

PUBLIC DISCLOSURE COPY

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

**2019**

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>UNITED WAY OF GREENVILLE COUNTY, INC.</b>		<b>D</b> Employer identification number <b>57-0362066</b>
	Doing business as		<b>E</b> Telephone number <b>(864) 467-3333</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>12,359,766.</b>
	<b>105 EDINBURGH COURT</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>GREENVILLE, SC 29607-2529</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>MEGHAN BARP</b> <b>SAME AS C ABOVE</b>			If "No," attach a list. (see instructions)
<b>I</b> 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			
<b>J</b> Website: <b>WWW.UNITEDWAYGC.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1955</b> <b>M</b> State of legal domicile: <b>SC</b>

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>BRINGING PEOPLE AND RESOURCES TOGETHER TO BUILD A CYCLE OF SUCCESS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>37</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>37</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>115</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>16039</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>18,768,873.</b>	<b>12,122,696.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>237,800.</b>	<b>237,070.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>19,006,673.</b>	<b>12,359,766.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>11,637,315.</b>	<b>10,039,463.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,369,343.</b>	<b>4,330,244.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>1,878,434.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,530,157.</b>	<b>2,510,557.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18,536,815.</b>	<b>16,880,264.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>469,858.</b>	<b>-4,520,498.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>26,276,402.</b>	<b>End of Year</b> <b>24,023,715.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>3,411,152.</b>	<b>4,188,844.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>22,865,250.</b>	<b>19,834,871.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>MEGHAN BARP, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMY BIBBY</b>	Preparer's signature <b>AMY BIBBY</b>	Date <b>07/23/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00445891</b>
	Firm's name <b>DIXON HUGHES GOODMAN LLP</b>	Firm's address <b>500 RIDGEFIELD COURT ASHEVILLE, NC 28806</b>	Firm's EIN <b>56-0747981</b>	Phone no. <b>(828) 254-2254</b>	

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

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 \$ 13,000,728. including grants of \$ 10,039,463. ) (Revenue \$ ) SEE SCHEDULE O

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

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

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

4e Total program service expenses 13,000,728.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

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

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (37), 1b (37), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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 (1024 or 1024-A, 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.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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 THE ORGANIZATION - (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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) SEAN DOGAN CHAIR	1.00	X		X				0.	0.	0.
(2) JASON RICHARDS VICE CHAIR	1.00	X		X				0.	0.	0.
(3) KIMBERLY WITHERSPOON SECRETARY	1.00	X		X				0.	0.	0.
(4) ANN ROBINSON TREASURER	1.00	X		X				0.	0.	0.
(5) YOBANY BANKS- MCKAY DIRECTOR & CAMPAIGN VICE CHAIR	1.00	X						0.	0.	0.
(6) DENNIS BRAASCH DIRECTOR	1.00	X						0.	0.	0.
(7) ZACHARY BREWSTER DIRECTOR	1.00	X						0.	0.	0.
(8) CALVIN CALHOUN III DIRECTOR & CAMPAIGN CHAIR	1.00	X						0.	0.	0.
(9) MATTHEW CARDONE DIRECTOR & COMM. INV. CHAIR	1.00	X						0.	0.	0.
(10) MICHAEL CINQUEMANI DIRECTOR	1.00	X						0.	0.	0.
(11) CHARLES DAVIS DIRECTOR	1.00	X						0.	0.	0.
(12) CHANDRA DILLARD DIRECTOR	1.00	X						0.	0.	0.
(13) MARK FARRIS DIRECTOR	1.00	X						0.	0.	0.
(14) CHRISTOPHER FINCHER DIRECTOR	1.00	X						0.	0.	0.
(15) DAVID FOSTER DIRECTOR	1.00	X						0.	0.	0.
(16) ANDERSON GARCIA DIRECTOR	1.00	X						0.	0.	0.
(17) KODWO GHARTEY-TAGOE DIRECTOR (RESIGNED 09/19)	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) LEE A. GILL, J.D DIRECTOR	1.00	X					0.	0.	0.	
(19) KEN HARPER DIRECTOR	1.00	X					0.	0.	0.	
(20) JOHN HUMPHRIES DIRECTOR	1.00	X					0.	0.	0.	
(21) JENNIFER JOHNSEN DIRECTOR	1.00	X					0.	0.	0.	
(22) DAVID LOMINACK DIRECTOR & GOVERNANCE COMM. CHAIR	1.00	X					0.	0.	0.	
(23) DEBORAH LONG DIRECTOR	1.00	X					0.	0.	0.	
(24) KIM MAZUR DIRECTOR	1.00	X					0.	0.	0.	
(25) TAMI MCKNEW DIRECTOR	1.00	X					0.	0.	0.	
(26) RYAN MCLAUGHLIN DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							622,062.	0.	59,297.	
<b>d Total (add lines 1b and 1c)</b>							622,062.	0.	59,297.	

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 <b>former</b> officer, director, 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
FIND GREAT PEOPLE 15 BRENDAN WAY, GREENVILLE, SC 29615	TEMPORARY STAFF	184,319.
ACUMEN 3620 PELHAM ROAD, GREENVILLE, SC 29615	IT SERVICES	174,521.

