

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREENVILLE COUNTY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 105 EDINBURGH COURT City or town, state or province, country, and ZIP or foreign postal code GREENVILLE, SC 29607-2529 F Name and address of principal officer: TED HENDRY SAME AS C ABOVE	D Employer identification number 57-0362066 E Telephone number (864) 467-3333 G Gross receipts \$ 20,584,032. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (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: BRINGING PEOPLE AND RESOURCES TOGETHER TO BUILD A CYCLE OF SUCCESS, WHERE ALL CHILDREN IN 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 41 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 41 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 133 6 Total number of volunteers (estimate if necessary) 6 9144 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 17,651,246. 20,460,113. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 90,059. 123,432. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,938. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,760,243. 20,583,545.	Prior Year Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,283,518. 11,560,310. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,106,276. 4,244,497. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,643,736. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,167,554. 2,658,876. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,557,348. 18,463,683. 19 Revenue less expenses. Subtract line 18 from line 12 202,895. 2,119,862.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 27,262,895. 28,529,937. 21 Total liabilities (Part X, line 26) 4,308,086. 3,640,035. 22 Net assets or fund balances. Subtract line 21 from line 20 22,954,809. 24,889,902.	Beginning of Current Year End of Year

Part II Signature Block

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

Sign Here	Signature of officer TED HENDRY, PRESIDENT/CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00445891
	Firm's name ▶ DIXON HUGHES GOODMAN LLP Firm's address ▶ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806	Firm's EIN ▶ 56-0747981 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

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

1 Briefly describe the organization's mission: BRINGING PEOPLE AND RESOURCES TOGETHER TO BUILD A CYCLE OF SUCCESS, WHERE ALL CHILDREN IN GREENVILLE COUNTY START SCHOOL PREPARED TO LEARN AND GO ON TO GRADUATE; WELL EDUCATED GRADUATES FIND GOOD JOBS AND CREATE STABLE HOMES; AND CHILDREN FROM STABLE HOMES CONTINUE THE CYCLE

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

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

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

4a (Code:) (Expenses \$ 11,560,310. including grants of \$ 11,560,310.) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ 3,837,365. including grants of \$) (Revenue \$) SEE SCHEDULE O

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

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

4e Total program service expenses 15,397,675.

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 <i>Schedule B, Schedule of Contributors</i> ?	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 25a</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), 501(c)(4), and 501(c)(29) 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 41		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 41		
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **SEAN TRASK - (864) 467-3335**
105 EDINBURGH COURT, GREENVILLE, SC 29607

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

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

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

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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) R. ARTHUR SEAVER JR. CHAIR	1.00	X		X				0.	0.	0.
(2) RAY A. LATTIMORE VICE CHAIR AND CHAIR ELECT	1.00	X		X				0.	0.	0.
(3) FLAVIA HARTON SECRETARY	1.00	X		X				0.	0.	0.
(4) TAMI M. MCKNEW TREASURER	1.00	X		X				0.	0.	0.
(5) DR. CHARLES DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
(6) CALVIN L. CALHOUN BOARD MEMBER	1.00	X						0.	0.	0.
(7) KIM CAPEHART, DDS BOARD MEMBER	1.00	X						0.	0.	0.
(8) MICHAEL CINQUEMANI BOARD MEMBER - MEMBER AT LARGE	1.00	X						0.	0.	0.
(9) PASTOR SEAN DOGAN BOARD MEMBER	1.00	X						0.	0.	0.
(10) FRANCES D. ELLISON BOARD MEMBER	1.00	X						0.	0.	0.
(11) WILLIAM B. ENGLE BOARD MEMBER	1.00	X						0.	0.	0.
(12) CHRISTOPHER L. FINCHER BOARD MEMBER	1.00	X						0.	0.	0.
(13) HAROLD F. GALLIVAN III BOARD MEMBER	1.00	X						0.	0.	0.
(14) HUNTER GIBSON BOARD MEMBER	1.00	X						0.	0.	0.
(15) P. EDWIN GOOD BOARD MEMBER	1.00	X						0.	0.	0.
(16) JO WATSON HACKL BOARD MEMBER	1.00	X						0.	0.	0.
(17) KENNETH M. HARPER BOARD MEMBER	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SEAN HARTNESS BOARD MEMBER	1.00	X						0.	0.	0.
(19) GUY HEMPEL BOARD MEMBER - STRATEGIC MARKETING C	1.00	X						0.	0.	0.
(20) MATTHEW S. CARDONE BOARD MEMBER - COMMUNITY IMPACT VICE	1.00	X						0.	0.	0.
(21) JENNIFER E. JOHNSEN BOARD MEMBER - CAMPAIGN VICE CHAIR	1.00	X						0.	0.	0.
(22) TIMOTHY R. JUSTICE BOARD MEMBER - COMMUNITY IMPACT CHAI	1.00	X						0.	0.	0.
(23) KEN BACA BOARD MEMBER	1.00	X						0.	0.	0.
(24) DAVID LOMINACK BOARD MEMBER - CAMPAIGN CHAIR	1.00	X						0.	0.	0.
(25) MARK JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(26) KEITH MILLER BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								546,785.	0.	141,938.
d Total (add lines 1b and 1c)								546,785.	0.	141,938.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (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			
(27) GEORGE F. O'BRIEN III BOARD MEMBER	1.00	X						0.	0.	0.
(28) KIM MAZUR BOARD MEMBER	1.00	X						0.	0.	0.
(29) KENNETH MILLER BOARD MEMBER	1.00	X						0.	0.	0.
(30) WILLIAM B. ROYSTER, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(31) CAROLINE W. SCHRODER BOARD MEMBER	1.00	X						0.	0.	0.
(32) MINOR M. SHAW BOARD MEMBER	1.00	X						0.	0.	0.
(33) SUSAN THOMSON SHI BOARD MEMBER	1.00	X						0.	0.	0.
(34) JOHN R. SOAPES BOARD MEMBER	1.00	X						0.	0.	0.
(35) BRENDA J. THAMES BOARD MEMBER	1.00	X						0.	0.	0.
(36) DEBBIE NELSON BOARD MEMBER	1.00	X						0.	0.	0.
(37) NIKA WHITE BOARD MEMBER	1.00	X						0.	0.	0.
(38) VALERIE P. WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
(39) BARBARA S. WILSON BOARD MEMBER	1.00	X						0.	0.	0.
(40) KIMBERLY WITHERSPOON BOARD MEMBER	1.00	X						0.	0.	0.
(41) ANNETTE V. ALLEN BOARD MEMBER	1.00	X						0.	0.	0.
(42) SEAN TRASK COO/VP, FINANCE	37.50			X				121,421.	0.	21,850.
(43) TED HENDRY CEO/PRESIDENT	37.50			X				210,353.	0.	69,558.
(44) MICHAEL BUDD VP, RESOURCE DEVELOPMENT	37.50					X		107,463.	0.	13,560.
(45) TISH MCCUTCHEN VP FOR STRATEGY AND INVESTMENT	37.50					X		107,548.	0.	36,970.
Total to Part VII, Section A, line 1c								546,785.		141,938.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,003,641.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,456,472.				
	g Noncash contributions included in lines 1a-1f: \$		11,000.				
	h Total. Add lines 1a-1f		20,460,113.				
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)		123,919.			123,919.	
	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		487.			
		c Gain or (loss)		-487.			
		d Net gain or (loss)			-487.		-487.
	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 _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			20,583,545.	0.	0.	123,432.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,348,566.	11,348,566.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	211,744.	211,744.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	423,182.	140,950.	197,596.	84,636.
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	2,832,171.	1,408,638.	541,708.	881,825.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	733,274.	293,799.	151,251.	288,224.
10 Payroll taxes	255,870.	125,364.	55,162.	75,344.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	56,100.		56,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	546,464.	435,588.	65,441.	45,435.
12 Advertising and promotion				
13 Office expenses	640,639.	217,915.	140,513.	282,211.
14 Information technology	211,746.	120,320.	38,959.	52,467.
15 Royalties				
16 Occupancy	72,014.	28,789.	15,268.	27,957.
17 Travel	45,146.	32,350.	2,494.	10,302.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	346,297.	145,276.	36,636.	164,385.
20 Interest				
21 Payments to affiliates	226,117.	93,633.	64,871.	67,613.
22 Depreciation, depletion, and amortization	138,047.	55,063.	29,508.	53,476.
23 Insurance	12,280.	5,085.	2,600.	4,595.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	280,926.	34,644.	88,535.	157,747.
b PROGRAM PARTNERSHIPS	83,100.	83,100.		
c M&G EXPENSE ALLOCATION	0.	616,851.	-1,064,370.	447,519.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	18,463,683.	15,397,675.	422,272.	2,643,736.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,140,492.	1	6,314,132.
	2 Savings and temporary cash investments	1,452,593.	2	1,396,052.
	3 Pledges and grants receivable, net	11,784,345.	3	10,820,551.
	4 Accounts receivable, net	640,541.	4	667,561.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	40,000.	7	16,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	82,207.	9	76,057.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,754,168.		
	b Less: accumulated depreciation	10b 1,480,470.		
	11 Investments - publicly traded securities	2,096,466.	10c	2,273,698.
	12 Investments - other securities. See Part IV, line 11	2,551,622.	11	4,670,062.
	13 Investments - program-related. See Part IV, line 11	1,059,044.	12	1,723,179.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	415,585.	14	572,645.
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,262,895.	15	28,529,937.	
Liabilities	17 Accounts payable and accrued expenses	177,380.	17	372,997.
	18 Grants payable	2,523,169.	18	1,803,562.
	19 Deferred revenue	186,483.	19	185,496.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,421,054.	25	1,277,980.
	26 Total liabilities. Add lines 17 through 25	4,308,086.	26	3,640,035.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,423,823.	27	6,134,514.
	28 Temporarily restricted net assets	13,162,230.	28	11,768,858.
	29 Permanently restricted net assets	3,368,756.	29	6,986,530.
	Organizations that do not follow SFAS 117 (ASC 958), 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	22,954,809.	33	24,889,902.	
34 Total liabilities and net assets/fund balances	27,262,895.	34	28,529,937.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,583,545.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,463,683.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,119,862.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,954,809.
5	Net unrealized gains (losses) on investments	5	-168,880.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-15,889.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,889,902.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Table with 2 columns: 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.)

