

PUBLIC DISCLOSURE COPY

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

▶ 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.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>UNITED WAY OF GREENVILLE COUNTY, INC.</b>	<b>D</b> Employer identification number <b>57-0362066</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>864-467-3333</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>105 EDINBURGH COURT</b>	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>GREENVILLE, SC 29607-2529</b>	<b>G</b> Gross receipts \$ <b>12,601,521.</b>
<input type="checkbox"/> Final return/terminated	<b>F</b> Name and address of principal officer: <b>MEGHAN BARP</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	<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	If "No," attach a list. See instructions
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYGC.ORG</b>		<b>H(c)</b> Group exemption number ▶
<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>

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: <b>WE MOBILIZE PEOPLE AND RESOURCES TO IMPROVE LIVES, STRENGTHEN THE COMMUNITY AND ADVANCE EQUITY FOR</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>39</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>39</b>
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>98</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>7961</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	Revenue	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>17,604,405.</b>
9 Program service revenue (Part VIII, line 2g)		<b>268,146.</b>	<b>84,962.</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>204,179.</b>	<b>271,479.</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0.</b>	<b>0.</b>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>18,076,730.</b>	<b>12,601,521.</b>
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>10,136,350.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,715,137.</b>	<b>5,205,583.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,400,672.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,812,436.</b>	<b>1,862,787.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>16,663,923.</b>	<b>11,438,290.</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>1,412,807.</b>	<b>1,163,231.</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>26,296,688.</b>	<b>End of Year</b> <b>26,398,141.</b>
	21 Total liabilities (Part X, line 26)	<b>4,337,407.</b>	<b>2,482,951.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>21,959,281.</b>	<b>23,915,190.</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 <b>MEGHAN BARP, PRESIDENT AND CEO</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMANDA ADAMS</b>	Preparer's signature
	Firm's name ▶ <b>CHERRY BEKAERT LLP</b>	Date
	Firm's address ▶ <b>110 EAST COURT STREET, SUITE 500 GREENVILLE, SC 29601</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00748038</b>
		Firm's EIN ▶ <b>56-0574444</b>
		Phone no. <b>864-233-3981</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: WE MOBILIZE PEOPLE AND RESOURCES TO IMPROVE LIVES, STRENGTHEN THE COMMUNITY AND ADVANCE EQUITY FOR THE BENEFIT OF ALL.

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.

4a (Code: ) (Expenses \$ 8,211,759. including grants of \$ 4,369,920. ) (Revenue \$ 84,962. ) THE VISION OF UNITED WAY OF GREENVILLE COUNTY IS TO SEE GREENVILLE COUNTY BECOME A PLACE WHERE ALL PEOPLE HAVE ACCESS TO THE OPPORTUNITIES TO ACHIEVE THEIR FULL POTENTIAL. SEE SCHEDULE O FOR HOW THE UNITED WAY WORKED TOWARDS THIS VISION IN 2021.

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 8,211,759.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**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> .....	<b>22</b> 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> .....	<b>23</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<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> .....	<b>25a</b>	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> .....	<b>25b</b>	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> .....	<b>26</b>	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> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the 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> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> 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> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	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> .....	<b>32</b>	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> .....	<b>33</b>	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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	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>35b</b>	
<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> .....	<b>36</b>	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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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>1a</b> 227	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> 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 17 regarding employee counts, tax filings, and organizational compliance.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 39		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 39		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**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.  
 Own website     Another's website     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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MEGHAN BARP PRESIDENT AND CEO	37.50			X			290,975.	0.	20,296.	
(2) DEBORAH MCKETTY CHIEF IMPACT OFFICER THRU NOV 2021	37.50				X		154,329.	0.	18,598.	
(3) EDWARD ANDERSON ONTRACK GREENVILLE EXECUTIVE DIR.	37.50				X		112,722.	0.	13,070.	
(4) COURTNEY BEASLEY CHIEF MARKETING OFF. THRU NOV 2021	37.50				X		107,770.	0.	13,355.	
(5) DEBRA STULL VP OF FINANCE THRU FEB 2021	37.50			X			33,447.	0.	2,337.	
(6) CARL SOBOCINSKI CHAIR	1.00	X		X			0.	0.	0.	
(7) DR. SARIA SACCOCCIO VICE CHAIR	1.00	X		X			0.	0.	0.	
(8) DR. KAREN BAYNES-DUNNING SECRETARY	1.00	X		X			0.	0.	0.	
(9) TAMI MCKNEW TREASURER	1.00	X		X			0.	0.	0.	
(10) CALVIN CALHOUN III IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(11) PASTOR SEAN DOGAN COMMUNITY IMPACT CHAIR	1.00	X		X			0.	0.	0.	
(12) JAMIE ADAIR MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(13) JIM AKERHIELM DIRECTOR	1.00	X					0.	0.	0.	
(14) YOBANY BANKS-MCKAY DIRECTOR	1.00	X					0.	0.	0.	
(15) JUSTIN BENFIELD MEMBER-AT-LARGE	1.00	X					0.	0.	0.	
(16) DR. CAROLINE CALDWELL DIRECTOR	1.00	X					0.	0.	0.	
(17) DR. ELIZABETH DAVIS DIRECTOR	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CHANDRA DILLARD DIRECTOR	1.00	X						0.	0.	0.
(19) DAVID FOSTER DIRECTOR	1.00	X						0.	0.	0.
(20) ANDERSON GARCIA DIRECTOR	1.00	X						0.	0.	0.
(21) YUKICHI HAGINS DIRECTOR	1.00	X						0.	0.	0.
(22) KEN HARPER DIRECTOR	1.00	X						0.	0.	0.
(23) BLAINE HART DIRECTOR	1.00	X						0.	0.	0.
(24) JULIO HERNANDEZ DIRECTOR	1.00	X						0.	0.	0.
(25) ANNMARIE HIGGINS DIRECTOR	1.00	X						0.	0.	0.
(26) CAL HURST DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								699,243.	0.	67,656.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								699,243.	0.	67,656.

