,705.	15,033.	5,664.
15 Royalties .....				
16 Occupancy .....	100,551.	50,258.	25,871.	24,422.
17 Travel .....	27,415.	17,337.	835.	9,243.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	154,083.	13,978.	8,711.	131,394.
20 Interest .....				
21 Payments to affiliates .....	194,703.	92,205.	39,072.	63,426.
22 Depreciation, depletion, and amortization .....	96,253.	33,832.	26,142.	36,279.
23 Insurance .....	9,202.	3,155.	2,935.	3,112.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>ORG. &amp; STAFF DEVELOPMENT</b> .....	95,658.	45,486.	40,922.	9,250.
b <b>MISCELLANEOUS</b> .....	50,669.	2,947.	21,103.	26,619.
c <b>EQUIPMENT MAINTENANCE</b> .....	35,256.	18,805.	6,962.	9,489.
d <b>M&amp;G EXPENSE ALLOCATION</b> .....	0.	591,219.	<997,897.>	406,678.
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	14,293,012.	12,303,902.	268,000.	1,721,110.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing .....	4,778,973.	1	3,236,338.
	2 Savings and temporary cash investments .....	902,114.	2	2,677,978.
	3 Pledges and grants receivable, net .....	11,672,107.	3	11,819,062.
	4 Accounts receivable, net .....	17,648.	4	19,498.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	24,975.	9	74,372.
	10a Land, buildings, and equipment: cost basis ...	10a 2,952,447.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 822,517.	2,156,813.	10c 2,129,930.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....	2,904,857.	12	2,252,020.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	148,487.	15	194,188.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	22,605,974.	16	22,403,386.	
Liabilities	17 Accounts payable and accrued expenses .....	48,465.	17	33,420.
	18 Grants payable .....	384,226.	18	150,185.
	19 Deferred revenue .....	184,765.	19	161,756.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....	2,388,469.	25	2,960,720.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	3,005,925.	26	3,306,081.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	5,768,582.	27	5,763,984.
	28 Temporarily restricted net assets .....	11,302,767.	28	10,745,395.
	29 Permanently restricted net assets .....	2,528,700.	29	2,587,926.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
33 <b>Total net assets or fund balances</b> .....	19,600,049.	33	19,097,305.	
34 <b>Total liabilities and net assets/fund balances</b> .....	22,605,974.	34	22,403,386.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
b	Were the organization's financial statements audited by an independent accountant? .....	X	
c	If "Yes" to lines 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? .....	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
b	If "Yes," did the organization undergo the required audit or audits? .....		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **UNITED WAY OF GREENVILLE COUNTY, INC.** Employer identification number **57-0362066**

**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: (Please check only **one** organization.)

- 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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14,015,260.	14,788,246.	15,368,960.	14,719,461.	14,668,272.	73,560,199.
<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 - 3 .....	14,015,260.	14,788,246.	15,368,960.	14,719,461.	14,668,272.	73,560,199.
<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.						73,560,199.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	14,015,260.	14,788,246.	15,368,960.	14,719,461.	14,668,272.	73,560,199.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	69,226.	151,839.	271,887.	397,390.	247,185.	1,137,527.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						74,697,726.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five 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 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.48	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	98.98	%
<b>16a 33 1/3% support test - 2008.</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 - 2007.</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 - 2008.</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 IV 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 - 2007.</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 IV 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 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 Total.</b> Add lines 1 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

<b>Name of organization</b>  UNITED WAY OF GREENVILLE COUNTY, INC.	<b>Employer identification number</b>  57-0362066
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FLUOR CORPORATION <hr/> 100 FLUOR DANIEL DRIVE <hr/> GREENVILLE, SC 29607-2762 <hr/>	\$ 384,653.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by organizations described below.**  
▶ **Attach to Form 990 or Form 990-EZ.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>UNITED WAY OF GREENVILLE COUNTY, INC.</b>	Employer identification number <b>57-0362066</b>
--	---

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ 0.
- 3 Volunteer hours ..... 0.

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a .....															
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? .....	X		8,528.
<b>i</b> Other activities? If "Yes," describe in Part IV .....		X	
<b>j</b> Total lines 1c through 1i .....			8,528.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? .....	3	

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) .....	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes...

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Question, Held at the End of the Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

- 3** Using the organization's 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 XIV.
- 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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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 XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to 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	2904858.				
<b>b</b> Contributions	59,226.				
<b>c</b> Investment earnings or losses	<694,605.>				
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	17,459.				
<b>g</b> End of year balance	2252020.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  100.00 %
  - c** Term endowment  \_\_\_\_\_ %
- 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>(ii)</b> related organizations  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land		267,000.		267,000.
<b>b</b> Buildings		1,721,242.	117,216.	1,604,026.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		964,205.	705,301.	258,904.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,129,930.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,915,186.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,293,012.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	622,174.
4	Net unrealized gains (losses) on investments	4	<775,606.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<349,312.>
9	Total adjustments (net). Add lines 4-8	9	<1,124,918.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<502,744.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	12,698,035.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	249,700.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	249,700.
3	Subtract line 2e from line 1	3	12,448,335.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,466,851.
c	Add lines 4a and 4b	4c	2,466,851.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	14,915,186.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	12,075,861.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	249,700.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	249,700.
3	Subtract line 2e from line 1	3	11,826,161.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,466,851.
c	Add lines 4a and 4b	4c	2,466,851.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	14,293,012.