- 1-11. List of reasons for public charity status including: church, school, hospital, medical research, governmental unit, federal/state/local government, substantial support from governmental unit, community trust, etc. Option 7 is selected.

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16273323.	17295962.	17342463.	17651246.	20460113.	89023107.
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	16273323.	17295962.	17342463.	17651246.	20460113.	89023107.
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)						6110102.
6 Public support. Subtract line 5 from line 4.						82913005.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	16273323.	17295962.	17342463.	17651246.	20460113.	89023107.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	76,323.	93,215.	107,818.	88,732.	123,919.	490,007.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						89513114.
12 Gross receipts from related activities, etc. (see instructions)					12	18,938.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	92.63 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	93.88 %
16a 33 1/3% support test - 2015. 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	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. 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	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
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	▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2015

**** Do Not File ****
***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
FLUOR CORPORATION	3,784,037.	1,993,775.
MICHELIN NORTH AMERICA	5,154,516.	3,364,254.
GENERAL ELECTRIC	2,542,335.	752,073.
Total Excess Contributions to Schedule A, Part II, Line 5		6,110,102.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization UNITED WAY OF GREENVILLE COUNTY, INC.	Employer identification number 57-0362066
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHELIN NORTH AMERICA P.O. BOX 19001 GREENVILLE, SC 29602-9001	\$ 1,574,398.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GREENVILLE HEALTH SYSTEM 701 GROVE RD GREENVILLE, SC 29605	\$ 870,226.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GE POWER AND WATER-GREENVILLE LOCATIONS 300 GARLINGTON RD GREENVILLE, SC 29615	\$ 742,601.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GREENVILLE COUNTY SCHOOLS 301 E. CAMPERDOWN WAY GREENVILLE, SC 29601	\$ 509,796.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PUBLIX SUPER MARKETS 2153 E MAIN STREET SUITE B9 DUNCAN, SC 29334	\$ 436,071.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JAMES E. JOLLEY C/O FOLLEY FOUNDATION, WACHOVIA CHARITABLE SERVICES, P.O. BOX 969 GREENVILLE, SC 29602	\$ 1,106,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF GREENVILLE COUNTY, INC.	Employer identification number 57-0362066
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WILLIAM M. GILFILLIN C/O UW OF GVL, 105 EDINBURGH COURT GREENVILLE, SC 29607	\$ 974,849.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	HOLLINGSWORTH FUNDS, INC. 124 VERDAE BOULEVARD SUITE 502 GREENVILLE, SC 29607-3847	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF GREENVILLE COUNTY, INC.	Employer identification number 57-0362066
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization UNITED WAY OF GREENVILLE COUNTY, INC.	Employer identification number 57-0362066
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

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, and not on a historic structure listed in the National Register	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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on 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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,322,493.	3,963,706.	3,480,013.	3,059,683.	3,104,437.
b Contributions	3,460,713.	253,555.	171,873.	134,481.	24,638.
c Net investment earnings, gains, and losses	-61,745.	105,232.	311,820.	285,849.	-69,392.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7,721,461.	4,322,493.	3,963,706.	3,480,013.	3,059,683.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 9.52 %
- b Permanent endowment 90.48 %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		267,000.		267,000.
b Buildings		1,965,188.	433,880.	1,531,308.
c Leasehold improvements				
d Equipment		1,255,139.	1,046,590.	208,549.
e Other		266,841.		266,841.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,273,698.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	474,351.	END-OF-YEAR MARKET VALUE
(B) INFLATION HEDGE FUNDS	831,704.	END-OF-YEAR MARKET VALUE
(C) LIQUID ALTERNATIVES	417,124.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,723,179.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	340,380.
(3) PENSION LIABILITY	937,600.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,277,980.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	18,037,427.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-168,880.	
b	Donated services and use of facilities	2b	1,135,526.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-15,889.	
e	Add lines 2a through 2d	2e		950,757.
3	Subtract line 2e from line 1	3		17,086,670.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	3,496,875.	
c	Add lines 4a and 4b	4c		3,496,875.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		20,583,545.