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, STE 140, GREENVILLE, SC 29615	TEMP SERVICES	293,135.
MARKETPLACE SERVICES INC PO BOX 5757, GREENVILLE, SC 29606	TEMP SERVICES	144,672.
ETHAN RIVERS LLC, 2507 WADE HAMPTON BLVD, GREENVILLE, SC 29615	MGMT ACCOUNTING	137,417.
NIKA WHITE CONSULTING LLC, 220 NORTH MAIN ST, STE 500, GREENVILLE, SC 29601	REEM CONSULTING	110,837.

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 **4**

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	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	1,082,756.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	11,162,324.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 31,420.				
	<b>h Total.</b> Add lines 1a-1f			12,245,080.			
Program Service Revenue	<b>2 a</b> EVENT INCOME	<b>Business Code</b>	900099	54,793.	54,793.		
	<b>b</b> PROGRAM FEES		900099	11,523.	11,523.		
	<b>c</b> DESIGNATION COSTS REIMBURSED		561000	1,799.	1,799.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue		900099	16,847.	16,847.		
	<b>g Total.</b> Add lines 2a-2f			84,962.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			271,479.		271,479.	
	<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							
Miscellaneous Revenue	<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			12,601,521.	84,962.	0.	271,479.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,057,390.	4,057,390.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	312,530.	312,530.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	347,056.	166,371.	104,117.	76,568.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	3,904,866.	2,123,185.	360,562.	1,421,119.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,468.	61,759.	9,215.	64,494.
9 Other employee benefits .....	545,693.	279,937.	36,223.	229,533.
10 Payroll taxes .....	272,500.	141,204.	21,929.	109,367.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	38,473.		38,473.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	65,306.		65,306.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	245,921.	180,889.	26,408.	38,624.
12 Advertising and promotion .....				
13 Office expenses .....	140,693.	70,360.	2,120.	68,213.
14 Information technology .....	303,432.	220,121.	15,214.	68,097.
15 Royalties .....				
16 Occupancy .....	110,027.	77,921.	4,957.	27,149.
17 Travel .....	14,540.	11,898.	1.	2,641.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	98,240.	70,720.	6,590.	20,930.
20 Interest .....	20,718.	20,718.		
21 Payments to affiliates .....	272,148.	190,728.	12,139.	69,281.
22 Depreciation, depletion, and amortization .....	197,381.	132,741.	9,257.	55,383.
23 Insurance .....	21,821.	14,443.	1,025.	6,353.
24 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.)				
a <b>ORG/STAFF DEVELOPMENT</b>	65,818.	24,677.	24,008.	17,133.
b <b>BANK AND MERCHANT FEES</b>	54,008.	27,272.	20,872.	5,864.
c <b>RECRUITING AND MOVING</b>	39,358.	4,189.	34,750.	419.
d <b>MEMBERSHIP DUES</b>	16,329.	9,772.	3,453.	3,104.
e All other expenses	158,574.	12,934.	29,240.	116,400.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>11,438,290.</b>	<b>8,211,759.</b>	<b>825,859.</b>	<b>2,400,672.</b>
<b>26 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  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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,834,595.	<b>1</b>	4,344,349.
	<b>2</b> Savings and temporary cash investments .....	2,867,206.	<b>2</b>	2,877,013.
	<b>3</b> Pledges and grants receivable, net .....	7,976,267.	<b>3</b>	6,592,304.
	<b>4</b> Accounts receivable, net .....	2,161.	<b>4</b>	15,430.
	<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 .....	201,144.	<b>9</b>	209,097.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,015,647.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,369,622.		
		2,797,223.	<b>10c</b>	2,646,025.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	7,573,877.	<b>12</b>	8,654,728.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	1,044,215.	<b>15</b>	1,059,195.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	26,296,688.	<b>16</b>	26,398,141.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	858,225.	<b>17</b>	395,547.
	<b>18</b> Grants payable .....	2,788,699.	<b>18</b>	1,548,550.
	<b>19</b> Deferred revenue .....	250,753.	<b>19</b>	113,780.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	21,210.	<b>21</b>	15,656.
	<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 .....	418,520.	<b>23</b>	409,418.
	<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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,337,407.	<b>26</b>	2,482,951.
<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 .....	5,855,281.	<b>27</b>	5,549,794.
	<b>28</b> Net assets with donor restrictions .....	16,104,000.	<b>28</b>	18,365,396.
	<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 .....	21,959,281.	<b>32</b>	23,915,190.
<b>33</b> Total liabilities and net assets/fund balances .....	26,296,688.	<b>33</b>	26,398,141.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	12,601,521.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,438,290.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,163,231.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	21,959,281.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	792,678.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	23,915,190.