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS ARE HELD IN**

**PERPETUITY AND INVESTMENT INCOME IS UNRESTRICTED FOR USE IN OPERATIONS.**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**CURRENT YEAR CHANGE IN PENSION FUNDING STATUS UNDER SFAS 158**

**PART XII, LINE 4B:**

**DONOR DESIGNATIONS \$2,449,392**

**Part XIV** Supplemental Information *(continued)*

INVESTMENT FEES \$17,459

PART XIII, LINE 4B:

DONOR DESIGNATIONS \$2,449,392

INVESTMENT FEES \$17,459

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF GREENVILLE COUNTY, INC.**

**Employer identification number  
57-0362066**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (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 CHILD'S HAVEN, INC. 1124 RUTHERFORD ROAD GREENVILLE, SC 29609-3927	57-0893712	501(C)(3)	50,422.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AID UPSTATE, INC. POST OFFICE BOX 105 GREENVILLE, SC 29602-0105	57-0848637	501(C)(3)	7,877.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION, SC CHAPTER-GREENVILLE - 301 UNIVERSITY RIDGE, SUITE 5000 - GREENVILLE, SC 29601-3686	57-0792592	501(C)(3)	33,117.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN CANCER SOCIETY - GREENVILLE COUNTY (SC) - 154 MILESTONE WAY - GREENVILLE, SC 29615	58-0659875	501(C)(3)	8,039.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS, UPSTATE SC CHAPTER - POST OFFICE BOX 9035 - GREENVILLE, SC 29604-9035	53-0196605	501(C)(3)	40,612.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ANDERSON FREE CLINIC 414 NORTH FANT STREET ANDERSON, SC 29621-5716	57-0787584	501(C)(3)	5,756.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶ **137.**
- 3** Enter total number of other organizations ..... ▶ **0.**

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

Schedule I (Form 990) 2008

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMERGENCY ASSISTANCE	118	24,010.	0.	N/A	N/A

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 1: THE UNITED WAY OF GREENVILLE COUNTY CONDUCTS ANNUAL GRANT REVIEWS AND EVALUATION OF PERFORMANCE OUTCOMES BASED ON INFORMATION PROVIDED BY FUNDED AGENCIES. THE UNITED WAY PROVIDES MULTI-YEAR FUNDING TO PROGRAMS IN FIVE SPECIFIC FOCUS AREAS (CHILDREN, YOUTH, FAMILIES, HEALTH, AND CRISIS). THE FUNDING YEAR RUNS FROM JULY 1ST TO JUNE 30TH. AGENCIES ARE REQUIRED TO REPORT ANNUALLY IN NOVEMBER. THE REPORT AND EVALUATION PROCESS IS LED BY VOLUNTEERS IN EACH OF THE FIVE AREAS WITH 13 MEMBERS PER PROGRAM EVALUATION TEAM. THE PROGRAM EVALUATION TEAMS REVIEW ORGANIZATIONAL DOCUMENTS INCLUDING: THE MOST RECENT

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF GREENVILLE COUNTY, INC.**

Employer identification number

**57-0362066**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHRISTIAN SERVICES 114 WILLIAMS STREET, SUITE A GREENVILLE, SC 29601	31-1196726	501(C)(3)	10,612.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF THE UPSTATE - 620 N. MAIN STREET, SUITE 102 - GREENVILLE, SC 29601	20-4243553	501(C)(3)	9,870.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA - BLUE RIDGE COUNCIL - 1 PARK PLAZA - GREENVILLE, SC 29607-5851	57-0314427	501(C)(3)	49,059.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAMP OPPORTUNITY 58 PARKWAY COMMONS WAY GREER, SC 29650	57-0787176	501(C)(3)	10,243.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAMP SPEARHEAD 4806 OLD SPARTANBURG ROAD TAYLORS, SC 29687	57-0515920	501(C)(3)	11,385.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAMPERDOWN ACADEMY 501 HOWELL ROAD GREENVILLE, SC 29615	57-0820322	501(C)(3)	21,258.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CANCER SOCIETY OF GREENVILLE COUNTY - 113 MILLS AVENUE - GREENVILLE, SC 29605	57-0471686	501(C)(3)	60,740.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAROLINA PREGNANCY CENTER POST OFFICE BOX 5364 SPARTANBURG, SC 29304-5364	57-0791115	501(C)(3)	6,059.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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CATHOLIC CHARITIES OF PIEDMONT (CHARLESTON) - 204 DOUTHIT STREET, SUITE A-1 - GREENVILLE, SC 29601-1701	57-0314369	501(C)(3)	8,580.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CENTER FOR DEVELOPMENTAL SERVICES, INC. - 29 NORTH ACADEMY STREET - GREENVILLE, SC 29601-2629	57-0988275	501(C)(3)	35,372.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHILD EVANGELISM FELLOWSHIP-GREENVILLE - POST OFFICE BOX 575 - TAYLORS, SC 29687-0575	57-0861903	501(C)(3)	9,021.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMPASS OF CAROLINA 1100 RUTHERFORD ROAD GREENVILLE, SC 29609	57-0381870	501(C)(3)	5,504.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES OF SC - 728 N. PLEASANTBURG DRIVE - GREENVILLE, SC 29607	44-0610626	501(C)(3)	11,740.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FOOTHILLS FAMILY RESOURCES POST OFFICE BOX 246 SLATER, SC 29683-0246	57-0823752	501(C)(3)	5,297.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GATEWAY HOUSE, INC. POST OFFICE BOX 4241 GREENVILLE, SC 29608-4241	57-0767465	501(C)(3)	10,430.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GENERATIONS GROUP HOME POST OFFICE BOX 80009 SIMPSONVILLE, SC 29680	57-0929065	501(C)(3)	6,415.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations .....

