

Form **990**

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)

OMB No. 1545-0047

2009

Open to Public Inspection

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 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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		D Employer identification number 57-0362066
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 105 EDINBURGH COURT		E Telephone number (864) 467-3333
		City or town, state or country, and ZIP + 4 GREENVILLE, SC 29607-2529		G Gross receipts \$ 15,286,375.
		F Name and address of principal officer: TED HENDRY 105 EDINBURGH COURT, GREENVILLE, SC 29607		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.UNITEDWAYGC.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1955	
M State of legal domicile: SC				

Part I Summary

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 3 36
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 36
	5	Total number of employees (Part V, line 2a) 5 61
	6	Total number of volunteers (estimate if necessary) 6 543
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b	Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 14,668,272. 14,288,582.	
	9 Program service revenue (Part VIII, line 2g)	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 246,914. 88,289.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,915,186. 14,376,871.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 10,069,283. 9,771,408.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,883,053. 3,274,020.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,680,986.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,340,676. 1,290,857.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,293,012. 14,336,285.	
19 Revenue less expenses. Subtract line 18 from line 12 622,174. 40,586.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 22,403,386. 22,809,005.	
	21 Total liabilities (Part X, line 26) 3,306,081. 3,198,808.	
	22 Net assets or fund balances. Subtract line 21 from line 20 19,097,305. 19,610,197.	

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____	
	TED HENDRY, PRESIDENT Type or print name and title	
Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 DIXON HUGHES PLLC 500 RIDGEFIELD COURT ASHEVILLE, NC 28806	Check if self-employed <input type="checkbox"/> EIN ▶ _____ Phone no. ▶ (828) 254-2254

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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 \$ 9,198,317. including grants of \$ 9,198,317.) (Revenue \$) THE UNITED WAY PROVIDES PROGRAM SUPPORT AND FUNDING TOTALING \$6,694,500 FOR 90 FUNDED PROGRAMS IN FIVE COMMUNITY FOCUS AREAS.

FOCUS AREA: CHILDREN. GRANTS TOTALING \$1,387,500 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 \$ 226,590. including grants of \$ 198,400.) (Revenue \$) THE UNITED WAY PROVIDES STRATEGIC PLANNING, RESEARCH AND LEADERSHIP IN THE AREA OF COMMUNITY INVESTMENT.

IN 2009, UNITED WAY INVESTED \$100,000 PER YEAR FOR THE NEXT THREE YEARS FOR THE SC ICS; \$106,000 A YEAR FOR THE NEXT THREE YEARS FOR THE AFTER SCHOOL STRATEGIC INITIATIVE; AND \$7,500 FOR A TEEN PREGNANCY STUDY. THE UNITED WAY ALSO ENGAGED IN THE GREENVILLE COUNTY FORECLOSURE PREVENTION TASKFORCE PROVIDING A \$25,000 MATCHING GRANT TO CREATE A MORTGAGE RESCUE FUND FOR DISTRESSED HOMEOWNERS. A FEASIBILITY STUDY FOR CONSOLIDATION OF BACK OFFICE FUNCTIONS FOR SMALL TO MID-SIZE NON-PROFITS WAS ALSO COMPLETED (\$25,000). THESE EFFORTS WILL ALLOW THE UNITED WAY TO FOCUS STRATEGICALLY ON THE ROOT CAUSES OF THE COUNTY'S

4c (Code:) (Expenses \$ 3,047,800. including grants of \$ 173,100.) (Revenue \$) THE UNITED WAY STAFF PROVIDES ESSENTIAL SUPPORT TO THE GREENVILLE COMMUNITY AND TO FOUR DIRECT SERVICE PROGRAMS.

UNITED WAY PROVIDED \$173,430 TO SUPPORT THE IMPLEMENTATION OF THE GRADUATE GREENVILLE PROGRAM, WHICH IS DESIGNED TO INCREASE THE HIGH SCHOOL GRADUATION RATE IN GREENVILLE COUNTY. CURRENTLY IN FIVE HIGH SCHOOLS, GRADUATE GREENVILLE SERVES APPROXIMATELY 320 STUDENTS THROUGH A 4-WEEK SUMMER ENRICHMENT PROGRAM, A SCHOOL-BASED GRADUATION COACH, AND OPPORTUNITIES FOR COMMUNITY SERVICE AND ASSISTANCE TO FAMILIES.