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
**(Form 990)**

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

**2021**

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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19363861.	18768873.	12122696.	17604405.	12245080.	80104915.
<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 .....	19363861.	18768873.	12122696.	17604405.	12245080.	80104915.
<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) .....						2744983.
<b>6 Public support.</b> Subtract line 5 from line 4.						77359932.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	19363861.	18768873.	12122696.	17604405.	12245080.	80104915.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	157,946.	237,675.	237,070.	204,179.	271,479.	1108349.
<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						81213264.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	353,108.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	95.26 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	94.44 %
<b>16a 33 1/3% support test - 2021.</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 - 2020.</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 - 2021.</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 - 2020.</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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>1</b>		
<b>2</b>		

**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>		
<b>1</b>		

**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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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 governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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 ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	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>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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	_____ _____ _____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>426,376.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>294,113.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>675,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>967,480.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>640,259.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" 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 I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 497,192.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 461,712.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 378,114.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**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

**2021**

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 .....

**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	8,618,092.	8,003,260.	7,086,879.	7,436,569.	7,631,543.
b Contributions	110,619.	32,078.	167,116.	21,879.	188,678.
c Net investment earnings, gains, and losses	985,212.	834,320.	1,152,849.	-371,569.	809,529.
d Grants or scholarships					
e Other expenditures for facilities and programs		251,566.	403,584.		1,193,181.
f Administrative expenses					
g End of year balance	9,713,923.	8,618,092.	8,003,260.	7,086,879.	7,436,569.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.0000 %
  - b Permanent endowment  100 %
  - c Term endowment  0.0000 %
- 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   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (ii) Related organizations  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
- 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		3,092,672.	1,045,507.	2,047,165.
c Leasehold improvements				
d Equipment		1,319,393.	1,105,953.	213,440.
e Other		238,859.	218,162.	20,697.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,646,025.

**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) POOLED INVESTMENTS HELD		
(B) BY THE COMMUNITY		
(C) FOUNDATION	8,654,728.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,654,728.	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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	13,328,893.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	792,678.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	792,678.	
3	Subtract line 2e from line 1		3	12,536,215.
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	65,306.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	65,306.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	12,601,521.

**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	11,372,984.
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	11,372,984.
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	65,306.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	65,306.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,438,290.

**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 IV, LINE 2B:**

FUNDS HELD FOR OTHERS REPRESENT PUBLIX EMERGENCY FUND GRANTS THAT ARE USED TO MEET BASIC NEEDS SUCH AS RENT OR MORTGAGE, UTILITIES, AND OTHER EXPENSES AS DEEMED NECESSARY AND APPROVED BY THE ORGANIZATION PROVIDING THE ASSISTANCE.

**PART V, LINE 4:**

THE COMMUNITY FOUNDATION MANAGES ENDOWMENT FUNDS OF \$8,654,728 AT DECEMBER 31, 2021, 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. UNITED WAY CAN UTILIZE FUND INCOME FOR BOARD DESIGNATED AND ENDOWMENT PURPOSES WITH THE APPROVAL OF ITS BOARD.

**Part XIII** Supplemental Information (continued)

THE ENDOWMENT ALSO INCLUDES \$1,059,195 IN LIFE INSURANCE POLICIES.

PART X, LINE 2:

UNITED WAY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. UNITED WAY HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2021.