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**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE HOSPITAL SYSTEM OFFICE OF PHILANTHROPY - 255 ENTERPRISE BLVD. - GREENVILLE, SC 29615	57-6007863	501(C)(3)	37,151.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS OF SOUTH CAROLINA - MOUNTAINS TO MIDLANDS, INC. - POST OFFICE BOX 1227 - MAULDIN, SC 29662-1227	57-0314433	501(C)(3)	13,681.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GOLDEN STRIP EMERGENCY RELIEF & RESOURCE AGENCY - POST OFFICE BOX 193 - FOUNTAIN INN, SC 29644-0193	57-0692631	501(C)(3)	11,831.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SOUTH CAROLINA, INC. - 115 HAYWOOD ROAD - GREENVILLE, SC 29607-3422	57-0564001	501(C)(3)	11,245.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREENVILLE AREA INTERFAITH HOSPITALITY NETWORK (GAIHN) - POST OFFICE BOX 2083 - GREENVILLE, SC 29602-2083	57-1103142	501(C)(3)	9,320.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREENVILLE COUNTY DISABILITIES AND SPECIAL NEEDS BOARD - POST OFFICE BOX 17467 - GREENVILLE, SC 29606-8467	57-0537749	501(C)(3)	9,080.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREENVILLE COUNTY MEDICAL SOCIETY 1395 SOUTH CHURCH STREET GREENVILLE, SC 29605	20-0154719	501(C)(3)	15,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREENVILLE FREE MEDICAL CLINIC, INC. - POST OFFICE BOX 8993 - GREENVILLE, SC 29604-8993	57-0855205	501(C)(3)	28,696.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

**2008**

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**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE LITERACY ASSOCIATION, INC. - 225 SOUTH PLEASANTBURG DRIVE, SUITE C-10 - GREENVILLE, SC 29607	57-0521414	501(C)(3)	21,193.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREENVILLE RAPE CRISIS & CHILD ABUSE CENTER - 2905 WHITE HORSE ROAD - GREENVILLE, SC 29611-6120	57-0655611	501(C)(3)	15,788.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREER RELIEF AND RESOURCES AGENCY, INC. - PO BOX 1303 - GREER, SC 29652	57-0370331	501(C)(3)	20,925.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HABITAT FOR HUMANITY OF GREENVILLE COUNTY - POST OFFICE BOX 1206 - GREENVILLE, SC 29602-1206	57-0827063	501(C)(3)	9,387.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HANDS ON GREENVILLE (HOG) 600 EAST WASHINGTON STREET SUITE 61 GREENVILLE, SC 29601-2971	57-0996034	501(C)(3)	7,917.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HIDDEN TREASURE CHRISTIAN SCHOOL 500 WEST LEE ROAD TAYLORS, SC 29687-2513	57-1681882	501(C)(3)	12,100.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOMES OF HOPE, INC. 3 DUNEAN STREET GREENVILLE, SC 29611	57-1069688	501(C)(3)	7,282.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF GREENVILLE 530 HOWELL ROAD, SUITE 103 GREENVILLE, SC 29615	57-0547967	501(C)(3)	12,244.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations .....

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**SCHEDULE I-1  
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Department of the Treasury  
Internal Revenue Service

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**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

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JUNIOR LEAGUE OF GREENVILLE, INC 118 GREENACRE ROAD GREENVILLE, SC 29607	57-0293874	501(C)(3)	5,198.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION-WESTERN CAROLINAS-GVL - 37 VILLA ROAD, SUITE 109 (B-111) - GREENVILLE, SC 29615	23-1907729	501(C)(3)	5,472.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LOAVES & FISHES 25 WOODS LAKE ROAD SUITE 812 GREENVILLE, SC 29607-2765	57-0931804	501(C)(3)	16,315.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MARCH OF DIMES-GREENVILLE 37 VILLA ROAD, B-123 GREENVILLE, SC 29615	13-1846366	501(C)(3)	5,252.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MEALS ON WHEELS OF GREENVILLE, INC. - 15 OREGON STREET - GREENVILLE, SC 29605-1780	57-0531378	501(C)(3)	11,461.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MENTAL HEALTH AMERICA OF GREENVILLE COUNTY - 301 UNIVERSITY RIDGE, SUITE 5600 - GREENVILLE, SC 29601-3675	57-0955844	501(C)(3)	7,211.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MEYER CENTER FOR SPECIAL CHILDREN 1132 RUTHERFORD ROAD GREENVILLE, SC 29609-3927	57-0361503	501(C)(3)	76,431.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MIRACLE HILL MINISTRIES, INC. PO BOX 2546 GREENVILLE, SC 29602	57-0425826	501(C)(3)	39,707.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations .....