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

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

1	Total expenses and losses per audited financial statements		1	16,102,334.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	1,135,526.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		1,135,526.
3	Subtract line 2e from line 1	3		14,966,808.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	3,496,875.	
c	Add lines 4a and 4b	4c		3,496,875.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		18,463,683.

Part XIII Supplemental Information.

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

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 \$2,888,068 AND A TRANSFER OF NET ASSETS TOTALING \$572,645 WERE TRANSFERRED TO COMMUNITY FOUNDATION DURING 2015.

PART X, LINE 2:

UNITED WAY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. THE UNITED WAY HAS DETERMINED THAT IT DOES NOT HAVE ANY

Part XIII Supplemental Information (continued)

MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2015.
FISCAL YEARS ENDING ON OR AFTER DECEMBER 31, 2012 REMAIN SUBJECT TO
EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET CHANGE IN PENSION OBLIGATION -15,889.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 3,496,875.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 3,496,875.

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED MINISTRIES 606 PENDLETON STREET GREENVILLE, SC 29601	57-0511977	501C(3)	497,726.	0.			PROGRAM FUNDING
MEYER CENTER FOR SPECIAL CHILDREN 1132 RUTHERFORD ROAD STONE PLAZA CE GREENVILLE, SC 29609	57-0361503	501C(3)	396,432.	0.			PROGRAM FUNDING
SALVATION ARMY - GREENVILLE 417 RUTHERFORD STREET POST OFFICE B GREENVILLE, SC 29602	58-0660607	501C(3)	364,367.	0.			PROGRAM FUNDING
COMMUNITIES IN SCHOOLS 506 SOUTH PLEASANTBURG DRIVE, BUILDING 106C, SUITE 521 - GREENVILLE, SC 2960	57-0931840	501C(3)	303,900.	0.			PROGRAM FUNDING
URBAN LEAGUE OF THE UPSTATE 15 REGENCY HILL DRIVE GREENVILLE, SC 29607	57-0541039	501C(3)	262,695.	0.			PROGRAM FUNDING
SENIOR ACTION 50 DIRECTOR'S DRIVE GREENVILLE, SC 29615	57-0507961	501C(3)	255,807.	0.			PROGRAM FUNDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **109.**

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

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

Schedule I (Form 990) (2015)