**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

**2021**

**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 noncash 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, INC. 20 MARTIN DRIVE GREENVILLE, SC 29617	57-0893712	501(C)(3)	62,976.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
ABLE SOUTH CAROLINA 720 GRACERN ROAD COLUMBIA, SC 29210	58-2336332	501(C)(3)	40,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
ALSTON WILKES SOCIETY 3519 MEDICAL DRIVE COLUMBIA, SC 29203	57-0477907	501(C)(3)	24,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
ANDERSON INTERFAITH MINISTRIES 1202 SOUTH MURRAY AVENUE ANDERSON, SC 29624	57-0896524	501(C)(3)	15,000.	0.			DONOR DESIGNATION
BLACK RIVER UNITED WAY PO BOX 1065 GEORGETOWN GEORGETOWN, SC 29440	57-0526145	501(C)(3)	13,729.	0.			PROGRAM GRANT
CENTER FOR COMMUNITY SERVICES 1102 HOWARD DRIVE SIMPSONVILLE, SC 29681	57-1059164	501(C)(3)	85,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **76.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GREENVILLE PO BOX 2207 GREENVILLE, SC 29602	57-6000236	GOV	8,332.	0.			DONOR DESIGNATION, PROGRAM GRANTS
CLEMSON UNIVERSITY-FRIENDS OF MOMENTUM BIKE CLUBS - 225 SOUTH PLEASANTBURG DRIVE, SUITE E3 - GREENVILLE, SC 29607	47-1777235	501(C)(3)	40,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
COMMUNITIES IN SCHOOLS PO BOX 10308 GREENVILLE, SC 29603	57-0931840	501(C)(3)	523,318.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
COMMUNITY FOUNDATION OF GREENVILLE, INC. - 630 EAST WASHINGTON STREET, SUITE A - GREENVILLE, SC 29601	57-6019318	501(C)(3)	52,000.	0.			DONOR DESIGNATION, PROGRAM GRANTS
COMMUNITYWORKS, INC. PO BOX 17826 GREENVILLE, SC 29607	26-0421563	501(C)(3)	120,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
COMPASS OF CAROLINA STONE PLAZA CENTER GREENVILLE, SC 29609	57-0381870	501(C)(3)	60,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
FIRST STEPS - GREENVILLE COUNTY 700 NORTH PLEASANTBURG DRIVE GREENVILLE, SC 29607	57-1097814	501(C)(3)	40,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
FORWARD AND BEYOND OUTREACH 22 HEMINGWAY LN SIMPSONVILLE, SC 29681	82-2847867	501(C)(3)	13,700.	0.			PROGRAM ALLOCATION
FOSTERING GREAT IDEAS 321 PIMLICO ROAD GREENVILLE, SC 29607	27-4622960	501(C)(3)	20,000.	0.			DONOR DESIGNATION