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**SCHEDULE I-1  
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**57-0362066**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD FOCUS MINISTRIES 28 BOB STREET GREENVILLE, SC 29611	20-4280877	501(C)(3)	10,132.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PENDLETON PLACE, INC. POST OFFICE BOX 10323 GREENVILLE, SC 29603-0323	57-0624421	501(C)(3)	26,521.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PHILLIS WHEATLEY ASSOCIATION 40 JOHN MCCARROLL WAY GREENVILLE, SC 29607-2284	57-0327895	501(C)(3)	36,346.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PIEDMONT WOMEN'S CENTER 1389 BRUSHY CREEK ROAD TAYLORS, SC 29687	57-0932285	501(C)(3)	40,383.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PROJECT HOPE FOUNDATION PMB 358, 2131 WOODRUFF ROAD, SUITE GREENVILLE, SC 29607-5994	58-2324540	501(C)(3)	24,597.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PROJECT HOST, INC. POST OFFICE BOX 345 GREENVILLE, SC 29602-0345	57-0728041	501(C)(3)	12,470.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SAFE HARBOR INC. POST OFFICE BOX 174 GREENVILLE, SC 29602-0174	57-1014137	501(C)(3)	45,662.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY - GREENVILLE POST OFFICE BOX 1237 GREENVILLE, SC 29602-1237	56-0543227	501(C)(3)	33,586.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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SENIOR ACTION, INC. 50 DIRECTORS DRIVE GREENVILLE, SC 29615	57-0507961	501(C)(3)	6,180.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SPEECH, HEARING & LEARNING CENTER, INC. - 29 NORTH ACADEMY STREET - GREENVILLE, SC 29601-2629	57-0331635	501(C)(3)	17,343.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST. ANTHONY OF PADUA CATHOLIC 309 GOWER STREET GREENVILLE, SC 29611	57-0427729	501(C)(3)	9,306.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
STERLING HOPE CENTER 709 DUNBAR STREET GREENVILLE, SC 29601-4011	56-2270587	501(C)(3)	10,062.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE SPECIAL LINK 1201 HAYWOOD ROAD GREENVILLE, SC 29615	58-2320644	501(C)(3)	5,920.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE URBAN LEAGUE OF THE UPSTATE, INC. - 15 REGENCY HILL DRIVE - GREENVILLE, SC 29607-1230	57-0541039	501(C)(3)	9,785.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED MINISTRIES 606 PENDLETON STREET GREENVILLE, SC 29601	57-0511977	501(C)(3)	28,108.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF ANDERSON COUNTY-SC 907 NORTH MAIN STREET, SUITE 202 ANDERSON, SC 29622-2067	57-0510602	501(C)(3)	28,646.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations .....

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**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115-1854	34-6516654	501(C)(3)	7,162.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF HENDERSON COUNTY POST OFFICE BOX 487 HENDERSONVILLE, NC 28793-0487	56-0890133	501(C)(3)	7,708.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF LAURENS COUNTY POST OFFICE BOX 544 CLINTON, SC 29325-0544	23-7011064	501(C)(3)	27,982.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF PICKENS COUNTY POST OFFICE BOX 96 EASLEY, SC 29641	57-0476249	501(C)(3)	55,023.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE PIEDMONT PO BOX 5624 SPARTANBURG, SC 29304-5624	57-0314377	501(C)(3)	24,423.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WASHINGTON CENTER SCHOOL 2 BETTY SPENCER DRIVE GREENVILLE, SC 29607	57-6000234	501(C)(3)	5,504.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WISDOM IN LIVING LIFE MINISTRY, INC. - POST OFFICE BOX 150 - TRAVELERS REST, SC 29690	57-1101498	501(C)(3)	11,963.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
YMCA OF GREENVILLE 601 EAST MCBEE AVENUE, SUITE 212 GREENVILLE, SC 29601	57-0314424	501(C)(3)	24,478.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF GREENVILLE COUNTY, INC.**

Employer identification number

**57-0362066**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF GREENVILLE 700 AUGUSTA STREET GREENVILLE, SC 29605	57-0324938	501(C)(3)	8,950.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MULTIPLE AGENCIES LESS THAN \$5000		501(C)(3)	941,445.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
A CHILD'S HAVEN 1124 RUTHERFORD ROAD GREENVILLE, SC 29609	57-0893712	501(C)(3)	196,750.	0.			MATCHING FUNDS FOR OPERATING COSTS
AID UPSTATE POST OFFICE BOX 105 GREENVILLE, SC 29601-0000	57-0848637	501(C)(3)	60,000.	0.			PROGRAM OPERATING COSTS
ALSTON WILKES SOCIETY 614 PENDLETON STREET GREENVILLE, SC 29601	57-0477907	501(C)(3)	30,000.	0.			PROGRAM OPERATING COSTS
ALZHEIMER'S ASSOCIATION - GREENVILLE COUNTY - 301 UNIVERSITY RIDGE, SUITE 5000 - GREENVILLE, SC 29601-3686	57-0792592	501(C)(3)	73,000.	0.			PROGRAM OPERATING COSTS
AMERICAN RED CROSS-UPSTATE CHAPTER PO BOX 9035, STATION A GREENVILLE, SC 29604-9035	53-0196605	501(C)(3)	185,000.	0.			PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF THE UPSTATE, INC. - 620 N. MAIN STREET, SUITE 102 - GREENVILLE, SC 29601	20-4243553	501(C)(3)	100,000.	0.			PROGRAM OPERATING COSTS