THE 2009 UNITED WAY OF GREENVILLE COUNTY VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM COMPLETED TAX RETURNS FOR WORKING INDIVIDUALS

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

4e Total program service expenses \$ 12,472,707.

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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>		
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school 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 United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 Section 501(c)(3) and 501(c)(4) organizations. 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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
35 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
36 Section 501(c)(3) organizations. 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
37 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	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 11		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 61		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			36
b	Enter the number of voting members that are independent		
1b			36
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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 current officer, director, or trustee.

(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			
TAMI MCKNEW TRUSTEE	1.00	X					0.	0.	0.	
WILLIAM ENGLE CHAIRMAN	1.00	X		X			0.	0.	0.	
ARTHUR FULLER TRUSTEE	1.00	X					0.	0.	0.	
GENE COVINGTON SECRETARY	1.00	X		X			0.	0.	0.	
SUSAN SHI TRUSTEE	1.00	X					0.	0.	0.	
W. HOWARD BOYD, JR. TRUSTEE	1.00	X					0.	0.	0.	
FRANK HOLLEMAN, III TRUSTEE	1.00	X					0.	0.	0.	
JUDITH AUGHTRY TRUSTEE	1.00	X					0.	0.	0.	
JAMES BOUREY TRUSTEE	1.00	X					0.	0.	0.	
ARNOLD BURRELL TRUSTEE	1.00	X					0.	0.	0.	
JERRY CHAPMAN TREASURER	1.00	X		X			0.	0.	0.	
MERL CODE TRUSTEE	1.00	X					0.	0.	0.	
DORAN DUNAWAY TRUSTEE	1.00	X					0.	0.	0.	
SCOTT EVANS TRUSTEE	1.00	X					0.	0.	0.	
DR. PHINNIZE FISHER TRUSTEE	1.00	X					0.	0.	0.	
P. EDWIN GOOD JR. TRUSTEE	1.00	X					0.	0.	0.	
JAMES CURTIS HARKNESS TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(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			
MICHAEL HAYES TRUSTEE	1.00	X						0.	0.	0.
CAMILLA HERTWIG TRUSTEE	1.00	X						0.	0.	0.
HERB JOHNSON JR. TRUSTEE	1.00	X						0.	0.	0.
RAY LATTIMORE TRUSTEE	1.00	X						0.	0.	0.
ANN ROBINSON TRUSTEE	1.00	X						0.	0.	0.
SCOTT RUBY TRUSTEE	1.00	X						0.	0.	0.
MICHAEL SHAIN TRUSTEE	1.00	X						0.	0.	0.
MINOR SHAW TRUSTEE	1.00	X						0.	0.	0.
MATTHEW SMITH TRUSTEE	1.00	X						0.	0.	0.
JOHN TOWNES TRUSTEE	1.00	X						0.	0.	0.
1b Total								0.	233,532.	67,939.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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. **NONE**

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

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

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

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	324,806.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13963776.					
	g Noncash contributions included in lines 1a-1f: \$		115,646.					
	h Total. Add lines 1a-1f			14288582.				
	Program Service Revenue	2 a _____	Business Code					
		b _____						
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			81,615.			81,615.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			6,674.			6,674.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a _____	a							
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				14376871.	0.	0.	88,289.	