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNTAIN INN KIDS ENRICHMENT PROGRAM - PO BOX 1816 - FOUNTAIN INN, SC 29644	46-0888873	501(C)(3)	12,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
FURMAN UNIVERSITY 3300 POINSETT HWY GREENVILLE, SC 29613	57-0314395	501(C)(3)	20,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SC, INC. - 115 HAYWOOD ROAD - GREENVILLE, SC 29607	57-0564001	501(C)(3)	56,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
GREENVILLE CHAMBER FOUNDATION 550 S. MAIN STREET, SUITE 550 GREENVILLE, SC 29601	23-7155502	501(C)(3)	16,000.	0.			PROGRAM ALLOCATION
GREENVILLE COUNTY HUMAN RELATIONS 301 UNIVERSITY RIDGE GREENVILLE, SC 29601	57-6000356	GOV	102,000.	0.			PROGRAM GRANTS, PROGRAM ALLOCATION
GREENVILLE COUNTY PARKS, RECREATION & TOURISM - 4806 OLD SPARTANBURG ROAD - TAYLORS, SC 29687	57-6000356	GOV	60,000.	0.			PROGRAM GRANTS, PROGRAM ALLOCATION
GREENVILLE COUNTY SCHOOL DISTRICT 301 E CAMPERDOWN WAY GREENVILLE, SC 29602	57-6000234	GOV	144,550.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
GREENVILLE FREE MEDICAL CLINIC PO BOX 8993 GREENVILLE, SC 29604	57-0855205	501(C)(3)	56,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
GREENVILLE HOUSING FUND, LLC PO BOX 17532 GREENVILLE, SC 29606	84-2931315	501(C)(3)	40,000.	0.			DONOR DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE LITERACY ASSOCIATION 225 SOUTH PLEASANTBURG DRIVE GREENVILLE, SC 29607	57-0521414	501(C)(3)	80,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
GREENVILLE TECH FOUNDATION 225 S. PLEASANTBURG DR. GREENVILLE, SC 29607	57-0565961	501(C)(3)	60,000.	0.			DONOR DESIGNATION
GREER RELIEF AND RESOURCES PO BOX 1303 GREER, SC 29652	57-0370331	501(C)(3)	89,427.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
HABITAT FOR HUMANITY-GREENVILLE PO BOX 1206 GREENVILLE, SC 29602	57-0827063	501(C)(3)	45,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
HISPANIC ALLIANCE/ALIANZA HISPANA PO BOX 17934 GREENVILLE, SC 29606	27-1041624	501(C)(3)	37,875.	0.			PROGRAM GRANTS
HOMES OF HOPE, INC. 3 DUNEAN STREET GREENVILLE, SC 29611	57-1069688	501(C)(3)	40,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
INSTITUTE FOR CHILD SUCCESS 613 E MCBEE AVE. GREENVILLE, SC 29601	27-1904900	501(C)(3)	64,000.	0.			DONOR DESIGNATION, PROGRAM GRANTS
JASMINE ROAD PO BOX 25452 GREENVILLE, SC 29616	81-4552155	501(C)(3)	20,000.	0.			DONOR DESIGNATION
JULIE VALENTINE CENTER 2905 WHITE HORSE ROAD GREENVILLE, SC 29611	57-0655611	501(C)(3)	60,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGACY EARLY COLLEGE PO BOX 1832 GREENVILLE, SC 29602	20-5257052	501(C)(3)	40,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
LITTLE STEPS PO BOX 5285 GREENVILLE, SC 29606	20-2637422	501(C)(3)	48,000.	0.			PROGRAM GRANTS
MENTAL HEALTH AMERICA - GREENVILLE COUNTY - 429 NORTH MAIN STREET - GREENVILLE, SC 29601	57-0955844	501(C)(3)	50,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
MEYER CENTER FOR SPECIAL CHILDREN 1132 RUTHERFORD ROAD GREENVILLE, SC 29609	57-0361503	501(C)(3)	41,984.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
MILL COMMUNITY MINISTRIES 8 LOIS AVENUE GREENVILLE, SC 29611	90-0854058	501(C)(3)	52,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
MOSAIC EDUCATIONAL AND ARTS PROGRAM - 7 SHANNON DRIVE - GREENVILLE, SC 29615	82-2396174	501(C)(3)	20,000.	0.			DONOR DESIGNATION
NAMI GREENVILLE SC 130 INDUSTRIAL DR. GREENVILLE, SC 29607	57-0810748	501(C)(3)	5,184.	0.			PROGRAM ALLOCATION
NEIGHBORHOOD FOCUS PO BOX 9127 GREENVILLE, SC 29604	20-4280877	501(C)(3)	20,992.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
NEW HORIZON FAMILY HEALTH SERVICES PO BOX 287 GREENVILLE, SC 29602	57-0932597	501(C)(3)	40,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MIND HEALTH AND CARE, INC. PO BOX 205 MAULDIN, SC 29662	45-3802288	501(C)(3)	36,000.	0.			PROGRAM GRANTS, PROGRAM ALLOCATION
NICHOLTOWN CHILD & FAMILY COLLABORATIVE - PO BOX 16741 - GREENVILLE, SC 29606	81-2851313	501(C)(3)	20,000.	0.			PROGRAM GRANTS
PENDLETON PLACE, INC. 1133 PENDLETON ST. GREENVILLE, SC 29601	57-0624421	501(C)(3)	40,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
PHILLIS WHEATLEY ASSOCIATION PO BOX 17126 GREENVILLE, SC 29606	57-0327895	501(C)(3)	41,984.	0.			DONOR DESIGNATION