Part II 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 FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29604	57-0855205	501C(3)	253,812.	0.			PROGRAM FUNDING
JULIE VALENTINE CENTER 2905 WHITE HORSE ROAD GREENVILLE, SC 29611-6120	57-0655611	501C(3)	248,124.	0.			PROGRAM FUNDING
COMPASS OF CAROLINA 1100 RUTHERFORD ROAD GREENVILLE, SC 29609-3927	57-0381870	501C(3)	232,322.	0.			PROGRAM FUNDING
INSTITUTE FOR CHILD SUCCESS 105 EDINBURGH COURT GREENVILLE, SC 29607	27-1904900	501C(3)	223,221.	0.			PROGRAM FUNDING
CLARITY-SPEECH HEARING & LEARNING 29 NORTH ACADEMY STREET GREENVILLE, SC 29601-2629	57-0331635	501C(3)	210,221.	0.			PROGRAM FUNDING
A CHILD'S HAVEN 20 MARTIN DRIVE GREENVILLE, SC 29617	57-0893712	501C(3)	191,755.	0.			PROGRAM FUNDING
GREENVILLE LITERACY ASSOCIATION 225 SOUTH PLEASANTBURG DRIVE SUITE GREENVILLE, SC 29606	57-0521414	501C(3)	181,324.	0.			PROGRAM FUNDING
CENTER FOR DEVELOPMENTAL SERVICES 29 NORTH ACADEMY STREET GREENVILLE, SC 29601	57-0988275	501C(3)	175,276.	0.			PROGRAM FUNDING
GREENVILLE COUNTY RECREATION DISTRICT - 4806 OLD SPARTANBURG ROAD - TAYLORS, SC 29687	57-0515920	501C(3)	167,697.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II 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
MENTAL HEALTH AMERICA - GREENVILLE COUNTY - 429 NORTH MAIN STREET, SUITE 2 - GREENVILLE, SC 29601	57-0955844	501C(3)	160,105.	0.			PROGRAM FUNDING
GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SC, INC. - 115 HAYWOOD ROAD - GREENVILLE, SC 29607	57-0564001	501C(3)	157,294.	0.			PROGRAM FUNDING
GREENVILLE HOUSING FUND 108 CALHOUN STREET CHARLESTON, SC 29424	57-6019318	501C(3)	154,000.	0.			PROGRAM FUNDING
FIRST STEPS - GREENVILLE COUNTY 24 CLEVELAND STREET GREENVILLE, SC 29601-3648	57-1097814	501C(3)	148,254.	0.			PROGRAM FUNDING
BELL - BUILDING EDUCATED LEADERS FOR LIFE - 601 EAST 5TH STREET SUITE 460 - CHARLOTTE, NC 28202	04-3182053	501C(3)	144,530.	0.			PROGRAM FUNDING
PHOENIX CENTER FOR BEHAVIORAL HEALTH - 1400 CLEVELAND STREET - GREENVILLE, SC 29602-1948	57-1129751	501C(3)	140,546.	0.			PROGRAM FUNDING
COMMUNITYWORKS CAROLINA 107 WEST ANTRIM DRIVE GREENVILLE, SC 29607-2505	26-0421563	501C(3)	136,533.	0.			PROGRAM FUNDING
HISPANIC ALLIANCE/ALIANZA HISPANA 225 SOUTH PLEASANTBURG DRIVE, ARC S GREENVILLE, SC 29607	27-1041624	501C(3)	136,141.	0.			PROGRAM FUNDING
BOY SCOUTS OF AMERICA - BLUE RIDGE COUNCIL - 1 PARK PLAZA - GREENVILLE, SC 29607-5851	57-0314427	501C(3)	135,299.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II 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
HOMES OF HOPE, INC. 3 DUNEAN STREET GREENVILLE, SC 29611	57-1069688	501C(3)	134,492.	0.			PROGRAM FUNDING
PENDLETON PLACE FOR CHILDREN AND FAMILIES - POST OFFICE BOX 10323 - GREENVILLE, SC 29603	57-0624421	501C(3)	129,580.	0.			PROGRAM FUNDING
YMCA - GREATER GREENVILLE 723 CLEVELAND STREET GREENVILLE, SC 29601	57-0314424	501C(3)	127,245.	0.			PROGRAM FUNDING
CANCER SOCIETY OF GREENVILLE COUNTY - 113 MILLS AVENUE - GREENVILLE, SC 29605	57-0471686	501C(3)	127,244.	0.			PROGRAM FUNDING
GREENVILLE HEALTH SYSTEM 701 GROVE ROAD GREENVILLE, SC 29605	57-6007863	501C(3)	121,969.	0.			PROGRAM FUNDING
NEW HORIZON FAMILY HEALTH SERVICES 975 WEST FARIS ROAD GREENVILLE, SC 29605	57-0932597	501C(3)	119,103.	0.			PROGRAM FUNDING
GIRL SCOUTS OF SC- MOUNTAINS TO MIDLANDS - 5 INDEPENDENCE POINTE, SUITE 120 - GREENVILLE, SC 29615	57-0314433	501C(3)	115,416.	0.			PROGRAM FUNDING
SAFE HARBOR 429 NORTH MAIN STREET GREENVILLE, SC 29601	57-1014137	501C(3)	115,162.	0.			PROGRAM FUNDING
PUBLIC EDUCATION PARTNERS 225 S. PLEASANTBURG DR. SUITE E6 GREENVILLE, SC 29607	57-0769637	501C(3)	109,489.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II 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
SHARE 254 SOUTH PLEASANTBURG DRIVE GREENVILLE, SC 29603	57-6028253	501C(3)	108,123.	0.			PROGRAM FUNDING
GOLDEN STRIP EMERGENCY RELIEF & RESOURCES - POST OFFICE BOX 193 - FOUNTAIN INN, SC 29644	57-0692631	501C(3)	105,458.	0.			PROGRAM FUNDING
AMERICAN RED CROSS - UPSTATE SC CHAPTER - 940 GROVE ROAD - GREENVILLE, SC 29604-9035	53-0196605	501C(3)	102,051.	0.			PROGRAM FUNDING
UNITED WAY - ASSOCIATION OF SOUTH CAROLINA - 400 ARBOR LAKE DRIVE, SUITE B-500 - COLUMBIA, SC 29223	57-0515275	501C(3)	100,000.	0.			PROGRAM FUNDING
PLEASANT VALLEY CONNECTION 510 OLD AUGUSTA ROAD GREENVILLE, SC 29605	57-1127237	501C(3)	99,625.	0.			PROGRAM FUNDING
FOOTHILLS FAMILY RESOURCES 3 MAIN STREET SLATER, SC 29683-0246	57-0823752	501C(3)	92,177.	0.			PROGRAM FUNDING
GREENVILLE TECH FOUNDATION-CHILD CARE ASSISTANCE PROGRAM - POST OFFICE BOX 5616 - GREENVILLE, SC 29606-5616	57-0565961	501C(3)	90,558.	0.			PROGRAM FUNDING
ACCESS HEALTH GREENVILLE 102 EDINBURGH COURT GREENVILLE, SC 29607	57-0372816	501C(3)	90,000.	0.			PROGRAM FUNDING
BIG BROTHERS BIG SISTERS OF THE UPSTATE, INC. - 620 N. MAIN STREET, SUITE 102 - GREENVILLE, SC 29601	20-4243553	501C(3)	87,917.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II 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 AREA INTERFAITH HOSPITALITY NETWORK - 1100 SOUTH MAIN STREET - GREENVILLE, SC 29602-2083	57-1103142	501C(3)	85,980.	0.			PROGRAM FUNDING
GREER RELIEF AND RESOURCES POST OFFICE BOX 1303 GREER, SC 29652-1303	57-0370331	501C(3)	84,375.	0.			PROGRAM FUNDING
PROJECT HOST 525 SOUTH ACADEMY STREET GREENVILLE, SC 29602	57-0728041	501C(3)	76,013.	0.			PROGRAM FUNDING
SC ASSOCIATION OF COMMUNITY DEVELOPMENT - PO BOX 20577 - CHARLESTON, SC 29413	56-2049813	501C(3)	75,000.	0.			PROGRAM FUNDING
GATEWAY HOUSE 415 RUTHERFORD STREET GREENVILLE, SC 29608-4241	57-0767465	501C(3)	74,933.	0.			PROGRAM FUNDING
MEALS ON WHEELS - GREENVILLE 15 OREGON STREET GREENVILLE, SC 29605	57-0531378	501C(3)	59,124.	0.			PROGRAM FUNDING
MIRACLE HILL MINISTRIES 2419-B WADE HAMPTON BOULEVARD GREENVILLE, SC 29602-2546	57-0425826	501C(3)	55,364.	0.			PROGRAM FUNDING
PROJECT HOPE FOUNDATION 2131 WOODRUFF ROAD, SUITE 2100 GREENVILLE, SC 29607-5994	58-2324540	501C(3)	53,158.	0.			PROGRAM FUNDING
REACH OUT AND READ, INC. 56 ROLAND STREET SUITE 100D BOSTON, MA 02129-1243	04-3481253	501C(3)	52,765.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II 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
ALZHEIMER'S ASSOCIATION SC CHAPTER - GREENVILLE COUNTY - 301 UNIVERSITY RIDGE, SUITE 5850 - GREENVILLE, SC 29601-3686	57-0792592	501C(3)	50,757.	0.			PROGRAM FUNDING
LOAVES & FISHES 25 WOODS LAKE ROAD SUITE 810 GREENVILLE, SC 29607-2765	57-0931804	501C(3)	48,038.	0.			PROGRAM FUNDING
LITTLE STEPS 712 LAURENS ROAD GREENVILLE, SC 29606	20-2637422	501C(3)	47,007.	0.			PROGRAM FUNDING
UNITED WAY - PICKENS COUNTY 135 FOLGER AVE. POST OFFICE BOX 96 EASLEY, SC 29641-0096	57-0476249	501C(3)	45,114.	0.			PROGRAM FUNDING
ALSTON WILKES SOCIETY 3519 MEDICAL DRIVE COLUMBIA, SC 29203	57-0477907	501C(3)	43,327.	0.			PROGRAM FUNDING