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 **2**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	12,122,696.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 11,302.				
	<b>h Total.</b> Add lines 1a-1f .....		12,122,696.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		237,070.			237,070.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			12,359,766.	0.	0.	237,070.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,039,463.	10,039,463.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	266,233.	26,623.	119,805.	119,805.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,240,748.	1,458,636.	926,723.	855,389.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	131,143.	62,936.	24,996.	43,211.
<b>9</b> Other employee benefits	444,490.	227,239.	58,056.	159,195.
<b>10</b> Payroll taxes	247,630.	104,871.	73,893.	68,866.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	57,000.		57,000.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	40,631.		40,631.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	613,765.	165,681.	349,136.	98,948.
<b>12</b> Advertising and promotion	122,422.	24,226.	8,777.	89,419.
<b>13</b> Office expenses	127,523.	58,835.	45,055.	23,633.
<b>14</b> Information technology	242,423.	133,333.	84,848.	24,242.
<b>15</b> Royalties				
<b>16</b> Occupancy	106,850.	34,865.	34,652.	37,333.
<b>17</b> Travel	34,296.	29,021.	315.	4,960.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	438,178.	248,225.	31,393.	158,560.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	273,941.	273,941.		
<b>22</b> Depreciation, depletion, and amortization	181,424.	62,773.	54,427.	64,224.
<b>23</b> Insurance	21,493.	5,333.	7,424.	8,736.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BANK AND MERCHANT FEES</b>	91,362.	40,523.	22,743.	28,096.
<b>b</b> <b>DEFERRED GIVING</b>	89,414.		1,127.	88,287.
<b>c</b> <b>DIRECT EXPENSES</b>	48,530.		46,891.	1,639.
<b>d</b> <b>RECRUITING AND MOVING</b>	16,927.	1,204.	13,210.	2,513.
<b>e</b> All other expenses	4,378.	3,000.		1,378.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	16,880,264.	13,000,728.	2,001,102.	1,878,434.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,121,444.	<b>1</b>	1,746,965.
	<b>2</b> Savings and temporary cash investments .....	865,378.	<b>2</b>	577,688.
	<b>3</b> Pledges and grants receivable, net .....	9,961,406.	<b>3</b>	8,348,896.
	<b>4</b> Accounts receivable, net .....	644,821.	<b>4</b>	214,053.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	49,994.	<b>9</b>	67,758.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,782,565.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,977,328.		
	<b>11</b> Investments - publicly traded securities .....	2,537,101.	<b>10c</b>	2,805,237.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,483,486.	<b>11</b>	8,526,963.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,671,911.	<b>12</b>	773,300.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	940,861.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	26,276,402.	<b>15</b>	962,855.	
		<b>16</b>	24,023,715.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	278,749.	<b>17</b>	205,795.
	<b>18</b> Grants payable .....	2,148,265.	<b>18</b>	3,256,753.
	<b>19</b> Deferred revenue .....	298,106.	<b>19</b>	151,389.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	425,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	686,032.	<b>25</b>	149,907.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	3,411,152.	<b>26</b>	4,188,844.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,414,886.	<b>27</b>	4,660,281.
	<b>28</b> Net assets with donor restrictions .....	17,450,364.	<b>28</b>	15,174,590.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	22,865,250.	<b>32</b>	19,834,871.
	<b>33</b> Total liabilities and net assets/fund balances .....	26,276,402.	<b>33</b>	24,023,715.

**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	12,359,766.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,880,264.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,520,498.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,865,250.
5	Net unrealized gains (losses) on investments	5	1,025,960.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	464,159.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,834,871.

**Part XII Financial Statements and Reporting**

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

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

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

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	20460113.	16704940.	19363861.	18768873.	12122696.	87420483.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	20460113.	16704940.	19363861.	18768873.	12122696.	87420483.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6033766.
<b>6 Public support.</b> Subtract line 5 from line 4.						81386717.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	20460113.	16704940.	19363861.	18768873.	12122696.	87420483.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	123,919.	96,685.	157,946.	237,675.	237,070.	853,295.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						88273778.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	92.20	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	91.52	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> 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>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990 or 990-EZ) 2019

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

Horizontal lines for supplemental information.

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

OMB No. 1545-0047

**2019**

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>UNITED WAY OF GREENVILLE COUNTY, INC.</b>	Employer identification number  <b>57-0362066</b>
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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	 <hr/> <hr/> <hr/>	\$ <u>281,394.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>388,637.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>383,082.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>905,835.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>749,588.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>UNITED WAY OF GREENVILLE COUNTY, INC.</b>	Employer identification number  <b>57-0362066</b>
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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  <b>UNITED WAY OF GREENVILLE COUNTY, INC.</b>	Employer identification number  <b>57-0362066</b>
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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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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.**

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

OMB No. 1545-0047

**2019**  
**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 (for example, 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 7/25/06, 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? .....

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)? .....

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**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 make 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 program
  - 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	7,086,879.	7,436,569.	7,631,543.	7,721,461.	4,322,493.
b Contributions	167,116.	21,879.	188,678.	-621,861.	3,460,713.
c Net investment earnings, gains, and losses	1,152,849.	-371,569.	809,529.	531,943.	-61,745.
d Grants or scholarships					
e Other expenditures for facilities and programs	403,584.		1,193,181.		
f Administrative expenses					
g End of year balance	8,003,260.	7,086,879.	7,436,569.	7,631,543.	7,721,461.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  100.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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		364,723.		364,723.
b Buildings		2,904,061.	823,942.	2,080,119.
c Leasehold improvements				
d Equipment		1,289,422.	944,932.	344,490.
e Other		224,359.	208,454.	15,905.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,805,237.