PHOENIX CENTER FOR BEHAVIORAL HEALTH - PO BOX 1948 - GREENVILLE, SC 29602	57-1129751	501(C)(3)	88,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
PLEASANT VALLEY CONNECTION 510 OLD AUGUSTA ROAD GREENVILLE, SC 29605	57-1127237	501(C)(3)	33,587.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
PRIDE LINK 316 WEST STONE AVENUE GREENVILLE, SC 29609	83-1095678	501(C)(3)	38,000.	0.			DONOR DESIGNATION
PROJECT HOST PO BOX 345 GREENVILLE, SC 29602	57-0728041	501(C)(3)	20,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
PUBLIC EDUCATION PARTNERS 225 S. PLEASANTBURG DR., SUITE E6 GREENVILLE, SC 29607	57-0769637	501(C)(3)	49,400.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENEWED HARMONY LLC 309 VINCENNE ROAD COLUMBIA, SC 29212	84-2432020	501(C)(3)	10,000.	0.			PROGRAM ALLOCATION
ROOT & REBOUND 1730 FRANKLIN ST. OAKLAND, CA 94612	46-3876220	501(C)(3)	40,000.	0.			DONOR DESIGNATION
SAFE HARBOR PO BOX 174 GREENVILLE, SC 29602	57-1014137	501(C)(3)	65,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
SENIOR ACTION 50 DIRECTOR'S DRIVE GREENVILLE, SC 29615	57-0507961	501(C)(3)	60,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
SHARE - SUNBELT HUMAN ADVANCEMENT RESOURCES, INC. - PO BOX 10204 - GREENVILLE, SC 29603	57-6028253	501(C)(3)	120,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
SLATER MARIETTA HEALTH AND HUMAN SERVICES - PO BOX 246 - SLATER, SC 29683	57-0823752	501(C)(3)	89,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
SOTERIA WORLD OUTREACH MINISTRIES 210 SHAW STREET GREENVILLE, SC 29609	58-2475280	501(C)(3)	52,000.	0.			DONOR DESIGNATION
ST. ANTHONY'S OF PADUA CATHOLIC SCHOOL - 309 GOWER STREET - GREENVILLE, SC 29611	57-0427729	501(C)(3)	32,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
STEP BY STEP MINISTRY PO BOX 553 GREENVILLE, SC 29602	26-4012985	501(C)(3)	20,000.	0.			DONOR DESIGNATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAYLORS FREE MEDICAL CLINIC 400 W. MAIN STREET TAYLORS, SC 29687	20-1715911	501(C)(3)	20,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
THE SALVATION ARMY OF GREENVILLE COUNTY - PO BOX 1237 - GREENVILLE, SC 29602	58-0660607	501(C)(3)	65,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
THE URBAN LEAGUE OF THE UPSTATE, INC. - 15 REGENCY HILL DRIVE - GREENVILLE, SC 29607	57-0541039	501(C)(3)	72,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
THRIVE UPSTATE PO BOX 17467 GREENVILLE, SC 29606	57-0537749	501(C)(3)	20,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
UNITED HOUSING CONNECTIONS 135 EDINBURGH CT., STE 201 GREENVILLE, SC 29607	57-1032202	501(C)(3)	105,000.	0.			PROGRAM ALLOCATION
UNITED MINISTRIES 606 PENDLETON STREET GREENVILLE, SC 29601	57-0511977	501(C)(3)	175,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
UNITED WAY OF ANDERSON COUNTY 604 NORTH MURRAY AVE. ANDERSON, SC 29625	57-0510602	501(C)(3)	5,384.	0.			DONOR DESIGNATION, PROGRAM GRANTS
UNITED WAY OF LAURENS COUNTY PO BOX 544 CLINTON, SC 29325	23-7011064	501(C)(3)	10,200.	0.			DONOR DESIGNATION, PROGRAM GRANTS
UNITED WAY OF OCONEE COUNTY 409 EN FIRST STREET SENECA, SC 29678	57-0479292	501(C)(3)	7,079.	0.			DONOR DESIGNATION, PROGRAM GRANTS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF PICKENS COUNTY PO BOX 96 EASLEY, SC 29641	57-0476249	501(C)(3)	68,066.	0.			DONOR DESIGNATION, PROGRAM GRANTS
UNITED WAY OF THE PIEDMONT PO BOX 5624 SPARTANBURG, SC 29304	57-0314377	501(C)(3)	30,000.	0.			DONOR DESIGNATION, PROGRAM GRANTS
UNITY HEALTH ON MAIN 505C NORTH MAIN ST. GREENVILLE, SC 29601	81-1080067	501(C)(3)	24,000.	0.			DONOR DESIGNATION
UPSTATE FATHERHOOD COALITION 730 S. PLEASANTBURG, STE 205 GREENVILLE, SC 29607	30-0200022	501(C)(3)	24,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION
UPSTATE WARRIOR SOLUTION PO BOX 27232 GREENVILLE, SC 29617	46-1699670	501(C)(3)	24,000.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
YMCA GREATER GREENVILLE 723 CLEVELAND STREET GREENVILLE, SC 29601	23-7305147	501(C)(3)	54,579.	0.			DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
YOUTHBASE, INC. 813 HAMPTON AVE. GREENVILLE, SC 29601	41-2216434	501(C)(3)	41,984.	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
NEED BASED ASSISTANCE	940	312,530.	0.		