YOUTHBASE, INC. 37 PINCKNEY STREET GREENVILLE, SC 29601	41-2216434	501C(3)	41,927.	0.			PROGRAM FUNDING
THE SCHOOL DISTRICT OF GREENVILLE COUNTY - 301 CAMPERDOWN WAY - GREENVILLE, SC 29602-2848	24-0471771	GOVERNMENT	40,483.	0.			PROGRAM FUNDING
GREENVILLE COUNTY HUMAN RELATIONS 301 UNIVERSITY RIDGE, SUITE 1600 GREENVILLE, SC 29601	57-6000356	501C(3)	40,000.	0.			PROGRAM FUNDING
CITY OF GREENVILLE PARKS & RECREATION - 206 SOUTH MAIN STREET - GREENVILLE, SC 29602-2207		GOVERNMENT	40,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II 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 WAY - ANDERSON COUNTY 604 NORTH MURRAY AVENUE ANDERSON, SC 29625-4311	57-0510602	501C(3)	39,438.	0.			PROGRAM FUNDING
ST. ANTHONY'S OF PADUA CATHOLIC SCHOOL - 309 GOWER STREET - GREENVILLE, SC 29611	57-0427729	501C(3)	38,911.	0.			PROGRAM FUNDING
TAYLORS FREE MEDICAL CLINIC 400 W. MAIN STREET PO BOX 1266 TAYLORS, SC 29687	20-1715911	501C(3)	38,064.	0.			PROGRAM FUNDING
FAVOR GREENVILLE 355 WOODRUFF RD, STE 303 GREENVILLE, SC 29607	20-1724061	501C(3)	35,225.	0.			PROGRAM FUNDING
STERLING HOPE CENTER 10 NORTH CHURCH STREET GREENVILLE, SC 29601	56-2270587	501C(3)	35,170.	0.			PROGRAM FUNDING
UNITED WAY OF LAURENS COUNTY POST OFFICE BOX 544 CLINTON, SC 29325-0544	23-7011064	501C(3)	34,213.	0.			PROGRAM FUNDING
CENTER FOR COMMUNITY SERVICES 1102 HOWARD DRIVE SIMPSONVILLE, SC 29681	57-1059164	501C(3)	34,017.	0.			PROGRAM FUNDING
LIMESTONE COLLEGE 1115 COLLEGE DRIVE GAFFNEY, SC 29340-3799	57-0314402	501C(3)	31,000.	0.			PROGRAM FUNDING
O.P.E.R.A./CENTRO DE FAMILIA 301 PINEY MOUNTAIN ROAD GREENVILLE, SC 29609	57-0405340	501C(3)	30,718.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II 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
PIEDMONT WOMEN'S CENTER POST OFFICE BOX 26866 GREENVILLE, SC 29616	57-0932285	501C(3)	30,110.	0.			PROGRAM FUNDING
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29602	57-0725560	501C(3)	30,109.	0.			PROGRAM FUNDING
GREENVILLE HOUSING AUTHORITY 122 EDINBURGH COURT GREENVILLE, SC 29607	57-6019318	501C(3)	30,000.	0.			PROGRAM FUNDING
BETHANY CHRISTIAN SERVICES - GREENVILLE SC - 114 WILLIAMS STREET, SUITE A - GREENVILLE, SC 29601	38-1405282	501C(3)	29,196.	0.			PROGRAM FUNDING
GREENVILLE COUNTY DISABILITIES & SPECIAL NEEDS BOARD - 1700 RIDGE ROAD - GREENVILLE, SC 29606-8467	57-0537749	501C(3)	28,022.	0.			PROGRAM FUNDING
PHILLIS WHEATLEY ASSOCIATION PO BOX 17126 GREENVILLE, SC 29606-8126	57-0327895	501C(3)	26,385.	0.			PROGRAM FUNDING
LEGACY CHARTER SCHOOL 900 WOODSIDE AVENUE GREENVILLE, SC 29611	20-5257052	501C(3)	25,501.	0.			PROGRAM FUNDING
UNITED WAY OF THE PIEDMONT PO BOX 5624 SPARTANBURG, SC 29304-5624	57-0314377	501C(3)	25,124.	0.			PROGRAM FUNDING
JUNIOR ACHIEVEMENT OF GREENVILLE 530 HOWELL ROAD, SUITE 103 GREENVILLE, SC 29615	57-0547967	501C(3)	23,063.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II 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
STRIDES 109 NEW PERRY ROAD GREENVILLE, SC 29617	33-1118586	501C(3)	20,956.	0.			PROGRAM FUNDING
LIFELONG LEARNING 206 WILKINS ST. GREENVILLE, SC 29605	24-0471771	501C(3)	20,154.	0.			PROGRAM FUNDING
LEAD ACADEMY 29 RIDGEWAY DRIVE GREENVILLE, SC 29605	27-0264738	501C(3)	20,136.	0.			PROGRAM FUNDING
CREDABILITY 128 MILLPORT CIRCLE, SUITE 200 GREENVILLE, SC 29607-5573	58-0942924	501C(3)	20,000.	0.			PROGRAM FUNDING
LIVWELL GREENVILLE 68 POINTE CIRCLE SUITE 2301 GREENVILLE, SC 29615	81-1376760	501C(3)	20,000.	0.			PROGRAM FUNDING
UNITED WAY - CHEROKEE COUNTY POST OFFICE BOX 5624 SPARTANBURG, SC 29304	23-7376120	501C(3)	19,610.	0.			PROGRAM FUNDING
CHILD EVANGELISM FELLOWSHIP POST OFFICE BOX 575 TAYLORS, SC 29687-0575	57-0861903	501C(3)	18,518.	0.			PROGRAM FUNDING
CLEMSON UNIVERSITY G13 SIKES HALL CLEMSON, SC 29634	57-6000254	501C(3)	17,870.	0.			PROGRAM FUNDING
FAMILY CONNECTION OF S.C., INC. 2712 MIDDLEBURG DR., STE. 103B COLUMBIA, SC 29204	57-0901467	501C(3)	15,443.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II 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
CONESTEE FOUNDATION, INC. P.O. BOX 9111 GREENVILLE, SC 29604	57-1093930	501C(3)	12,700.	0.			PROGRAM FUNDING
COMMUNITY FOUNDATION OF GREATER GREENVILLE - 630 EAST WASHINGTON STREET SUITE A - GREENVILLE, SC 29601	57-6019318	501C(3)	12,228.	0.			PROGRAM FUNDING
GREENVILLE REGION WORKFORCE COLLABORATIVE - 105 EDINBURGH COURT - GREENVILLE, SC 29607-2529	47-5172476	501C(3)	10,836.	0.			PROGRAM FUNDING
CAMPERDOWN ACADEMY 501 HOWELL ROAD GREENVILLE, SC 29615-0000	57-0820322	501C(3)	10,485.	0.			PROGRAM FUNDING
ABLE SOUTH CAROLINA 330 PELHAM ROAD SUITE 102-B GREENVILLE, SC 29615	58-2336332	501C(3)	10,483.	0.			PROGRAM FUNDING
RONALD MCDONALD HOUSE OF THE CAROLINAS - GREENVILLE - 706 GROVE ROAD - GREENVILLE, SC 29605	57-0844123	501C(3)	10,241.	0.			PROGRAM FUNDING
BIRTHRIGHT OF GREENVILLE 110 F EAST BUTLER ROAD MAULDIN, SC 29662	57-0718210	501C(3)	10,063.	0.			PROGRAM FUNDING
JOSH MCDOWELL MINISTRY 2001 WEST PLANO PARKWAY SUITE 2400 PLANO, TX 75075		501C(3)	10,000.	0.			PROGRAM FUNDING
HIDDEN TREASURES CHRISTIAN SCHOOL 500 WEST LEE ROAD TAYLORS, SC 29687	57-1681882	501C(3)	8,582.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II 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
CHILDREN'S MUSEUM OF THE UPSTATE 300 COLLEGE STREET GREENVILLE, SC 29601	57-1025453	501C(3)	8,434.	0.			PROGRAM FUNDING
WISDOM IN LIVING LIFE MINISTRY 12408 OLD WHITE HORSE ROAD TRAVELERS REST, SC 29690	57-1101498	501C(3)	7,879.	0.			PROGRAM FUNDING
FOUNTAIN INN KIDS ENRICHMENT PROGRAM - PO BOX 1816 - FOUNTAIN INN, SC 29644	46-0888873	501C(3)	7,470.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES 901 ORANGE GROVE ROAD CHARLESTON, SC 29407	57-0314369	501C(3)	6,844.	0.			PROGRAM FUNDING
HABITAT FOR HUMANITY - GREENVILLE 49 GREENLAND DRIVE GREENVILLE, SC 29602-1206	57-0827063	501C(3)	5,925.	0.			PROGRAM FUNDING
AID UPSTATE 811 PENDLETON STREET, SUITE 10 GREENVILLE, SC 29602-0105	57-0848637	501C(3)	5,845.	0.			PROGRAM FUNDING
SHRINERS HOSPITAL - GREENVILLE 950 WEST FARIS ROAD GREENVILLE, SC 29605	36-2193608	501C(3)	5,674.	0.			PROGRAM FUNDING
DAILY BREAD MINISTRIES PO BOX 2344 GREER, SC 29652	57-0947109	501C(3)	5,609.	0.			PROGRAM FUNDING
SPECIAL LINK 1201 HAYWOOD ROAD GREENVILLE, SC 29615	58-2320644	501C(3)	5,416.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II 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
TRIUNE MERCY CENTER 222 RUTHERFORD STREET GREENVILLE, SC 29608-3844	20-0503624	501C(3)	5,292.	0.			PROGRAM FUNDING
AMERICAN CANCER SOCIETY 120 EXECUTIVE PARK, BUILDING 1 ASHEVILLE, NC 28801	58-0659875	501C(3)	5,260.	0.			PROGRAM FUNDING
THE ENCOURAGING WORD PO BOX 2110 SPARTANBURG, SC 29304	20-1829608	501C(3)	5,000.	0.			PROGRAM FUNDING
PIEDMONT HEALTH CARE FOUNDATION INC. - POST OFFICE BOX 9303 - GREENVILLE, SC 29604	58-1272768	501C(3)	5,000.	0.			PROGRAM FUNDING