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	149,907.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	149,907.

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 FASB 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	11,798,068.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,025,960.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	464,159.	
e	Add lines 2a through 2d	2e		1,490,119.
3	Subtract line 2e from line 1	3		10,307,949.
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	40,631.	
b	Other (Describe in Part XIII.)	4b	2,011,186.	
c	Add lines 4a and 4b	4c		2,051,817.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		12,359,766.

**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	14,828,447.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		14,828,447.
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	40,631.	
b	Other (Describe in Part XIII.)	4b	2,011,186.	
c	Add lines 4a and 4b	4c		2,051,817.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		16,880,264.

**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 COMMUNITY FOUNDATION OF GREENVILLE ("COMMUNITY FOUNDATION") MANAGES ENDOWMENT FUNDS APPROXIMATING \$8,033,978 AT DECEMBER 31, 2019, FROM WHICH THE INCOME IS DESIGNATED FOR UNITED WAY. UNDER THE TERMS OF THIS AGREEMENT, THE COMMUNITY FOUNDATION WILL ADMINISTER THE ENDOWMENT AS PART OF ITS ASSETS. THE PRINCIPAL IS TO BE MAINTAINED INVIOATE AND IN PERPETUITY. UNITED WAY CAN UTILIZE FUND INCOME FOR BOARD DESIGNATED PURPOSES WITH APPROVAL OF ITS BOARD OF DIRECTORS.

**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

**Part XIII** Supplemental Information (continued)

STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. UNITED WAY HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET CHANGE IN PENSION OBLIGATION 464,159.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 2,011,186.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 2,011,186.

**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.**

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

OMB No. 1545-0047

**2019**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A CHILD'S HAVEN 20 MARTIN DRIVE GREENVILLE, SC 29617	57-0893712	501(C)(3)	168,981.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
ABLE SOUTH CAROLINA 330 PELHAM ROAD SUITE 102-B GREENVILLE, SC 29615	58-2336332	501(C)(3)	21,516.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
ACCESS HEALTH GREENVILLE 102 EDINBURGH COURT GREENVILLE, SC 29607		501(C)(3)	47,656.	0.			PROGRAM ALLOCATION
ALSTON WILKES SOCIETY 3519 MEDICAL DRIVE COLUMBIA, SC 29203	57-0477907	501(C)(3)	35,467.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
ALZHEIMER'S ASSOCIATION - GREENVILLE COUNTY - 301 UNIVERSITY RIDGE, SUITE 5850 - GREENVILLE, SC 29601-3686	57-0792592	501(C)(3)	65,788.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
AMERICAN RED CROSS - UPSTATE SC CHAPTER - 940 GROVE ROAD - GREENVILLE, SC 29604-9035	53-0196605	501(C)(3)	109,012.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **104.**
- 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) (2019)



**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
BELL - BUILDING EDUCATED LEADERS FOR LIFE - 601 EAST 5TH STREET SUITE 460 - CHARLOTTE, NC 28202		501(C)(3)	279,865.	0.			PROGRAM GRANT
BETHANY CHRISTIAN SERVICES - GREENVILLE SC - 114 WILLIAMS STREET, SUITE A - GREENVILLE, SC 29601	38-1405282	501(C)(3)	52,331.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
BIG BROTHERS BIG SISTERS OF THE UPSTATE, INC. - 620 N. MAIN STREET, SUITE 102 - GREENVILLE, SC 29601	20-4243553	501(C)(3)	84,014.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
BIRTHRIGHT OF GREENVILLE 110 F EAST BUTLER ROAD MAULDIN, SC 29662	57-0718210	501(C)(3)	9,352.	0.			DONOR DESIGNATION
BOY SCOUTS OF AMERICA - BLUE RIDGE COUNCIL - 1 PARK PLAZA - GREENVILLE, SC 29607-5851	57-0314427	501(C)(3)	112,945.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
BOYS & GIRLS CLUB - GREENVILLE POST OFFICE BOX 1237 GREENVILLE, SC 29602		501(C)(3)	18,269.	0.			DONOR DESIGNATION, PROGRAM GRANT
CANCER SOCIETY OF GREENVILLE COUNTY - 113 MILLS AVENUE - GREENVILLE, SC 29605	57-0471686	501(C)(3)	88,441.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
CAROLINA COPS 75 TO REST STREET LYMAN, SC 29635		501(C)(3)	6,758.	0.			DONOR DESIGNATION
CAROLINA PREGNANCY CENTER 103 METRO DRIVE SPARTANBURG, SC 29304	57-0791115		5,381.	0.			DONOR DESIGNATION