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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BOY SCOUTS OF AMERICA - BLUE RIDGE COUNCIL - 1 PARK PLAZA - GREENVILLE, SC 29607-5851	57-0314427	501(C)(3)	217,000.	0.			PROGRAM OPERATING COSTS
CANCER SOCIETY OF GREENVILLE COUNTY - 113 MILLS AVENUE - GREENVILLE, SC 29605	57-0471686	501(C)(3)	85,000.	0.			PROGRAM OPERATING COSTS
CENTER FOR DEVELOPMENTAL SERVICES 29 NORTH ACADEMY STREET GREENVILLE, SC 29601	57-0988275	501(C)(3)	150,000.	0.			PROGRAM OPERATING COSTS
CHILD CARE ASSISTANCE PROGRAM - GREENVILLE TECH FOUNDATION - POST OFFICE BOX 5616 - GREENVILLE, SC 29606-5616	57-0565961	501(C)(3)	39,375.	0.			PROGRAM OPERATING COSTS
CITY OF GREENVILLE-YOUTH MASTER PLAN - PO BOX 2207 - GREENVILLE, SC 29602	57-6000236	501(C)(3)	25,000.	0.			PROGRAM OPERATING COSTS
CITY OF GREENVILLE-COMM DEV DEPT-SOFT MORTGAGE - PO BOX 2207 - GREENVILLE, SC 29602	57-6000236	501(C)(3)	29,966.	0.			PROGRAM OPERATING COSTS
COMMUNITIES IN SCHOOLS POST OFFICE BOX 10308 GREENVILLE, SC 29603	57-0931840	501(C)(3)	308,000.	0.			PROGRAM OPERATING COSTS
COMPASS OF CAROLINA 1100 RUTHERFORD ROAD GREENVILLE, SC 29609	57-0381870	501(C)(3)	239,500.	0.			PROGRAM OPERATING COSTS

**2** Enter total number of Section 501(c)(3) and government organizations .....

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUNBAR CHILD DEVELOPMENT CENTER -GCS OVERBROOK CDC - 111 LAURENS ROAD - GREENVILLE, SC 29607	57-6000234	501(C)(3)	47,500.	0.			PROGRAM OPERATING COSTS
FOOTHILLS FAMILY RESOURCES PO BOX 246 SLATER, SC 29683-0246	57-0823752	501(C)(3)	120,500.	0.			PROGRAM OPERATING COSTS
GATEWAY HOUSE POST OFFICE BOX 4241 GREENVILLE, SC 29608-4241	57-0767465	501(C)(3)	68,500.	0.			PROGRAM OPERATING COSTS
GIRL SCOUTS OF SC- MOUNTAINS TO MIDLANDS - POST OFFICE BOX 1227 - MAULDIN, SC 29662	57-0314433	501(C)(3)	115,000.	0.			PROGRAM OPERATING COSTS
CENTER FOR COMMUNITY SERVICES (FORMALLY GOLDEN STRIP CENTER) - 1102 HOWARD DRIVE - SIMPSONVILLE, SC 29681	57-1059164	501(C)(3)	84,000.	0.			PROGRAM OPERATING COSTS
GOLDEN STRIP EMERGENCY RELIEF & RESOURCES - POST OFFICE BOX 193 - FOUNTAIN INN, SC 29644	57-0692631	501(C)(3)	102,000.	0.			PROGRAM OPERATING COSTS
GREENVILLE AREA INTERFAITH HOSPITALITY NETWORK - POST OFFICE BOX 2083 - GREENVILLE, SC 29602-2083	57-1103142	501(C)(3)	73,000.	0.			PROGRAM OPERATING COSTS
GREENVILLE CHILDRENS HOSPITAL-INTERNET SAFETY - 255 ENTERPRISE BLVD, SUITE 110 - GREENVILLE, SC 29615	57-6007863	501(C)(3)	20,000.	0.			PROGRAM OPERATING COSTS

**2** Enter total number of Section 501(c)(3) and government organizations .....

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE COUNTY DISABILITIES & SPECIAL NEEDS BOARD - POST OFFICE BOX 17467 - GREENVILLE, SC 29606-8467	57-0537749	501(C)(3)	105,800.	0.			PROGRAM OPERATING COSTS
GREENVILLE COUNTY FIRST STEPS 201 WEST MCBEE AVENUE, SUITE 200 GREENVILLE, SC 29601	57-1097814	501(C)(3)	175,000.	0.			PROGRAM OPERATING COSTS
GREENVILLE COUNTY RECREATION DISTRICT-CAMP SPEARHEAD - 4806 OLD SPARTANBURG ROAD - TAYLORS, SC 29687	57-0515920	501(C)(3)	50,000.	0.			PROGRAM OPERATING COSTS
GREENVILLE FREE MEDICAL CLINIC POST OFFICE BOX 8993 GREENVILLE, SC 29604	57-0855205	501(C)(3)	232,500.	0.			PROGRAM OPERATING COSTS
GREENVILLE HOSPITAL SYSTEM-PRIDE 255 ENTERPRISE BLVD, SUITE 190 GREENVILLE, SC 29615	57-0471686	501(C)(3)	55,000.	0.			PROGRAM OPERATING COSTS
GREENVILLE HOUSING FUND 800 EAST NORTH STREET 2ND FLOOR GREENVILLE, SC 29601	57-6019318	501(C)(3)	5,000.	0.			PROGRAM OPERATING COSTS
GREENVILLE HOUSING FUND 800 EAST NORTH STREET 2ND FLOOR GREENVILLE, SC 29601	57-6019318	501(C)(3)	60,930.	0.			GENERAL OPERATING COSTS
GREENVILLE LITERACY ASSOCIATION 225 SOUTH PLEASANTBURG DRIVE, SUITE GREENVILLE, SC 29606	57-0521414	501(C)(3)	267,000.	0.			PROGRAM OPERATING COSTS