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

**PART I, LINE 2:**

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 ONE-YEAR CYCLES IN THE AREAS OF EDUCATION, FINANCIAL STABILITY, AND VIBRANT AND EQUITABLE COMMUNITIES. AGENCIES ARE REQUIRED TO REPORT PROGRAMMATICALLY AND FINANCIALLY TWICE PER YEAR. REPORTS ARE FIRST REVIEWED BY PARTNER RELATIONS STAFF IN ORDER TO DETERMINE ACCURACY, SUBMISSIONS, AND PRELIMINARY DATA AND THEN SHARED WITH THE COMMUNITY IMPACT COMMITTEE OF THE BOARD OF DIRECTORS. ALL INFORMATION IS

**Part IV** Supplemental Information

MAINTAINED IN CRM SOFTWARE.

FOR INDIVIDUALS OR FAMILIES RECEIVING ASSISTANCE THROUGH THE GREENVILLE COUNTY RESOURCE LINE, UNITED WAY OF GREENVILLE COUNTY VERIFIES IDENTITY, EMPLOYMENT STATUS, AND REASON AND AREAS OF NEED. BASED ON THE INFORMATION PROVIDED, UNITED WAY VERIFIED NEED DIRECTLY WITH VENDORS (UTILITIES AND RENT) AND FUNDS WERE PAID DIRECTLY TO THOSE VENDORS. INFORMATION WAS TRACKED AND SECURED THROUGH THE ORGANIZATION'S DATA MANAGEMENT SYSTEM.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

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 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) 2021

**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 and/or 1099-NEC 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 AND CEO	(i)	259,615.	25,000.	6,360.	10,962.	9,334.	311,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBORAH MCKETTY CHIEF IMPACT OFFICER THRU NOV 2021	(i)	137,928.	15,000.	1,401.	6,896.	11,702.	172,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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 PROFESSIONAL RESPONSIBILITIES  
FOR THE ORGANIZATION. FOR THIS REASON, THESE AMOUNTS ARE TREATED AS  
NONTAXABLE.

**PART I, LINE 7:**

IN 2021, THE PRESIDENT/CEO RECEIVED AN INCENTIVE BONUS THAT WAS APPROVED BY  
THE EXECUTIVE COMMITTEE. THE CHIEF IMPACT OFFICER ALSO RECEIVED A BONUS.  
THIS BONUS WAS BASED ON PERFORMANCE AND WAS APPROVED BY THE PRESIDENT/CEO  
AND REVIEWED BY HUMAN RESOURCES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <b>GIFT CARDS</b> )	<b>X</b>	<b>1,571</b>	<b>31,420.</b>	<b>\$20 PER CARD</b>
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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





**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

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

THE BENEFIT OF ALL.

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

UNITED WAY OF GREENVILLE COUNTY MOBILIZES PEOPLE AND RESOURCES TO

IMPROVE LIVES, STRENGTHEN THE COMMUNITY AND ADVANCE EQUITY FOR THE

BENEFIT OF ALL. WE FIGHT 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.

DURING 2021, APPROXIMATELY 50,000 PEOPLE BENEFITED FROM THESE DONOR

SUPPORTED PROGRAMS AND INITIATIVES, RECEIVING ASSISTANCE IN THE AREAS

OF EDUCATION, FINANCIAL STABILITY, AND VIBRANT AND EQUITABLE

COMMUNITIES. PROGRAMS INCLUDE:

AMERICORPS

UNITED WAY ADMINISTERS THE AMERICORPS UPSTATE NATIONAL SERVICE PROGRAM,

COLLABORATING WITH 11 PARTNER SITES IN GREENVILLE, LAURENS, AND PICKENS

COUNTIES. OVER THE LAST THREE YEARS, 54 AMERICORPS MEMBERS HAVE

PROVIDED FINANCIAL STABILITY AND RESOURCE NAVIGATION SERVICES TO 1,647

UNIQUE CLIENTS WITH 283 INDIVIDUALS DEMONSTRATING IMPROVEMENT IN ONE OR

MORE KEY INDICATORS OF STABILITY.

ONTRACK GREENVILLE

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

Schedule O (Form 990) 2021

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

UNITED WAY'S INNOVATIVE GRADUATION INITIATIVE, ONTRACK GREENVILLE, REACHES MORE THAN 5,000 GREENVILLE COUNTY STUDENTS AT SIX MIDDLE AND HIGH SCHOOLS IN GREENVILLE COUNTY. 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, LONGTERM CAREERS. THE PROGRAM HAS GRADUATED 45 WOMEN IN THE LAST TEN YEARS WITH MANY MORE ON THE WAY. IN 2021, UNITED WAY'S AFRICAN AMERICAN LEADERSHIP GREENVILLE (AALG) ANNOUNCED ONETIME SCHOLARSHIPS THAT SUPPORT FOUR (4) \$2500 AWARDS TO AFRICAN AMERICAN HIGH SCHOOL GRADUATES IN THE UPSTATE ATTENDING 2 OR 4 YEAR COLLEGES.

#### FAITHBASED ROUNDTABLE

REPRESENTATIVES FROM A CROSSECTION 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 INTERFAITH AND NONPROFIT CONNECTIONS AND PARTNERSHIPS TO ADDRESS THEM.

#### 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

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

INITIATIVE SERVES TO CONNECT NEIGHBORHOOD LEADERSHIP IN SPECIAL EMPHASIS NEIGHBORHOODS TO RESOURCES THAT SUPPORT THE ENHANCEMENT OF THEIR FINANCIAL, SOCIAL, AND HUMAN CAPITAL. 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 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 [HTTPS://VOLUNTEER.UNITEDWAYGC.ORG](https://volunteer.unitedwaygc.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.