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
CENTER FOR COMMUNITY SERVICES 1102 HOWARD DRIVE SIMPSONVILLE, SC 29681	57-1059164	501(C)(3)	91,117.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
CENTER FOR DEVELOPMENTAL SERVICES 29 NORTH ACADEMY STREET GREENVILLE, SC 29601	57-0988275	501(C)(3)	149,437.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
CHILD EVANGELISM FELLOWSHIP POST OFFICE BOX 575 TAYLORS, SC 29687-0575	57-0861903	501(C)(3)	17,399.	0.			DONOR DESIGNATION
CITY OF GREENVILLE PARKS & RECREATION - 206 SOUTH MAIN STREET - GREENVILLE, SC 29602-2207		501(C)(3)	39,782.	0.			PROGRAM ALLOCATION, PROGRAM GRANT
CLARITY-SPEECH HEARING & LEARNING 29 NORTH ACADEMY STREET GREENVILLE, SC 29601-2629	57-0331635	501(C)(3)	153,317.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
CLEMSON UNIVERSITY INSTITUTE ON FAMILY & NEIGHBORHOOD - 225 SOUTH PLEASANTBURG DRIVE - GREENVILLE, SC 29607	57-6000254	501(C)(3)	31,395.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
COMMUNITIES IN SCHOOLS 506 SOUTH PLEASANTBURG DRIVE, BUILDING 106C, SUITE 521 - GREENVILLE, SC 2960	57-0931840	501(C)(3)	825,691.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
COMMUNITY FOUNDATION OF GREENVILLE 630 EAST WASHINGTON STREET SUITE A GREENVILLE, SC 29601		501(C)(3)	70,094.	0.			DONOR DESIGNATION, PROGRAM GRANT
COMMUNITYWORKS INC. 101 WEST ANTRIM DRIVE GREENVILLE, SC 29607	26-0421563	501(C)(3)	143,492.	0.			DONOR DESIGNATION, PROGRAM GRANT

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
COMPASS OF CAROLINA 1100 RUTHERFORD ROAD GREENVILLE, SC 29609-3927	57-0381870	501(C)(3)	173,548.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
CONESTEE FOUNDATION, INC. P.O. BOX 9111 GREENVILLE, SC 29604	57-1093930	501(C)(3)	16,348.	0.			DONOR DESIGNATION
DAILY BREAD MINISTRIES PO BOX 2344 GREER, SC 29652	57-0947109	501(C)(3)	13,288.	0.			DONOR DESIGNATION
FAMILY CONNECTION OF S.C., INC. 2712 MIDDLEBURG DR., STE. 103B COLUMBIA, SC 29204	57-0901467	501(C)(3)	23,151.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
FAVOR GREENVILLE 355 WOODRUFF RD, STE 303 GREENVILLE, SC 29607	20-1724061	501(C)(3)	44,307.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
FIRST STEPS - GREENVILLE COUNTY 24 CLEVELAND STREET GREENVILLE, SC 29601-3648	57-1097814	501(C)(3)	159,886.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
FOOTHILLS FAMILY RESOURCES 3 MAIN STREET SLATER, SC 29683-0246	57-0823752	501(C)(3)	77,707.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
FOUNTAIN INN KIDDS ENRICHMENT PROGRAM - PO BOX 1816 - FOUNTAIN INN, SC 29644	46-0888873		6,092.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
FOSTERING GREAT IDEAS 321 PIMLICO ROAD GREENVILLE, SC 29607	27-4622960	501(C)(3)	27,479.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION

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
GATEWAY HOUSE 415 RUTHERFORD STREET GREENVILLE, SC 29608-4241	57-0767465	501(C)(3)	55,187.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
GHS FOUNDATION 300 MCBEE STREET, SUITE 200 GREENVILLE, SC 29601		501(C)(3)	45,282.	0.			DONOR DESIGNATION
GIRL SCOUTS OF SC- MOUNTAINS TO MIDLANDS - 5 INDEPENDENCE POINTE, SUITE 120 - GREENVILLE, SC 29615	57-0314433	501(C)(3)	95,994.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
GOLDEN STRIP EMERGENCY RELIEF & RESOURCES - POST OFFICE BOX 193 - FOUNTAIN INN, SC 29644	57-0692631	501(C)(3)	31,046.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SC, INC. - 115 HAYWOOD ROAD - GREENVILLE, SC 29607	57-0564001	501(C)(3)	133,024.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
GREENVILLE COUNTY HUMAN RELATIONS 301 UNIVERSITY RIDGE, SUITE 1600 GREENVILLE, SC 29601	57-6000356	501(C)(3)	35,000.	0.			PROGRAM ALLOCATION
GREENVILLE COUNTY PARKS, RECREATION, & TOURISM - 4806 OLD SPARTANBURG ROAD - TAYLORS, SC 29687	57-6000356	501(C)(3)	93,699.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
GREENVILLE COUNTY RECREATION DISTRICT - 4806 OLD SPARTANBURG ROAD - TAYLORS, SC 29687	57-0515920	501(C)(3)	70,267.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
GREENVILLE COUNTY REDEVELOPMENT AUTHORITY - 301 UNIVERSITY RIDGE, STE 2500 - GREENVILLE, SC 29601			5,500.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION

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
LIFELONG LEARNING 206 WILKINS ST. GREENVILLE, SC 29605		501(C)(3)	20,494.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29604	57-0855205	501(C)(3)	204,503.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
GREENVILLE HOSPITAL SYSTEM 701 GROVE ROAD GREENVILLE, SC 29605	57-6007863	501(C)(3)	33,629.	0.			PROGRAM ALLOCATION, PROGRAM GRANT
GREENVILLE HUMANE SOCIETY 305 AIRPORT ROAD GREENVILLE, SC 29607	57-6000563		8,507.	0.			PROGRAM ALLOCATION, PROGRAM GRANT
GREENVILLE LITERACY ASSOCIATION 225 SOUTH PLEASANTBURG DRIVE GREENVILLE, SC 29606	57-0521414	501(C)(3)	123,080.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
GREENVILLE RAPE CRISIS AND CHILD ABUSE CENTER/JULIE VALENTINE - 2905 WHITE HORSE ROAD - GREENVILLE, SC 29611-6120	57-0655611	501(C)(3)	217,058.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
GREENVILLE TECHNICAL CHARTER HIGH SCHOOL - 1201 POST OFFICE BOX 5616 - GREENVILLE, SC 29606	57-1066272		8,163.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
GREER RELIEF AND RESOURCES POST OFFICE BOX 1303 GREER, SC 29652-1303	57-0370331	501(C)(3)	59,153.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
HABITAT FOR HUMANITY - GREENVILLE 49 GREENLAND DRIVE GREENVILLE, SC 29602-1206	57-0827063	501(C)(3)	59,093.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS

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
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29602	57-0725560	501(C)(3)	28,333.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
HISPANIC ALLIANCE/ALIANZA HISPANA 225 SOUTH PLEASANTBURG DRIVE, ARC S GREENVILLE, SC 29607		501(C)(3)	119,372.	0.			PROGRAM GRANT
HOMES OF HOPE, INC. 3 DUNEAN STREET GREENVILLE, SC 29611	57-1069688	501(C)(3)	114,504.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
INSTITUTE FOR CHILD SUCCESS 105 EDINBURGH COURT GREENVILLE, SC 29607	27-1904900	501(C)(3)	195,577.	0.			DONOR DESIGNATION, PROGRAM GRANT
JUNIOR ACHIEVEMENT OF GREENVILLE 530 HOWELL ROAD, SUITE 103 GREENVILLE, SC 29615	57-0547967	501(C)(3)	17,303.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
KB CHARITABLE TRUST 28 SETH STREET GREENVILLE, SC 29616	57-1109692		5,169.	0.			PROGRAM GRANT
LEAD ACADEMY 29 RIDGEWAY DRIVE GREENVILLE, SC 29605	27-0264738	501(C)(3)	24,447.	0.			PROGRAM ALLOCATION, PROGRAM GRANT
LEGACY CHARTER SCHOOL 900 WOODSIDE AVENUE GREENVILLE, SC 29611	20-5257052	501(C)(3)	41,636.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
LITTLE STEPS 712 LAURENS ROAD GREENVILLE, SC 29606	20-2637422	501(C)(3)	37,967.	0.			PROGRAM ALLOCATION

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
LOAVES & FISHES 25 WOODS LAKE ROAD SUITE 810 GREENVILLE, SC 29607-2765	57-0931804	501(C)(3)	35,102.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
MEALS ON WHEELS - GREENVILLE 15 OREGON STREET GREENVILLE, SC 29605	57-0531378	501(C)(3)	57,889.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
MENTAL HEALTH AMERICA - GREENVILLE COUNTY - 429 NORTH MAIN STREET, SUITE 2 - GREENVILLE, SC 29601	57-0955844	501(C)(3)	122,355.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
MEYER CENTER FOR SPECIAL CHILDREN 1132 RUTHERFORD ROAD GREENVILLE, SC 29609	57-0361503	501(C)(3)	302,072.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
MILL COMMUNITY MINISTRIES 8 LOIS AVENUE GREENVILLE, SC 29611	90-0854058	501(C)(3)	26,786.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
MIRACLE HILL MINISTRIES 2419-B WADE HAMPTON BOULEVARD GREENVILLE, SC 29602-2546	57-0425826	501(C)(3)	25,680.	0.			DONOR DESIGNATION
NEIGHBORHOOD FOCUS POST OFFICE BOX 9127 GREENVILLE, SC 29604	20-4280877	501(C)(3)	39,413.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
NEW HORIZON FAMILY HEALTH SERVICES 975 WEST FARIS ROAD GREENVILLE, SC 29605	57-0932597	501(C)(3)	89,598.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
NEW MIND HEALTH AND CARE INC. POST OFFICE BOX 205 MAULDIN, SC 29662	45-3802288	501(C)(3)	22,072.	0.			PROGRAM ALLOCATION, PROGRAM GRANT

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
O.P.E.R.A./CENTRO DE FAMILIA 301 PINEY MOUNTAIN ROAD GREENVILLE, SC 29609	57-0405340	501(C)(3)	22,545.	0.			PROGRAM ALLOCATION
PEACE CENTER FOUNDATION 101 WEST BROAD STREET GREENVILLE, SC 29601	57-0811297		8,007.	0.			PROGRAM GRANT
PENDLETON PLACE FOR CHILDREN AND FAMILIES - POST OFFICE BOX 10323 - GREENVILLE, SC 29603	57-0624421	501(C)(3)	176,933.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
PHILLIS WHEATLEY ASSOCIATION PO BOX 17126 GREENVILLE, SC 29606-8126	57-0327895	501(C)(3)	64,137.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
PHOENIX CENTER FOR BEHAVIORAL HEALTH - 1400 CLEVELAND STREET - GREENVILLE, SC 29602-1948	57-1129751	501(C)(3)	108,815.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
PIEDMONT WOMEN'S CENTER POST OFFICE BOX 26866 GREENVILLE, SC 29616	57-0932285	501(C)(3)	24,172.	0.			DONOR DESIGNATION
PLEASANT VALLEY CONNECTION 510 OLD AUGUSTA ROAD GREENVILLE, SC 29605	57-1127237	501(C)(3)	57,894.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
PROJECT HOPE FOUNDATION 2131 WOODRUFF ROAD, SUITE 2100 GREENVILLE, SC 29607-5994	58-2324540	501(C)(3)	105,524.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
PROJECT HOST 525 SOUTH ACADEMY STREET GREENVILLE, SC 29602	57-0728041	501(C)(3)	51,870.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION

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
PUBLIC EDUCATION PARTNERS 225 S. PLEASANTBURG DR. SUITE E6 GREENVILLE, SC 29607	57-0769637	501(C)(3)	133,519.	0.			PROGRAM ALLOCATION, PROGRAM GRANT
REACH OUT AND READ, INC. 56 ROLAND STREET BOSTON, MA 02129-1243	04-3481253	501(C)(3)	20,251.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
RONALD MCDONALD HOUSE OF THE CAROLINAS - GREENVILLE - 706 GROVE ROAD - GREENVILLE, SC 29605	57-0844123	501(C)(3)	7,261.	0.			DONOR DESIGNATION
SAFE HARBOR 429 NORTH MAIN STREET GREENVILLE, SC 29601	57-1014137	501(C)(3)	124,184.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
SALVATION ARMY - GREENVILLE 417 RUTHERFORD STREET GREENVILLE, SC 29602	58-0660607	501(C)(3)	303,557.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
SC CHILDREN'S THEATRE POST OFFICE BOX 9340 GREENVILLE, SC 29604		501(C)(3)	10,804.	0.			DONOR DESIGNATION
THE SCHOOL DISTRICT OF GREENVILLE COUNTY - 301 CAMPERDOWN WAY - GREENVILLE, SC 29602-2848		501(C)(3)	236,323.	0.			PROGRAM GRANT
SENIOR ACTION 50 DIRECTOR'S DRIVE GREENVILLE, SC 29615	57-0507961	501(C)(3)	213,733.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
SHARE 254 SOUTH PLEASANTBURG DRIVE GREENVILLE, SC 29603	57-6028253	501(C)(3)	111,118.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION

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
ST. ANTHONY'S OF PADUA CATHOLIC SCHOOL - 309 GOWER STREET - GREENVILLE, SC 29611	57-0427729	501(C)(3)	76,377.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
ST. JUDES CHILDRENS HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105	62-0646012		6,688.	0.			PROGRAM GRANT
STRIDES 109 NEW PERRY ROAD GREENVILLE, SC 29617	33-1118586	501(C)(3)	21,219.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
TAYLORS FREE MEDICAL CLINIC 400 W. MAIN STREET TAYLORS, SC 29687	20-1715911	501(C)(3)	36,463.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
THRIVE UPSTATE 161 VERDIN ROAD GREENVILLE, SC 29607		501(C)(3)	23,732.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
UNITED MINISTRIES 606 PENDLETON STREET GREENVILLE, SC 29601	57-0511977	501(C)(3)	396,158.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
UNITED WAY - ANDERSON COUNTY 604 NORTH MURRAY AVENUE ANDERSON, SC 29625-4311	57-0510602	501(C)(3)	37,369.	0.			DONOR DESIGNATION, PROGRAM GRANT
UNITED WAY OF LAURENS COUNTY POST OFFICE BOX 544 CLINTON, SC 29325-0544	23-7011064	501(C)(3)	18,163.	0.			DONOR DESIGNATION, PROGRAM GRANT
UNITED WAY - OCONEE COUNTY 409 EN FIRST STREET, SUITE A SENECA, SC 29678		501(C)(3)	14,328.	0.			DONOR DESIGNATION

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 - PICKENS COUNTY 135 FOLGER AVE. EASLEY, SC 29641-0096	57-0476249	501(C)(3)	37,957.	0.			DONOR DESIGNATION, PROGRAM GRANT
UNITED WAY OF THE PIEDMONT PO BOX 5624 SPARTANBURG, SC 29304-5624	57-0314377	501(C)(3)	71,667.	0.			DONOR DESIGNATION, PROGRAM GRANT
UPSTATE FATHERHOOD COALITION 730 S. PLEASANTBURG STE 205 GREENVILLE, SC 29607	30-0200022	501(C)(3)	16,263.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
UPSTATE WARRIOR SOLUTION POST OFFICE BOX 27232 GREENVILLE, SC 29617	46-1699670	501(C)(3)	29,103.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
URBAN LEAGUE OF THE UPSTATE 15 REGENCY HILL DRIVE GREENVILLE, SC 29607	57-0541039	501(C)(3)	154,484.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
YMCA - GREATER GREENVILLE 723 CLEVELAND STREET GREENVILLE, SC 29601	57-0314424	501(C)(3)	62,415.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
YMCA - MIDDLE TYGER 720 SHOALS ROAD DUNCAN, SC 29334	57-0314425		6,525.	0.			PROGRAM GRANT
YOUTHBASE, INC. 37 PINCKNEY STREET GREENVILLE, SC 29601	41-2216434	501(C)(3)	55,620.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

UNITED WAY OF GREENVILLE COUNTY CONDUCTS A MULTI-STEP PROCESS IN ORDER TO MONITOR THE FIDELITY OF FUNDED PROGRAMS. UNITED WAY OF GREENVILLE COUNTY CURRENTLY PROVIDES FUNDING IN A THREE YEAR CYCLE IN THE AREAS OF LIFE ESSENTIALS, SCHOOL READINESS, HIGH SCHOOL GRADUATION, AND FINANCIAL STABILITY. IN ADDITION, WE RUN ONE YEAR GRANT FUNDING FOR PARTNER AGENCIES THAT FALL OUTSIDE OF OUR TRADITIONAL CYCLE FOCUS. AGENCIES ARE REQUIRED TO REPORT PROGRAMMATICALLY AND FINANCIALLY TWICE PER YEAR. REPORTS ARE FIRST REVIEWED BY PARTNER RELATIONS STAFF IN ORDER TO DETERMINE ACCURACY,