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	9,762,984.	9,762,984.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,424.	8,424.		
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	301,471.	97,797.	162,132.	41,542.
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	2,245,220.	1,276,713.	375,069.	593,438.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	164,869.	85,350.	23,176.	56,343.
9	Other employee benefits	383,480.	180,911.	84,363.	118,206.
10	Payroll taxes	178,980.	91,783.	37,904.	49,293.
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	44,798.	5,203.	34,795.	4,800.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	52,381.	32,199.	20,182.	
12	Advertising and promotion				
13	Office expenses	483,650.	136,270.	66,590.	280,790.
14	Information technology	75,230.	53,228.	8,950.	13,052.
15	Royalties				
16	Occupancy	110,230.	68,938.	18,767.	22,525.
17	Travel	37,515.	28,063.	659.	8,793.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	132,171.	26,153.	8,253.	97,765.
20	Interest				
21	Payments to affiliates	192,967.	76,515.	47,522.	68,930.
22	Depreciation, depletion, and amortization	102,544.	37,343.	29,583.	35,618.
23	Insurance	8,034.	3,849.	1,831.	2,354.
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	MISCELLANEOUS	51,337.		23,341.	27,996.
b	M & G EXPENSE ALLOCATIO	0.	500,984.	<760,525.>	259,541.
c				
d				
e				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	14,336,285.	12,472,707.	182,592.	1,680,986.
26	Joint costs. 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	3,236,338.	1	3,814,385.	
	2 Savings and temporary cash investments	2,677,978.	2	2,710,180.	
	3 Pledges and grants receivable, net	11,819,062.	3	11,143,040.	
	4 Accounts receivable, net	44,207.	4	47,645.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	74,372.	9	82,834.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,980,075.			
	b Less: accumulated depreciation	10b 925,061.	2,129,930.	10c	2,055,014.
	11 Investments - publicly traded securities	2,252,020.	11	2,758,096.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	169,479.	15	197,811.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,403,386.	16	22,809,005.		
Liabilities	17 Accounts payable and accrued expenses	646,302.	17	671,898.	
	18 Grants payable	2,474,480.	18	2,329,355.	
	19 Deferred revenue	161,756.	19	194,917.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	23,543.	21	2,638.	
	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 to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	3,306,081.	26	3,198,808.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	5,763,984.	27	6,033,494.	
	28 Temporarily restricted net assets	10,745,395.	28	10,923,814.	
	29 Permanently restricted net assets	2,587,926.	29	2,652,889.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	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 Total net assets or fund balances	19,097,305.	33	19,610,197.	
34 Total liabilities and net assets/fund balances	22,403,386.	34	22,809,005.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(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	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14788246.	15368960.	14719461.	14668272.	14288582.	73833521.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14788246.	15368960.	14719461.	14668272.	14288582.	73833521.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						73833521.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	14788246.	15368960.	14719461.	14668272.	14288582.	73833521.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	151,839.	271,887.	397,390.	247,185.	88,289.	1156590.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						74990111.

12 Gross receipts from related activities, etc. (see instructions) 12

13 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 98.46 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 98.48 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. 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 **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

UNITED WAY OF GREENVILLE COUNTY, INC.

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does 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, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 450,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 313,633.	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.)

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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 UNITED WAY OF GREENVILLE COUNTY, INC.	Employer identification number 57-0362066
--	---

Part I-A	Complete if the organization is exempt under section 501(c) or is a section 527 organization.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2	Political expenditures ▶ \$ <u>0.</u>
3	Volunteer hours <u>0.</u>

Part I-B	Complete if the organization is exempt under section 501(c)(3).
1	Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ <u>0.</u>
2	Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ <u>0.</u>
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.

Part I-C	Complete if the organization is exempt under section 501(c), except section 501(c)(3).
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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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-.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- 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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
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.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j 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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		5,109.
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			5,109.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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	
5 Taxable amount of lobbying and political expenditures (see instructions)	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.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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)?

Yes No

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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the 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
1a Beginning of year balance	2,252,020.	2,904,858.			
b Contributions	64,963.	59,226.			
c Net investment earnings, gains, and losses	441,113.	<694,605.>			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		17,459.			
g End of year balance	2,758,096.	2,252,020.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 3.81 %
 - b Permanent endowment 96.18 %
 - 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 |
|---|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) 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? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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) Accumulated depreciation	(d) Book value
1a Land		267,000.		267,000.
b Buildings		1,721,242.	160,632.	1,560,610.
c Leasehold improvements				
d Equipment		985,913.	764,429.	221,484.
e Other		5,920.		5,920.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,055,014.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,376,871.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,336,285.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	40,586.
4	Net unrealized gains (losses) on investments	4	425,258.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	47,048.
9	Total adjustments (net). Add lines 4 through 8	9	472,306.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	512,892.

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	12,667,377.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	425,258.
b	Donated services and use of facilities	2b	246,151.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	47,048.
e	Add lines 2a through 2d	2e	718,457.
3	Subtract line 2e from line 1	3	11,948,920.
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	2,427,951.
c	Add lines 4a and 4b	4c	2,427,951.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,376,871.