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CRISIS ASSISTANCE	132	42,699.	0.		
FINANCIAL STABILITY	112	166,321.	0.		

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

PART I, LINE 2:

THE UNITED WAY OF 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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

Employer identification number
57-0362066

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" 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 |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TED HENDRY CEO/PRESIDENT	(i)	189,652.	19,375.	1,326.	54,978.	14,580.	279,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

UNITED WAY OF GREENVILLE COUNTY COVERS INITIATION FEES/DUES FOR THE
PRESIDENT/CEO IN CONNECTION WITH FULFILLING HIS/HER PROFESSIONAL
RESPONSIBILITIES FOR THE ORGANIZATION.

UNITED WAY OF GREENVILLE COUNTY MAINTAINS A PRESIDENT'S DISCRETIONARY FUND
TO BE USED AT THE DISCRETION OF THE PRESIDENT/CEO FOR WORK RELATED PURPOSES
ONLY.

PART I, LINE 1B:

UNITED WAY OF GREENVILLE COUNTY COVERS INITIATION FEES/DUES FOR THE
PRESIDENT/CEO IN CONNECTION WITH FULFILLING HIS/HER PROFESSIONAL
RESPONSIBILITIES FOR THE ORGANIZATION.

UNITED WAY OF GREENVILLE COUNTY MAINTAINS A PRESIDENT'S DISCRETIONARY FUND
TO BE USED AT THE DISCRETION OF THE PRESIDENT/CEO FOR WORK RELATED PURPOSES
ONLY.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

THE ORGANIZATION CONTRIBUTED TO A 457(F) PLAN FOR THE FOLLOWING

INDIVIDUALS:

TED HENDRY: \$51,319

SEAN TRASK: 5,344

TISH MCCUTCHEON: 21,770

MICHAEL BUDD: 3,667

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

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

GREENVILLE COUNTY START SCHOOL PREPARED TO LEARN AND GO ON TO GRADUATE;
WELL EDUCATED GRADUATES FIND GOOD JOBS AND CREATE STABLE HOMES; AND
CHILDREN FROM STABLE HOMES CONTINUE THE CYCLE BECAUSE THEY START SCHOOL
ON TRACK AND PREPARED FOR SUCCESS.

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

BECAUSE THEY START SCHOOL ON TRACK AND PREPARED FOR SUCCESS.

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

UNITED WAY OF GREENVILLE COUNTY'S VISION IS A CYCLE OF SUCCESS FOR
EVERY PERSON IN GREENVILLE COUNTY. WE MEET THIS VISION BY BRINGING
PEOPLE AND RESOURCES TOGETHER TO BUILD A CYCLE OF SUCCESS, WHERE ALL
CHILDREN IN GREENVILLE COUNTY START SCHOOL PREPARED TO LEARN AND GO ON
TO GRADUATE, WHERE WELL EDUCATED GRADUATES FIND GOOD JOBS AND CREATE
STABLE HOMES, AND WHERE CHILDREN FROM STABLE HOMES CONTINUE THE CYCLE
BECAUSE THEY START SCHOOL ON TRACK AND PREPARED FOR SUCCESS. IN 2015,
UNITED WAY INVESTED \$15,211,000 INTO OVER 100 PROGRAMS AND INITIATIVES
OPERATED THROUGH THE EFFORTS OF UNITED WAY AS WELL AS THOSE OF OVER 70
LOCAL NONPROFIT ORGANIZATIONS. A SUMMARY OF THESE INVESTMENTS CAN BE
FOUND BELOW.