**2** Enter total number of Section 501(c)(3) and government organizations .....

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GREENVILLE RAPE CRISIS AND CHILD ABUSE CENTER - 2905 WHITE HORSE ROAD - GREENVILLE, SC 29611-6120	57-0655611	501(C)(3)	282,500.	0.			PROGRAM OPERATING COSTS
GREER RELIEF AND RESOURCES POST OFFICE BOX 1303 GREER, SC 29652-1303	57-0370331	501(C)(3)	58,000.	0.			PROGRAM OPERATING COSTS
HABITAT FOR HUMANITY - GREENVILLE PO BOX 1206 GREENVILLE, SC 29602-1206	57-0827063	501(C)(3)	60,000.	0.			PROGRAM OPERATING COSTS
HANDS ON GREENVILLE 600 EAST WASHINGTON STREET, SUITE 6 GREENVILLE, SC 29601	57-0996034	501(C)(3)	10,000.	0.			PROGRAM OPERATING COSTS
HANDS ON GREENVILLE 600 EAST WASHINGTON STREET, SUITE 6 GREENVILLE, SC 29601	57-0996034	501(C)(3)	66,667.	0.			GENERAL OPERATING COSTS
HARVEST HOPE FOOD BANK 5200 PELHAM ROAD SUITE A GREENVILLE, SC 29615	57-0725560	501(C)(3)	15,000.	0.			PROGRAM OPERATING COSTS
HOMES OF HOPE 3 DUNEAN STREET GREENVILLE, SC 29611	57-1069688	501(C)(3)	116,000.	0.			PROGRAM OPERATING COSTS
LOAVES & FISHES 25 WOODS LAKE ROAD, SUITE 812 GREENVILLE, SC 29607-2765	57-0931804	501(C)(3)	24,000.	0.			PROGRAM OPERATING COSTS

**2** Enter total number of Section 501(c)(3) and government organizations .....

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MEALS ON WHEELS 15 OREGON STREET GREENVILLE, SC 29605	57-0531378	501(C)(3)	4,500.	0.			PROGRAM OPERATING COSTS
MENTAL HEALTH AMERICA - GREENVILLE COUNTY - 301 UNIVERSITY RIDGE, SUITE 5600 - GREENVILLE, SC 29601-3675	57-0955844	501(C)(3)	168,000.	0.			PROGRAM OPERATING COSTS
MEYER CENTER FOR SPECIAL CHILDREN 1132 RUTHERFORD ROAD GREENVILLE, SC 29609	57-0361503	501(C)(3)	305,000.	0.			PROGRAM OPERATING COSTS
NEW HORIZON FAMILY HEALTH SERVICES POST OFFICE BOX 287 GREENVILLE, SC 29602	57-0932597	501(C)(3)	112,500.	0.			PROGRAM OPERATING COSTS
NORTHWEST CRESCENT CHILD DEVELOPMENT CENTER - GCS-OVERBROOK CDC - 111 LAURENS ROAD - GREENVILLE, SC 29607	57-6000234	501(C)(3)	80,000.	0.			PROGRAM OPERATING COSTS
PENDLETON PLACE CHILDREN'S SHELTER POST OFFICE BOX 10323 GREENVILLE, SC 29603	57-0624421	501(C)(3)	66,000.	0.			PROGRAM OPERATING COSTS
PHILLIS WHEATLEY ASSOCIATION 335 GREENACRE ROAD GREENVILLE, SC 29607	57-0327895	501(C)(3)	150,000.	0.			PROGRAM OPERATING COSTS
PHOENIX CENTER FOR BEHAVIORAL HEALTH - 1400 CLEVELAND STREET - GREENVILLE, SC 29602-1948	57-1129751	501(C)(3)	60,000.	0.			PROGRAM OPERATING COSTS

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Department of the Treasury  
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PLEASANT VALLEY CONNECTION 510 OLD AUGUSTA ROAD GREENVILLE, SC 29605	57-1127237	501(C)(3)	132,000.	0.			PROGRAM OPERATING COSTS
PROJECT HOPE FOUNDATION PMB 358, 2131 WOODRUFF ROAD, SUITE GREENVILLE, SC 29607-5994	58-2324540	501(C)(3)	10,000.	0.			PROGRAM OPERATING COSTS
PROJECT HOST POST OFFICE BOX 345 GREENVILLE, SC 29602	57-0728041	501(C)(3)	41,000.	0.			PROGRAM OPERATING COSTS
SAFE HARBOR POST OFFICE BOX 174 GREENVILLE, SC 29602	57-1014137	501(C)(3)	76,500.	0.			PROGRAM OPERATING COSTS
SALVATION ARMY - GREENVILLE POST OFFICE BOX 1237 GREENVILLE, SC 29602	58-0660607	501(C)(3)	425,000.	0.			PROGRAM OPERATING COSTS
SENIOR ACTION 50 DIRECTOR'S DRIVE GREENVILLE, SC 29615	57-0507961	501(C)(3)	240,386.	0.			PROGRAM OPERATING COSTS
SHARE PO BOX 10204 GREENVILLE, SC 29603	57-6028253	501(C)(3)	72,000.	0.			PROGRAM OPERATING COSTS
SOUTH CAROLINA LEGAL SERVICES 701 SOUTH MAIN STREET GREENVILLE, SC 29601	57-0485205	501(C)(3)	54,000.	0.			PROGRAM OPERATING COSTS