#### VOLUNTEER INCOME TAX ASSISTANCE

FOR MORE THAN A DECADE, THE VOLUNTEER INCOME ASSISTANCE PROGRAM, OR VITA, HAS BEEN ONE OF UNITED WAY OF GREENVILLE COUNTY'S MOST SUCCESSFUL FINANCIAL STABILITY INITIATIVES. IN 2021, 10,370 RETURNS WERE FILED IN PERSON AND ONLINE, SAVING MORE THAN \$ 2 MILLION IN TAX PREP FEES FOR UPSTATE TAXPAYERS. IN ADDITION, UPSTATE TAXPAYERS RECEIVED OVER \$15 MILLION IN FEDERAL AND STATE TAX REFUNDS.

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

RACIAL EQUITY AND ECONOMIC MOBILITY (REEM) COMMISSION

THE COMMISSION IS COMPRISED OF 35 COMMUNITY LEADERS FROM DIVERSE BACKGROUNDS AND INDUSTRIES WHO SHARE A COMMITMENT TO CREATING CHANGE IN GREENVILLE COUNTY. BY COMING TOGETHER TO LISTEN, ANALYZE, UNDERSTAND AND LEARN, THE COMMISSION AIMS TO IDENTIFY STRATEGIES AND DEVELOP PARTNERSHIPS THAT ERADICATE RACEBASED DISPARITIES AND INEQUITIES IMPACTING THE BLACK COMMUNITY IN GREENVILLE COUNTY.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, VICE CHAIR, TREASURER, SECRETARY, IMMEDIATE PAST BOARD CHAIR, AND GOVERNANCE COMMITTEE CHAIR AND OTHER MEMBERS OF THE BOARD THAT MAY BE DEEMED NECESSARY FROM TIME TO TIME. THE PURPOSE OF THE EXECUTIVE COMMITTEE IS TO (1) ACT ON BEHALF OF THE BOARD IN A SITUATION WHERE THE TIMING OF THE DECISION IS OF THE UTMOST IMPORTANCE, (2) PROVIDE A SMALLER FORUM FOR COMMITTEE LEADERS AND THE PRESIDENT & CEO TO DISCUSS CHALLENGES AND OPPORTUNITIES THAN MAY BE POSSIBLE AT THE BOARD LEVEL, (3) GUIDE THE WORK OF THE BOARD TO ENSURE THE BOARD MAINTAINS A FOCUS ON PRIORITIES, AND TO TAKE CARE OF MORE ROUTINE MATTERS RELATING TO THE BOARD'S WORK, AND (4) PROVIDE FOR AN ANNUAL PERFORMANCE AND COMPENSATION EVALUATION FOR THE PRESIDENT AND CEO. IN ALL EVENTS, EVERY ACTION OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD OF DIRECTORS AT THE MEETING OF THE BOARD IMMEDIATELY FOLLOWING THE DATE OF SUCH ACTION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE IRS FORM 990 IS PRESENTED FOR REVIEW TO THE FINANCE AND AUDIT COMMITTEE

Name of the organization

UNITED WAY OF GREENVILLE COUNTY, INC.

Employer identification number

57-0362066

AND THEN TO THE BOARD OF DIRECTORS PRIOR TO FILING. A PUBLIC DISCLOSURE COPY WAS PROVIDED TO THE BOARD THIS YEAR TO PROTECT DONOR PRIVACY.

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

THE UNITED WAY OF GREENVILLE COUNTY'S BOARD AND STAFF FILL OUT 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 15:

THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD CHAIR, WITH INPUT FROM THE FULL BOARD OF DIRECTORS. COMPENSATION IS DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE USING MARKET DATA PROVIDED BY A THIRD PARTY VENDOR.

COMPENSATION IS SET BY HR USING MARKET DATA IN CONJUNCTION WITH THE PRESIDENT/CEO. ALL SALARIES ARE APPROVED AS PART OF THE ANNUAL BUDGET PROCESS BY THE BOARD ALTHOUGH THE INFORMATION IS PROVIDED TO THE BOARD IN SUMMARY FORM.

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 UPON REQUEST.

# 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	Identifying number
<b>UNITED WAY OF GREENVILLE COUNTY, INC.</b>	<b>57-0362066</b>
Name of policyholder, if different from above	Identifying number, if different from above

Type of business  
**NONPROFIT**

<b>1</b> Enter the number of employees the policyholder had at the end of the tax year .....	<b>1</b>	<b>53.</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>1.</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>250,000.</b>
<b>4a</b> Does the policyholder have a valid consent for each employee included on line 2? See instructions ..... <input checked="" 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>	