UNITED WAY INVESTED \$6,299,000 INTO THE FOLLOWING AREAS AS PART OF A
MULTI-YEAR FUNDING PROCESS:

SCHOOL READINESS. UNITED WAY PROVIDED GRANTS TOTALING \$1,330,000 TO 18

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

LOCAL PROGRAMS THAT PROVIDE ACCESS TO QUALITY EARLY CHILDCARE, IDENTIFICATION AND TREATMENT FOR CHILDREN WITH DEVELOPMENTAL DIFFERENCES AND DELAYS, PARENTING EDUCATION, AND LITERACY FOR YOUNG CHILDREN AND FAMILIES.

HIGH SCHOOL GRADUATION. UNITED WAY PROVIDED GRANTS TOTALING \$1,447,000 TO 25 LOCAL PROGRAMS THAT PROVIDE MENTORING, TUTORING, AND AFTER SCHOOL PROGRAMMING, YOUTH ENGAGEMENT SERVICES, POST-SECONDARY SKILL DEVELOPMENT, PATHWAYS TO COLLEGE, AND PREVENTION OF ADOLESCENT RISKY BEHAVIOR.

FINANCIAL STABILITY. UNITED WAY PROVIDED GRANTS TOTALING \$1,183,000 TO 20 LOCAL PROGRAMS THAT PROVIDE EMPLOYMENT SKILLS DEVELOPMENT, AFFORDABLE HOUSING, CONNECTION TO FINANCIAL PRODUCTS AND SERVICES, AND INTEGRATED SERVICE DELIVERY (A BEST PRACTICE SOLUTION TO ASSIST FAMILIES ON THEIR PATHWAY TO SELF-SUFFICIENCY).

LIFE ESSENTIALS. UNITED WAY PROVIDED GRANTS TOTALING \$2,339,000 TO 38 LOCAL PROGRAMS THAT PROVIDE ACCESS TO MEDICAL AND MENTAL HEALTH CARE, TREAT SUBSTANCE USE DISORDER, SUPPORT TO SENIORS AND PERSONS WITH DISABILITIES, PROVIDE EMERGENCY ASSISTANCE SERVICES, AND COUNSEL VICTIMS OF INTERPERSONAL VIOLENCE.

IN ADDITION TO THE MULTI-YEAR FUNDING PROCESS ABOVE, UNITED WAY PROCESSED AND DISTRIBUTED \$3,319,000 IN CONTRIBUTIONS SPECIFICALLY DESIGNATED BY DONORS TO NONPROFITS OUTSIDE OF UNITED WAY OF GREENVILLE COUNTY BUT STILL WITHIN THE ABOVE FOUR CATEGORIES.

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

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

UNITED WAY INVESTED \$5,593,000 IN 2015 IN THE AREAS OF PLANNING, RESEARCH, LEADERSHIP, AND CAPACITY BUILDING TO OTHER NONPROFITS AND COMMUNITY PARTNERS AND COORDINATED SEVERAL DIRECT SERVICE PROGRAMS STRATEGICALLY ALIGNED WITH THE ORGANIZATION'S FOUR FOCUS AREAS. THESE COMMUNITY INVESTMENTS INCLUDED, BUT WERE NOT LIMITED TO, THE PROGRAMS AND INITIATIVES OUTLINED BELOW:

\$880,000 TO ONTRACK GREENVILLE TO KEEP MIDDLE SCHOOL STUDENTS IN GREENVILLE COUNTY ON TRACK TO GRADUATE HIGH SCHOOL. MIDDLE SCHOOL IS A TIME WHEN MANY BEGIN TO DISENGAGE WITH SCHOOL AND TAKE THE FIRST STEPS TO DROPPING OUT, SO THIS INITIATIVE AIMS TO KEEP STUDENTS ENGAGED BY ELIMINATING BARRIERS TO THEIR SUCCESS THROUGH AN EARLY WARNING SYSTEM AND A COORDINATED RESPONSE. IN 2015, 137 ONTRACK GREENVILLE STUDENTS GAINED AN AVERAGE OF ONE MONTH OF LEARNING IN BOTH READING AND MATH THROUGH THE BELL (BUILDING EDUCATED LEADERS FOR LIFE) SUMMER PROGRAM; 231 STUDENTS COMPLETED A TEEN LEADERSHIP CLASS OFFERED BY GREENVILLE COUNTY SCHOOLS TO DEVELOP IMPORTANT SOCIAL-EMOTIONAL SKILLS; 200 STUDENTS RECEIVED INDIVIDUALIZED STUDENT AND FAMILY SUPPORT THROUGH COMMUNITIES IN SCHOOLS, AND NON-EMERGENT, ONSITE HEALTH CARE WAS MADE AVAILABLE BY GREENVILLE HEALTH SYSTEM TO ALL STUDENTS AT EACH PARTICIPATING SCHOOL.

\$514,000 TO AMERICORPS, A PROGRAM ADMINISTERED BY UNITED WAY OF GREENVILLE COUNTY IN WHICH 31 AMERICORPS MEMBERS SERVED AT 29 ORGANIZATIONS ACROSS FIVE UPSTATE COUNTIES FOR A PERIOD OF ONE YEAR AND HELPED LOW WEALTH INDIVIDUALS INCREASE INCOME, BUILD SAVINGS, AND PURCHASE AND SUSTAIN ASSETS.

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

\$200,000 TO THE INSTITUTE FOR CHILD SUCCESS, A RESEARCH AND POLICY ORGANIZATION DEVOTED TO FOSTERING PUBLIC AND PRIVATE PARTNERSHIPS TO PROVIDE RESOURCES FOR THE SUCCESS OF CHILDREN ACROSS SOUTH CAROLINA.

\$179,000 TO BUILDING OPPORTUNITIES IN OUT-OF-SCHOOL TIME (BOOST), A STRATEGIC INITIATIVE THAT WORKS TO ENSURE THAT ALL CHILDREN BENEFIT FROM HIGH-QUALITY AFTERSCHOOL AND SUMMER PROGRAMS THAT WILL KEEP THEM ON THE PATH TOWARD HIGH SCHOOL GRADUATION AND ACHIEVING POST-HIGH SCHOOL SUCCESS. BOOST'S KEY STRATEGIES ARE TO IMPROVE PROGRAM QUALITY, INCREASE ACCESS FOR UNDERSERVED YOUTH, AND RAISE AWARENESS AND ADVOCATE FOR MORE AND BETTER EXPANDED-LEARNING PROGRAMS FOR K-12 YOUTH.