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

1	Total expenses and losses per audited financial statements	1	12,154,485.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	246,151.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	246,151.
3	Subtract line 2e from line 1	3	11,908,334.
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	2,427,951.
c	Add lines 4a and 4b	4c	2,427,951.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,336,285.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B: AS A SERVICE TO AGFA, UNITED WAY HAS AGREED TO

DISTRIBUTE THEIR PAYROLL DEDUCTIONS OF THEIR EMPLOYEES TO OTHER UNITED WAY AGENCIES BASED ON PLEDGES MADE BY THOSE EMPLOYEES.

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS ARE HELD IN PERPETUITY. THE UNITED WAY CAN UTILIZE FUND INCOME FOR BOARD DESIGNATED AND ENDOWMENT PURPOSES WITH THE APPROVAL OF ITS BOARD OF TRUSTEES AND THE COMMUNITY FOUNDATION. GIFTS TOTALING \$64,963 WERE TRANSFERRED TO COMMUNITY

Part XIV Supplemental Information (continued)

FOUNDATION DURING 2009.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NET CHANGE IN PENSION OBLIGATION

PART XII, LINE 2D - OTHER ADJUSTMENTS:

NET CHANGE IN PENSION OBLIGATION: 47048.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS: 2427951.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED GRANTS: 2427951.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

**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" to 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 ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A CHILD'S HAVEN, INC. 1124 RUTHERFORD ROAD GREENVILLE, SC 29609-3927	57-0893712	501(C)(3)	56,380.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AID UPSTATE, INC. POST OFFICE BOX 105 GREENVILLE, SC 29602-0105	57-0848637	501(C)(3)	8,003.	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)	27,429.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN CANCER SOCIETY - GREENVILLE COUNTY (SC) - 154 MILESTONE WAY - GREENVILLE, SC 29615	58-0659875	501(C)(3)	6,797.	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)	35,778.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ANDERSON FREE CLINIC 414 NORTH FANT STREET ANDERSON, SC 29621-5716	57-0787584	501(C)(3)	5,092.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations **86.**
- 3** Enter total number of other organizations

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and 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	40	8,424.	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 2: 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
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHRISTIAN SERVICES 114 WILLIAMS STREET, SUITE A GREENVILLE, SC 29601	31-1196726	501(C)(3)	6,499.	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)	8,480.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BIRTHRIGHT OF GREENVILLE, INC. 110-F EAST BUTLER ROAD MAULDIN, SC 29662	57-0718210	501(C)(3)	7,324.	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)	43,586.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAMP SPEARHEAD 4806 OLD SPARTANBURG ROAD TAYLORS, SC 29687	57-0515920	501(C)(3)	11,058.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAMPERDOWN ACADEMY 501 HOWELL ROAD GREENVILLE, SC 29615	57-0820322	501(C)(3)	21,746.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CANCER SOCIETY OF GREENVILLE COUNTY - 113 MILLS AVENUE - GREENVILLE, SC 29605	57-0471686	501(C)(3)	46,536.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAROLINA PREGNANCY CENTER POST OFFICE BOX 5364 SPARTANBURG, SC 29304-5364	57-0791115	501(C)(3)	6,325.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR COMMUNITY SERVICES 1102 HOWARD DRIVE SIMPSONVILLE, SC 29681	57-1059164	501(C)(3)	6,512.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CENTER FOR DEVELOPMENTAL SERVICES, INC. - 29 NORTH ACADEMY STREET - GREENVILLE, SC 29601-2629	57-0988275	501(C)(3)	25,385.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHILD EVANGELISM FELLOWSHIP-GREENVILLE - POST OFFICE BOX 575 - TAYLORS, SC 29687-0575	57-0861903	501(C)(3)	6,497.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMPASS OF CAROLINA 1100 RUTHERFORD ROAD GREENVILLE, SC 29609	57-0381870	501(C)(3)	8,574.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CAMP OPPORTUNITY 58 PARKWAY COMMONS WAY GREER, SC 29650	57-0787176	501(C)(3)	8,580.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY FOUNDATION OF GREENVILLE, INC. - 27 CLEVELAND STREET, SUITE 101 - GREENVILLE, SC 29601	57-6019318	501(C)(3)	14,675.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GATEWAY HOUSE, INC. POST OFFICE BOX 4241 GREENVILLE, SC 29608-4241	57-0767465	501(C)(3)	6,082.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREENVILLE HOSPITAL SYSTEM OFFICE OF PHILANTHROPY - 255 ENTERPRISE BLVD. - GREENVILLE, SC 29615	57-6007863	501(C)(3)	9,285.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF SOUTH CAROLINA - MOUNTAINS TO MIDLANDS, INC. - POST OFFICE BOX 1227 - MAULDIN, SC 29662-1227	57-0314433	501(C)(3)	85,930.	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)	14,811.	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)	7,072.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREENVILLE FREE MEDICAL CLINIC, INC. - POST OFFICE BOX 8993 - GREENVILLE, SC 29604-8993	57-0855205	501(C)(3)	5,692.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREENVILLE LITERACY ASSOCIATION, INC. - 225 SOUTH PLEASANTBURG DRIVE, SUITE C-10 - GREENVILLE, SC 29607	57-0521414	501(C)(3)	43,353.	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)	15,789.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GREER RELIEF AND RESOURCES AGENCY, INC. - PO BOX 1303 - GREER, SC 29652	57-0370331	501(C)(3)	5,190.	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)	17,844.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREER COMMUNITY MINISTRIES, INC. POST OFFICE BOX 1373 GREER, SC 29652	23-7279894	501(C)(3)	14,436.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HIDDEN TREASURE CHRISTIAN SCHOOL 500 WEST LEE ROAD TAYLORS, SC 29687-2513	57-1681882	501(C)(3)	7,934.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF GREENVILLE 530 HOWELL ROAD, SUITE 103 GREENVILLE, SC 29615	57-0547967	501(C)(3)	8,314.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
JUNIOR LEAGUE OF GREENVILLE, INC 118 GREENACRE ROAD GREENVILLE, SC 29607	57-0293874	501(C)(3)	17,718.	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)	7,072.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
LOAVES & FISHES 25 WOODS LAKE ROAD SUITE 812 GREENVILLE, SC 29607-2765	57-0931804	501(C)(3)	5,104.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MEALS ON WHEELS OF GREENVILLE, INC. - 15 OREGON STREET - GREENVILLE, SC 29605-1780	57-0531378	501(C)(3)	15,115.	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)	17,775.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