**Part IV** Supplemental Information

SUBMISSIONS, AND PRELIMINARY DATA. THE DIRECTOR OF PARTNER RELATIONS AND DIRECTOR OF OPERATIONS BOTH REVIEW THE PROGRAMMATIC AND FINANCIAL OUTCOMES SUBMITTED BEFORE SUBMITTING RECOMMENDATIONS TO THE SENIOR COMMUNITY IMPACT STAFF. INFORMATION IS THEN MAINTAINED IN CRM SOFTWARE FOR FUTURE REFERENCE AND EVALUATION.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

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

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 (such as 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 on line 1a? .....

**3** Indicate which, if any, of the following the 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" on 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2019

**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 aren't 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) MEGHAN BARP PRESIDENT + CEO	(i)	223,125.	36,868.	6,240.	10,715.	9,430.	286,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAUREN WINKELMAN-SMITH VP ADVANCEMENT	(i)	140,000.	0.	191.	6,517.	8,624.	155,332.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(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.



**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.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

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

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

UNITED WAY OF GREENVILLE COUNTY FIGHTS FOR THE EDUCATION, INCOME AND  
HEALTH OF EVERY PERSON IN OUR COMMUNITY. AS A FUNDER, PARTNER AND  
CONVENER, WE WORK WITH THE ENTIRE COMMUNITY TO BRING TOGETHER  
RESOURCES, FOCUS INVESTMENTS, AND FOSTER PARTNERSHIPS THAT CREATE  
LASTING SOLUTIONS TO OUR COMMUNITY'S MOST PRESSING PROBLEMS.

IN 2019, UNITED WAY OF GREENVILLE COUNTY INVESTED IN MORE THAN 100  
LOCAL PROGRAMS AND INITIATIVES, WORKING HAND-IN-HAND TO ADDRESS THE BIG  
CHALLENGES THAT NO SINGLE ORGANIZATION CAN SOLVE ON ITS OWN.

APPROXIMATELY 100,000 PEOPLE BENEFITED FROM THESE DONOR-SUPPORTED  
PROGRAMS AND INITIATIVES, RECEIVING ASSISTANCE WITH LIFE ESSENTIALS OR  
SHOWING MEASURED IMPROVEMENT IN THE KEY AREAS OF SCHOOL READINESS, HIGH  
SCHOOL GRADUATION OR FINANCIAL STABILITY.

OUR IMPACT

1,840 PEOPLE EMPLOYED.

2,400 STUDENTS SUPPORTED AFTER SCHOOL WITH MENTORING, TUTORING AND  
MORE.

17,100 PEOPLE MADE MEASURED PROGRESS IN EDUCATION AND/OR FINANCIAL  
STABILITY.

52,000 INDIVIDUALS WERE HELPED WITH BASIC NEEDS, INCLUDING FOOD,

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization UNITED WAY OF GREENVILLE COUNTY, INC.	Employer identification number 57-0362066
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HOUSING, HEALTHCARE AND MORE.

PROGRAMS AT A GLANCE

AMERICORPS & VISTA

UNITED WAY ADMINISTERS AMERICORPS NATIONAL SERVICE PROGRAMS IN THE UPSTATE, COLLABORATING WITH 19 PARTNER SITES IN GREENVILLE, ANDERSON, LAURENS AND PICKENS COUNTIES. OVER THE LAST THREE YEARS, AMERICORPS MEMBERS HAVE PROVIDED FINANCIAL STABILITY SERVICES TO NEARLY 11,000 CLIENTS.

ONTRACK GREENVILLE

UNITED WAY'S INNOVATIVE GRADUATION INITIATIVE, ONTRACK GREENVILLE, REACHES MORE THAN 3,200 GREENVILLE COUNTY STUDENTS AT FOUR MIDDLE SCHOOLS AND ONE HIGH SCHOOL. THE EARLY WARNING AND RESPONSE SYSTEM COMPONENT, WHICH IDENTIFIES STUDENTS WHO ARE FLAGGED FOR ATTENDANCE ISSUES, BEHAVIOR ISSUES AND POOR COURSE PERFORMANCE, HAS BEEN SCALED DISTRICTWIDE TO 77,000 STUDENTS IN GREENVILLE COUNTY.

SCHOLARSHIPS

UNITED WAY WOMEN'S LEADERSHIP JOBS TO CAREERS SCHOLARSHIP PROGRAM CONTINUES TO HELP GREENVILLE COUNTY WOMEN IMPROVE THEIR FINANCIAL STABILITY BY TRANSITIONING FROM PAYCHECK-TO-PAYCHECK JOBS TO MORE STABLE, LONG-TERM CAREERS. THE PROGRAM HAS GRADUATED 45 WOMEN IN LAST NINE YEARS WITH MANY MORE ON THE WAY.