\$138,000 TO COMMUNITYWORKS CAROLINA INDIVIDUAL DEVELOPMENT ACCOUNTS, A CRUCIAL PART OF OUR FINANCIAL STABILITY CAMPAIGN. COMMUNITYWORKS PROVIDES FINANCIAL LITERACY TRAINING TO ITS CLIENTS, AS WELL AS OFFERING MATCHED SAVINGS ACCOUNTS THAT HELP LOW- TO MID- INCOME INDIVIDUALS INCREASE THEIR ASSETS.

\$130,000 TO HISPANIC ALLIANCE TO HELP CONTINUE THEIR CURRENT OPERATIONS TO ENRICH THE QUALITY OF LIFE IN OUR COMMUNITY BY COORDINATING INITIATIVES AND BUILDING COLLABORATIONS AMONG SERVICE PROVIDERS, THE HISPANIC MEMBERS OF OUR COMMUNITY, AND THE COMMUNITY AT LARGE. THIS AMOUNT IS ALSO INTENDED TO HELP BUILD THE CAPACITY OF THE ORGANIZATION AND DEVELOP AND IMPLEMENT A COMPREHENSIVE SUSTAINABILITY PLAN THAT INCLUDES GRANTS, PRIVATE DONORS, FUND RAISERS, AND FEE FOR SERVICE OPPORTUNITIES.

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

\$125,000 TO COMMUNITYWORKS CAROLINA FOR SUPPORT OF THE FORMATION OF A COMMUNITY CREDIT UNION.

\$105,000 TO SUPPORT THE VOLUNTEER INCOME TAX ASSISTANCE: UNITED WAY'S VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM PROVIDES FREE TAX PREPARATION SERVICES TO PEOPLE WITH A HOUSEHOLD INCOME OF \$53,000 OR LESS. IN 2015, MORE THAN 10,000 RETURNS WERE COMPLETED FOR UPSTATE TAXPAYERS, GENERATING \$9 MILLION IN TAX RETURN DOLLARS. VITA PARTICIPANTS RECEIVED \$3.4 MILLION IN EITC, \$1.4 MILLION IN CHILD TAX CREDITS AND \$205,000 IN EDUCATION CREDITS, WHILE COLLECTIVELY SAVING AN ESTIMATED \$1.9 MILLION IN TAX PREPARATION FEES.

\$100,000 TO SOUTH CAROLINA FLOOD VICTIMS IN NEED OF EMERGENCY ASSISTANCE AND CRISIS RELIEF FUNDS THROUGH THE UNITED WAY ASSOCIATION OF SOUTH CAROLINA.

\$83,000 TO UNITED WAY 2-1-1, A HOTLINE TO WHICH INDIVIDUALS AND FAMILIES CAN CALL AND RECEIVE UP-TO-DATE REFERRALS FOR SERVICES IN THEIR AREA.

\$40,000 TO WOMENS' LEADERSHIP JOBS TO CAREERS, A SCHOLARSHIP AND MENTORING PROGRAM FOR WOMEN IN THE COMMUNITY HOPING TO CLIMB THE CAREER LADDER AND ACHIEVE FINANCIAL STABILITY.

\$24,000 TO GREENVILLE DREAMS, A COALITION OF NEIGHBORHOOD AND COMMUNITY LEADERS ORGANIZED TO EMPOWER RESIDENTS TO IMPROVE THEIR NEIGHBORHOODS THROUGH LEADERSHIP DEVELOPMENT WHILE LEVERAGING AVAILABLE RESOURCES. THROUGH THE GRASSROOTS LEADERSHIP DEVELOPMENT PROGRAM, THE LEADERSHIP

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

TRAINING ARM OF GREENVILLE DREAMS, LEADERS WORKED COLLABORATIVELY WITH OTHERS TOWARD THE DEVELOPMENT OF COMMUNITY SOLUTIONS FOR AFFORDABLE HOUSING, COMMUNICATIONS AND RESIDENT ENGAGEMENT, AND DIVERSITY AND INCLUSION. GRADUATES OF THE GRASSROOTS PROGRAM CURRENTLY HOLD NUMEROUS COMMUNITY LEADERSHIP POSITIONS AS PRESIDENTS AND VICE PRESIDENTS OF NEIGHBORHOOD ASSOCIATIONS.

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 IRS FORM 990 IS PRESENTED FOR REVIEW AND APPROVAL TO THE AUDIT COMMITTEE AND THEN TO THE BOARD OF TRUSTEES.

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

THE UNITED WAY OF GREENVILLE COUNTY'S AUDIT COMMITTEE CHARTER REQUIRES THAT THE COMMITTEE REVIEW BOARD AND STAFF CONFLICT OF INTEREST DISCLOSURES (BOTH ANNUALLY AND AS THEY ARISE) AND REPORT RESULTS TO THE BOARD AT LEAST ANNUALLY.

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

FOR THE CEO, THE EXECUTIVE COMMITTEE USES A DOCUMENTED ASSESSMENT OF THE PRESIDENT TOOL FOR PERFORMANCE EVALUATION. THE CEO'S COMPENSATION IS BASED ON ORGANIZATIONAL ACHIEVEMENT AND COMPARISONS TO INDIVIDUAL UNITED WAYS OF SIMILAR SIZE AS WELL AS UNITED WAY WORLDWIDE COMPENSATION SURVEY DATA.

Name of the organization UNITED WAY OF GREENVILLE COUNTY, INC.	Employer identification number 57-0362066
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FOR THE COO/DIRECTOR OF FINANCE (THE ONLY OTHER COMPENSATED OFFICER OF THE ORGANIZATION ACCORDING TO THE CORPORATE AUTHORIZATION RESOLUTION), THE CEO DETERMINES COMPENSATION LEVELS BASED ON THE SAME FACTORS DESCRIBED ABOVE. THESE PROCEDURES ARE OUTLINED IN THE ORGANIZATION'S COMPENSATION POLICY AND GOVERNED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC ON ITS WEBSITE, BY REQUEST, AND ON GUIDESTAR.ORG.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET CHANGE IN PENSION OBLIGATION	-15,889.
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FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Report of Employer-Owned Life Insurance Contracts

OMB No. 1545-2089

▶ Attach to the policyholder's tax return - See instructions.

Attachment
 Sequence No. **160**

Name(s) shown on return UNITED WAY OF GREENVILLE COUNTY, INC.	Identifying number 57-0362066
Name of policyholder, if different from above	Identifying number, if different from above

Type of business
501C(3)

1 Enter the number of employees the policyholder had at the end of the tax year	1	51.
2 Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See <i>Section 1035 exchanges</i> for an exception	2	1.
3 Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2	3	250,000.
4a Does the policyholder have a valid consent (see instructions) for each employee included on line 2? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent	4b	