**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
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEYER CENTER FOR SPECIAL CHILDREN 1132 RUTHERFORD ROAD GREENVILLE, SC 29609-3927	57-0361503	501(C)(3)	6,599.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
MIRACLE HILL MINISTRIES, INC. PO BOX 2546 GREENVILLE, SC 29602	57-0425826	501(C)(3)	70,100.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
NEIGHBORHOOD FOCUS MINISTRIES 28 BOB STREET GREENVILLE, SC 29611	20-4280877	501(C)(3)	51,745.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PENDLETON PLACE, INC. POST OFFICE BOX 10323 GREENVILLE, SC 29603-0323	57-0624421	501(C)(3)	15,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PHILLIS WHEATLEY ASSOCIATION 40 JOHN MCCARROLL WAY GREENVILLE, SC 29607-2284	57-0327895	501(C)(3)	37,754.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PIEDMONT WOMEN'S CENTER 1389 BRUSHY CREEK ROAD TAYLORS, SC 29687	57-0932285	501(C)(3)	29,584.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PROJECT HOPE FOUNDATION PMB 358, 2131 WOODRUFF ROAD, SUITE GREENVILLE, SC 29607-5994	58-2324540	501(C)(3)	38,110.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
PROJECT HOST, INC. POST OFFICE BOX 345 GREENVILLE, SC 29602-0345	57-0728041	501(C)(3)	11,379.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

**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
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HARBOR INC. POST OFFICE BOX 174 GREENVILLE, SC 29602-0174	57-1014137	501(C)(3)	8,065.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY - GREENVILLE POST OFFICE BOX 1237 GREENVILLE, SC 29602-1237	56-0543227	501(C)(3)	40,920.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SENIOR ACTION, INC. 50 DIRECTORS DRIVE GREENVILLE, SC 29615	57-0507961	501(C)(3)	50,144.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SPEECH, HEARING & LEARNING CENTER, INC. - 29 NORTH ACADEMY STREET - GREENVILLE, SC 29601-2629	57-0331635	501(C)(3)	6,273.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ST. ANTHONY OF PADUA CATHOLIC 309 GOWER STREET GREENVILLE, SC 29611	57-0427729	501(C)(3)	9,483.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE PHOENIX CENTER POST OFFICE BOX 1948 GREENVILLE, SC 29602	57-1129751	501(C)(3)	15,816.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE SPECIAL LINK 1201 HAYWOOD ROAD GREENVILLE, SC 29615	58-2320644	501(C)(3)	6,382.	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)	6,879.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