**2** Enter total number of Section 501(c)(3) and government organizations .....

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**SCHEDULE I-1  
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SPEECH HEARING & LEARNING 29 NORTH ACADEMY STREET GREENVILLE, SC 29601-2629	57-0331635	501(C)(3)	269,500.	0.			PROGRAM OPERATING COSTS
STERLING HOPE CENTER 10 NORTH CHURCH STREET GREENVILLE, SC 29601	56-2270587	501(C)(3)	98,000.	0.			PROGRAM OPERATING COSTS
UNITED MINISTRIES 606 PENDLETON STREET GREENVILLE, SC 29601	57-0511977	501(C)(3)	317,000.	0.			PROGRAM OPERATING COSTS
URBAN LEAGUE OF THE UPSTATE PO BOX 2571 GREENVILLE, SC 29602-2571	57-0541039	501(C)(3)	281,000.	0.			PROGRAM OPERATING COSTS
YMCA - GREATER GREENVILLE 601 EAST MCBEE AVENUE, #212 GREENVILLE, SC 29601	57-0314424	501(C)(3)	196,000.	0.			PROGRAM OPERATING COSTS
YWCA 700 AUGUSTA STREET GREENVILLE, SC 29605	57-0324938	501(C)(3)	333,000.	0.			PROGRAM OPERATING COSTS
OTHER ASSISTANCE UNDER \$5000 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	16,113.	0.			COMMUNITY COLLABORATION
WORKFORCE DEVELOPMENT 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	18,395.	0.			COMMUNITY COLLABORATION

**2** Enter total number of Section 501(c)(3) and government organizations .....

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**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
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AFTERSCHOOL STRATEGIC PLAN 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	62,900.	0.			COMMUNITY COLLABORATION
CHILD CARE RESOURCE AND REFERRAL 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	43,221.	0.			PROGRAM OPERATING COSTS
DENTAL PROJECT 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	11,379.	0.			PROGRAM OPERATING COSTS

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
TED HENDRY	(i)	147,829.	14,350.	0.	85,281.	11,748.	259,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization  
**UNITED WAY OF GREENVILLE COUNTY, INC.**

Employer identification number  
**57-0362066**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	40	161,273.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( SCHOOL SUPP. )	X	1	16,989.	FAIR MARKET VALUE
26 Other ▶ ( SILVER )	X	1	1,900.	FAIR MARKET VALUE
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

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

THE UNITED WAY OF GREENVILLE COUNTY'S MISSION IS TO PROVIDE LEADERSHIP  
IN UNITING OUR COMMUNITY TO IMPROVE PEOPLE'S LIVES AND BUILD A VITAL,  
CARING COMMUNITY. THE WORK CENTERS ON TWO DISTINCT, BUT EQUALLY  
IMPORTANT, STRATEGIC GOALS:

1. HELPING PEOPLE IN NEED RIGHT NOW

2. HELPING TO ELIMINATE FUTURE NEEDS THROUGH A COMMITMENT TO ADDRESSING  
THE UNDERLYING CAUSES OF CRITICAL PROBLEMS IN THE KEY AREAS OF SCHOOL  
READINESS, HIGH SCHOOL GRADUATION, AND FINANCIAL STABILITY

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

FOCUS AREA: FAMILIES AND NEIGHBORHOODS. GRANTS TOTALING \$1,071,000  
PROVIDED FUNDING AND SUPPORT TO 14 LOCAL PROGRAMS FOR GREENVILLE COUNTY  
RESIDENTS FOR EMPLOYMENT SKILLS DEVELOPMENT, AFFORDABLE HOUSING, AND  
GEOGRAPHICALLY-DETERMINED COMMUNITY SERVICE CENTERS.

FOCUS AREA: HEALTH. GRANTS TOTALING \$1,607,930 SUPPORTED 23 LOCAL  
PROGRAMS THAT PROVIDE ACCESS TO MEDICAL AND MENTAL HEALTH CARE AND  
SUPPORT TO SENIORS AND PERSONS WITH DISABILITIES.

FOCUS AREA: CRISIS. GRANTS TOTALING \$1,150,000 PROVIDED SUPPORT FOR 17  
LOCAL PROGRAMS THAT PROVIDE SERVICES THAT ADDRESS BASIC NEEDS, DISASTER  
ASSISTANCE, AND INTERPERSONAL VIOLENCE.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

AGENCIES WERE SUPPORTED THROUGH THE STRATEGIC PLANNING AND RESEARCH

PROCESS THROUGH CAPACITY BUILDING GRANTS THAT PROVIDED \$7,000 FOR

STRATEGIC PLANNING, AND \$50,000 FOR REPLACING THE LOSS OF STATE FUNDING

WHICH WOULD HAVE RESULTED IN A REVENUE LOSS OF \$415,000 FOR A PROGRAM

FOR ABUSED AND NEGLECTED CHILDREN.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

AROUND GREENVILLE COUNTY.

THE UNITED WAY INDIVIDUAL DEVELOPMENT ACCOUNT PROGRAM (IDA) PRODUCED A

TOTAL OF 5 HOMEOWNERS IN 2008.

THE GREENVILLE DREAMS (NEIGHBORHOOD DEVELOPMENT) PROGRAM HELD 5

COMMUNITY MEETINGS AND EVENTS; AND ENGAGED 60 RESIDENTS IN EIGHT

GREENVILLE COUNTY NEIGHBORHOODS IN 2008. THIS PROGRAM SEEKS TO ENGAGE

AND DEVELOP GRACE ROOTS LEADERSHIP IN THE SELECTED SPECIAL EMPHASIS

NEIGHBORHOODS.