IN 2019, UNITED WAY'S AFRICAN AMERICAN LEADERSHIP GREENVILLE (AALG)

Name of the organization UNITED WAY OF GREENVILLE COUNTY, INC.	Employer identification number 57-0362066
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ANNOUNCED ITS NEW SCHOLARSHIP ENDOWMENT PROGRAM, INCLUDING ONE SCHOLARSHIP NAMED IN HONOR OF MERL CODE, THE FIRST AFRICAN-AMERICAN BOARD CHAIR OF UNITED WAY.

#### FAITH-BASED ROUNDTABLE

REPRESENTATIVES FROM A CROSS-SECTION OF GREENVILLE COUNTY'S FAITH COMMUNITY MEET UNDER THE UNITED WAY UMBRELLA TO BUILD A GREATER KNOWLEDGE OF THE HEALTH AND HUMAN SERVICE ISSUES MANY IN OUR COMMUNITY ARE FACING, AND TO DEVELOP NEW INTER-FAITH CONNECTIONS AND PARTNERSHIPS TO ADDRESS THEM.

#### GREENVILLE COUNTY BEHAVIORAL HEALTH COALITION

WE CONVENE 25 ORGANIZATIONS FOCUSED ON INCREASING AWARENESS AND ACCESS TO CARE FOR INDIVIDUALS AND FAMILIES STRUGGLING WITH MENTAL HEALTH AND SUBSTANCE MISUSE. THE COALITION IS COMPRISED OF A BROAD GROUP, INCLUDING THE SCHOOL DISTRICT, LAW ENFORCEMENT, PRISMA AND BON SECOURS ST. FRANCIS HEALTH SYSTEMS, MENTAL HEALTH AND SUBSTANCE MISUSE PROVIDERS.

#### GREENVILLE DREAMS' GRASSROOT LEADERSHIP DEVELOPMENT

THIS PARTNERSHIP WITH THE CITY OF GREENVILLE AND THE GREENVILLE COUNTY REDEVELOPMENT AUTHORITY SERVES TO EDUCATE AND DEPLOY NEIGHBORHOOD LEADERS FROM SPECIAL EMPHASIS NEIGHBORHOODS IN GREENVILLE COUNTY. THE LEADERSHIP DEVELOPMENT PROGRAM HAS TRAINED MORE THAN 150 NEIGHBORHOOD LEADERS OVER THE LAST DECADE.

#### GREENVILLE REENTRY COALITION

AS A MEMBER OF THE COALITION, UNITED WAY WORKS TO IDENTIFY AND DEVELOP

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

RESOURCES FOR RETURNING MEMBERS OF THE COMMUNITY, OR THOSE WITH EXTENSIVE CRIMINAL HISTORIES, IN ORDER TO INCREASE THE QUALITY OF LIFE IN THE AREAS OF HOUSING, EMPLOYMENT, FINANCIAL STABILITY AND EDUCATION.

## VOLUNTEER ENGAGEMENT

EACH YEAR, UNITED WAY VOLUNTEERS ROLL UP THEIR SLEEVES AND DONATE THEIR TIME TO MAKE A DIFFERENCE FOR OTHERS. WHETHER IT'S THE UPSTATE'S LARGEST SINGLE DAY OF SERVICE OR ANY OF THE THOUSANDS OF VOLUNTEER NEEDS WE HELP MEET ALL YEAR LONG AT HANDSONGREENVILLE.ORG, UNITED WAY VOLUNTEERS ARE CHANGING LIVES AND CREATING A STRONGER COMMUNITY FOR ALL OF US.

WE ALSO DEVELOP AND LEAD SPECIAL VOLUNTEER PROJECTS FOR OUR CORPORATE PARTNERS, AND IN 2019, UNITED WAY VOLUNTEERS DONATED AN ESTIMATED 44,000 HOURS OF SERVICE, GENERATING AN ECONOMIC IMPACT OF \$1.2 MILLION.

## VOLUNTEER INCOME TAX ASSISTANCE

FOR MORE THAN A DECADE, THE VOLUNTEER INCOME TAX ASSISTANCE PROGRAM, OR VITA, HAS BEEN ONE OF UNITED WAY OF GREENVILLE COUNTY'S MOST SUCCESSFUL FINANCIAL STABILITY INITIATIVES.

IN 2019, 12,789 RETURNS WERE FILED IN-PERSON AND ONLINE, SAVING MORE THAN \$2.5 MILLION IN TAX PREP FEES FOR UPSTATE TAXPAYERS.

## 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.

Name of the organization UNITED WAY OF GREENVILLE COUNTY, INC.	Employer identification number 57-0362066
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FORM 990, PART VI, SECTION B, LINE 11B:

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.

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 464,159.

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

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**Report of Employer-Owned Life Insurance Contracts**

▶ **Attach to the policyholder's tax return. See instructions.**  
 ▶ **Go to [www.irs.gov/Form8925](http://www.irs.gov/Form8925) for the latest information.**

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

Type of business  
**501C(3)**

<b>1</b> Enter the number of employees the policyholder had at the end of the tax year .....	<b>1</b>	
<b>2</b> 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 .....	<b>2</b>	
<b>3</b> 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 .....	<b>3</b>	
<b>4a</b> Does the policyholder have a valid consent for each employee included on line 2? See instructions ..... <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>b</b> If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent .....	<b>4b</b>	

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE ORGANIZATION**

- The books are in the care of ▶ **105 EDINBURGH COURT - GREENVILLE, SC 29607**  
Telephone No. ▶ **(864) 467-3335** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.