**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
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED MINISTRIES 606 PENDLETON STREET GREENVILLE, SC 29601	57-0511977	501(C)(3)	31,085.	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)	29,673.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115-1854	34-6516654	501(C)(3)	5,045.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF HENDERSON COUNTY POST OFFICE BOX 487 HENDERSONVILLE, NC 28793-0487	56-0890133	501(C)(3)	7,450.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF LAURENS COUNTY POST OFFICE BOX 544 CLINTON, SC 29325-0544	23-7011064	501(C)(3)	22,899.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF PICKENS COUNTY POST OFFICE BOX 96 EASLEY, SC 29641	57-0476249	501(C)(3)	45,790.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE PIEDMONT PO BOX 5624 SPARTANBURG, SC 29304-5624	57-0314377	501(C)(3)	26,675.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SHRINERS HOSPITALS FOR CHILDREN - GREENVILLE - 950 WEST FARIS ROAD - GREENVILLE, SC 29605	36-2193608	501(C)(3)	5,946.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISDOM IN LIVING LIFE MINISTRY, INC. - POST OFFICE BOX 150 - TRAVELERS REST, SC 29690	57-1101498	501(C)(3)	12,890.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
YMCA OF GREENVILLE 601 EAST MCBEE AVENUE, SUITE 212 GREENVILLE, SC 29601	57-0314424	501(C)(3)	20,947.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
YWCA OF GREENVILLE 700 AUGUSTA STREET GREENVILLE, SC 29605	57-0324938	501(C)(3)	9,833.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
A CHILD'S HAVEN 1124 RUTHERFORD ROAD GREENVILLE, SC 29609	57-0893712	501(C)(3)	251,856.	0.			PROGRAM 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)	140,000.	0.			PROGRAM OPERATING COSTS

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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
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)	52,500.	0.			PROGRAM OPERATING COSTS
CENTER FOR COMMUNITY SERVICES 1102 HOWARD DRIVE SIMPSONVILLE, SC 29681	57-1059164	501(C)(3)	64,000.	0.			PROGRAM OPERATING COSTS
FAVOR-GREENVILLE PO BOX 9836 GREENVILLE, SC 29604	20-4946720	501(C)(3)	15,000.	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

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

Schedule I-1 (Form 990) 2009

**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
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS OF CAROLINA 1100 RUTHERFORD ROAD GREENVILLE, SC 29609	57-0381870	501(C)(3)	227,000.	0.			PROGRAM OPERATING COSTS
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)	105,500.	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
GOLDEN STRIP EMERGENCY RELIEF & RESOURCES - POST OFFICE BOX 193 - FOUNTAIN INN, SC 29644	57-0692631	501(C)(3)	87,000.	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 COUNTY DISABILITIES & SPECIAL NEEDS BOARD - POST OFFICE BOX 17467 - GREENVILLE, SC 29606-8467	57-0537749	501(C)(3)	73,500.	0.			PROGRAM OPERATING COSTS

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE COUNTY FIRST STEPS 201 WEST MCBEE AVENUE, SUITE 200 GREENVILLE, SC 29601	57-1097814	501(C)(3)	150,000.	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)	220,000.	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)	25,000.	0.			PROGRAM OPERATING COSTS
GREENVILLE LITERACY ASSOCIATION 225 SOUTH PLEASANTBURG DRIVE, SUITE GREENVILLE, SC 29606	57-0521414	501(C)(3)	267,000.	0.			PROGRAM OPERATING COSTS
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)	43,000.	0.			PROGRAM OPERATING COSTS

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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)	100,000.	0.			PROGRAM OPERATING COSTS
HARVEST HOPE FOOD BANK 5200 PELHAM ROAD SUITE A GREENVILLE, SC 29615	57-0725560	501(C)(3)	5,000.	0.			PROGRAM OPERATING COSTS
HOMES OF HOPE 3 DUNEAN STREET GREENVILLE, SC 29611	57-1069688	501(C)(3)	96,000.	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
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)	125,000.	0.			PROGRAM OPERATING COSTS

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST CRESCENT CHILD DEVELOPMENT CENTER - GCS-OVERBROOK CDC - 111 LAURENS ROAD - GREENVILLE, SC 29607	57-6000234	501(C)(3)	53,729.	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
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)	81,500.	0.			PROGRAM OPERATING COSTS