THROUGH A LEVERAGED GRANT FROM THE STATE DEPARTMENT OF SOCIAL SERVICES

THE UNITED WAY CHILD CARE RESOURCES AND REFERRAL PROGRAM PROVIDED

17,962 CHILDCARE REFERRALS; 20 CENTER BASED TRAINING EVENTS; 20 FAMILY

FRIEND AND NEIGHBOR TRAINING AND ASSISTANCE EVENTS; 21 TECHNICAL

ASSISTANCE VISITS AND 42 HOURS; 4 CHILD CARE COORDINATION MEETINGS; 39

PROFESSIONAL DEVELOPMENT TRAININGS FOR FOURTEEN COUNTIES INCLUDING

GREENVILLE COUNTY.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

UNITED WAY STAFF PROVIDED DIRECT COMMUNITY SUPPORT IN THE AREA OF  
VOLUNTEER LEADERSHIP, PLANNING, AND RESEARCH IN THE FIVE FOCUS AREAS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THROUGH THE USE OF DONOR DESIGNATED FUNDS, CONTRIBUTORS CAN DESIGNATE  
FUNDS FOR SPECIFIC NONPROFIT ORGANIZATIONS IN THE COMMUNITY THAT THEY  
WOULD LIKE TO HELP.

EXPENSES \$ 2449394. INCLUDING GRANTS OF \$ 2449394. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: AUDITED FINANCIAL STATEMENTS WERE  
REVIEWED BY THE AUDIT COMMITTEE AT ITS MEETING ON MAY 13, 2009, THE FINANCE  
AND OPERATIONS COMMITTEE AT ITS MEETING ON JUNE 3, 2009, AND THE BOARD OF  
TRUSTEES AT ITS MEETING ON JUNE 25, 2009. THE 990 WILL BE PRESENTED TO THE  
AUDIT COMMITTEE AND THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, STAFF AND VOLUNTEERS WHO  
SERVE ON COMMITTEES ARE REQUIRED TO COMPLETE A CODE OF ETHICS CERTIFICATE,  
WHICH REQUIRES DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST. THE BOARD OF  
DIRECTORS IS ALSO REQUIRED TO DISCLOSE POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE  
BOARD REVIEWS THE PRESIDENT'S PERFORMANCE AND SETS HIS COMPENSATION. A  
PROCESS FOR INDEPENDENT REVIEW WILL BE ESTABLISHED IN 2009. FOR ALL OTHERS,  
POSITIONS ARE CLASSIFIED INTO SALARY RANGES, WHICH ARE REVIEWED  
INDEPENDENTLY. ANNUAL ADJUSTMENTS TO SALARIES ARE RECOMMENDED BY

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

SUPERVISORS AND APPROVED BY THE PRESIDENT. A BUDGET FOR ADJUSTMENTS IS ESTABLISHED EACH YEAR.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND BY REQUEST.

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OFFICE FURNITURE & EQUIPMENT	VARIOUS	SL	.000		HY16	548,451.				548,451.			0.	
3	COMPUTER SOFTWARE	VARIOUS	SL	.000		HY16	60,694.				60,694.			0.	
4	DONATED PAINTINGS	VARIOUS	SL	.000		HY16	5,920.				5,920.			0.	
5	OFFICE FURNITURE & EQUIPMENT	/ /05	SL	.000		HY16	12,102.				12,102.			0.	
6	COMPUTER SOFTWARE	/ /05	SL	.000		HY16	31,103.				31,103.			0.	
7	BUILDING	/ /05	SL	.000		HY16	572,442.				572,442.			0.	
8	CONSTRUCTION IN PROCESS	/ /05	SL	.000		HY16	152,644.				152,644.			0.	
9	OFFICE FURNITURE & EQUIPMENT	/ /06	SL	.000		HY16	254,229.				254,229.			0.	
10	CONSTRUCTION IN PROCESS	/ /06	SL	.000		HY16	946,911.				946,911.			0.	
11	OFFICE FURNITURE & EQUIPMENT	/ /07	SL	.000		HY16	17,337.				17,337.			0.	
12	COMPUTER SOFTWARE	/ /07	SL	.000		HY16	5,000.				5,000.			0.	
13	BUILDING & LAND IMPROVEMENTS	/ /07	SL	.000		HY16	9,244.				9,244.			0.	
14	LAND	/ /05	L			HY	267,000.				267,000.			0.	
15	ACCUMULATED DEPRECIATION			.000		HY16						726,264.		96,253.	822,517.
16	OFFICE FURNITURE & EQUIPMENT	/ /08	SL	.000		HY16	63,285.				63,285.			0.	
17	COMPUTER SOFTWARE	/ /08	SL	.000		HY16	6,085.				6,085.			0.	
	* TOTAL 990 PAGE 10 DEPR						2,952,447.				2,952,447.	726,264.		96,253.	822,517.

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

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>UNITED WAY OF GREENVILLE COUNTY, INC.</b>	Employer identification number <b>57-0362066</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>105 EDINBURGH COURT</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GREENVILLE, SC 29607-2529</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**JO NELSON**

- The books are in the care of ▶ **105 EDINBURGH COURT - GREENVILLE, SC 29607-2529**  
 Telephone No. ▶ **(864) 467-3333** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2008** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.