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - GREENVILLE POST OFFICE BOX 1237 GREENVILLE, SC 29602	58-0660607	501(C)(3)	410,000.	0.			PROGRAM OPERATING COSTS
SENIOR ACTION 50 DIRECTOR'S DRIVE GREENVILLE, SC 29615	57-0507961	501(C)(3)	229,000.	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)	42,000.	0.			PROGRAM OPERATING COSTS
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)	78,000.	0.			PROGRAM OPERATING COSTS
UNITED MINISTRIES 606 PENDLETON STREET GREENVILLE, SC 29601	57-0511977	501(C)(3)	436,733.	0.			PROGRAM OPERATING COSTS
URBAN LEAGUE OF THE UPSTATE PO BOX 2571 GREENVILLE, SC 29602-2571	57-0541039	501(C)(3)	276,209.	0.			PROGRAM OPERATING COSTS

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

Schedule I-1 (Form 990) 2009

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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UWASC 2711 MIDDLEBURG DRIVE COLUMBIA, SC 29204	57-0515275	501(C)(3)	73,100.	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)	303,200.	0.			COMMUNITY COLLABORATION
OTHER ASSISTANCE UNDER \$5000 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	36,205.	0.			COMMUNITY COLLABORATION

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>b If any of the boxes on line 1a are 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</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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 checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<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 checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>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</p>	7	X								
<p>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</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2009

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) Retirement and other 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 reportable compensation				
TED HENDRY	(i)							
	(ii)	153,587.			20,869.	13,059.	187,515.	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer Identification number

57-0362066

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
MARVIN WARD TRUSTEE	1.00	X						0.	0.	0.
DENNIS M. BRAASCH TRUSTEE	1.00	X						0.	0.	0.
MARGARET E. CLARK VICE CHAIRMAN	1.00	X		X				0.	0.	0.
THE HONORABLE CHANDRA E. TRUSTEE	1.00	X						0.	0.	0.
JAMES EVERS TRUSTEE	1.00	X						0.	0.	0.
JIL LITTLEJOHN TRUSTEE	1.00	X						0.	0.	0.
SANDY MCLEAN TRUSTEE	1.00	X						0.	0.	0.
JASON RICHARDS TRUSTEE	1.00	X						0.	0.	0.
DENNIS TRICE TRUSTEE	1.00	X						0.	0.	0.
C. FREDRICK WEST TRUSTEE	1.00	X						0.	0.	0.
RICHARD WILKERSON TRUSTEE	1.00	X						0.	0.	0.
ROBERT H. YEARGIN TRUSTEE	1.00	X						0.	0.	0.
TED HENDRY PRESIDENT/CEO	37.50			X				0.	153,587.	33,928.
JO NELSON VP OF FINANCE & OPERATIO	37.50			X				0.	79,945.	34,011.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organizations 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	38	115,646.	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 ▶ (_____)				
26 Other ▶ (_____)				
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**

	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) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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

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

FOCUS AREA: FAMILIES AND NEIGHBORHOODS. GRANTS TOTALING \$1,065,000
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 \$1,342,000 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.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

MOST PRESSING ISSUES AS DEFINED BY THE GREENVILLE COUNTY COMMUNITY

IMPACT AGENDA.

ANOTHER \$20,000 WAS INVESTED FOR MATCHING FUNDS TO SET UP AND RUN 14
IRS VITA SITES. AGENCIES WERE SUPPORTED THROUGH THE COMPLETION OF
ORGANIZATIONAL ASSESSMENTS; THESE CAPACITY BUILDING GRANTS PROVIDED
\$25,000 FOR ORGANIZATIONAL AND STRATEGIC PLANNING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS
AND FAMILIES EARNING UP TO \$41,646. WITH NINE VITA LOCATIONS, THE VITA
PROGRAM COMPLETED 1,777 TAX RETURNS WHICH RESULTED IN A RETURN OF
\$1,371,394 BACK INTO THE GREENVILLE COMMUNITY. A TOTAL OF 81
VOLUNTEERS, INCLUDING STUDENTS FROM FURMAN UNIVERSITY, PROVIDED 3,322
HOURS OF SERVICE AND SAVED TAXPAYERS AN ESTIMATED \$266,550 IN TAX
PREPARATION FEES.

THE UNITED WAY INDIVIDUAL DEVELOPMENT ACCOUNT PROGRAM (IDA) PRODUCED A
TOTAL OF 8 HOMEOWNERS IN 2009.

THE GREENVILLE DREAMS (NEIGHBORHOOD DEVELOPMENT) PROGRAM HELD
2 COMMUNITY MEETINGS AND EVENTS; AND ENGAGED OVER 200 RESIDENTS IN ALL
28 GREENVILLE COUNTY SPECIAL EMPHASIS NEIGHBORHOODS IN 2009. THIS
PROGRAM SEEKS TO ENGAGE AND DEVELOP GRASS ROOTS LEADERSHIP IN THE
SELECTED SPECIAL EMPHASIS NEIGHBORHOODS.

THROUGH A LEVERAGED GRANT FROM THE STATE DEPARTMENT OF SOCIAL SERVICES

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

THE UNITED WAY CHILD CARE RESOURCES AND REFERRAL PROGRAM PROVIDED

10,435 CHILDCARE REFERRALS; 253 TECHNICAL ASSISTANCE VISITS AND 315

HOURS; 5 CHILD CARE COORDINATION MEETINGS; 45 PROFESSIONAL DEVELOPMENT

TRAININGS AND 2,300 HOURS FOR FOURTEEN COUNTIES INCLUDING GREENVILLE

COUNTY.

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.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS PRESENTED TO THE AUDIT

COMMITTEE AND THE BOARD OF TRUSTEES PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE BOARD, STAFF AND

VOLUNTEERS WHO SERVE ON COMMITTEES ARE REQUIRED TO COMPLETE A CONFLICT OF

INTEREST CERTIFICATE, WHICH REQUIRES DISCLOSURE OF POTENTIAL CONFLICTS OF

INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE

BOARD REVIEWS THE PRESIDENT'S PERFORMANCE AND SETS HIS COMPENSATION. FOR

ALL OTHERS, A CONSULTANT WAS ENGAGED TO REVIEW JOB DESCRIPTIONS AND SALARY

RANGES, AND TO DO AN INDEPENDENT MARKET STUDY OF PAY FOR POSITIONS. DATA

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

INCLUDED UNITED WAY WORLDWIDE SALARY DATA, LOCAL CHAMBER OF COMMERCE DATA,
AND REGIONAL STUDY DATA.

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.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2009

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning , and ending

Block A: Check box if address changed; Block B: Exempt under section 501(c)(3); Block C: Book value of all assets at end of year; Block D: Employer identification number; Block E: Unrelated business activity codes.

Block F: Group exemption number; Block G: Check organization type (501(c) corporation, 501(c) trust, 401(a) trust, Other trust).

H Describe the organization's primary unrelated business activity. NO UNRELATED ACTIVITY

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of JO NELSON Telephone number (864) 467-3333

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing various income and expense categories.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows 14-34 detailing various deduction categories and their impact on taxable income.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2008 overpayment credited to 2009	44a	
b 2009 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44f	
45 Total payments. Add lines 44a through 44f	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	0.
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	PRESIDENT	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code	DIXON HUGHES PLLC 500 RIDGEFIELD COURT ASHEVILLE, NC 28806		EIN 56-0747981
				Phone no. (828) 254-2254

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 18)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Rows (1) through (4) and Total.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions. Rows (1) through (4).

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Rows (1) through (4).

Totals Enter here and on page 1, Part I, line 7, column (A) 0. Enter here and on page 1, Part I, line 7, column (B) 0.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4).

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0. Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
			%
			%
			%
			%
Total. Enter here and on page 1, Part II, line 14			0.

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 **X**
 - 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 and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization UNITED WAY OF GREENVILLE COUNTY, INC.	Employer identification number 57-0362066
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. 105 EDINBURGH COURT	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREENVILLE, SC 29607-2529	

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, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2009** 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

3a 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.	3a	\$	
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.	3b	\$	
c Balance Due. 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.	3c	\$	N/A

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.

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 and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization UNITED WAY OF GREENVILLE COUNTY, INC.	Employer identification number 57-0362066
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. 105 EDINBURGH COURT	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREENVILLE, SC 29607-2529	

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

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" 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 **NOVEMBER 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2009** 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

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance Due. 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.	3c	\$	0.

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.