

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
UNITED WAY OF GREENVILLE COUNTY INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
105 EDINBURGH COURT
City or town, state or province, country, and ZIP or foreign postal code
GREENVILLE, SC 296072529
F Name and address of principal officer
MEGHAN BARP
105 EDINBURGH COURT
GREENVILLE, SC 296072529

D Employer identification number
57-0362066
E Telephone number
(864) 467-3333
G Gross receipts \$ 19,006,673
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

- I Tax-exempt status
J Website: WWW UNITEDWAYGC ORG
K Form of organization
L Year of formation
M State of legal domicile

I Tax-exempt status
501(c)(3)
J Website: WWW UNITEDWAYGC ORG
K Form of organization
Corporation
L Year of formation
M State of legal domicile
SC

Part I Summary

Table with 4 main sections: 1. Activities & Governance (mission statement), 2. Summary statistics (3-7b), 3. Revenue (8-12), 4. Expenses (13-19), 5. Net Assets or Fund Balances (20-22). Columns include Prior Year and Current Year.

Part II Signature Block

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

Sign Here: Signature of officer (MEGHAN BARP PRESIDENT), Date (2019-11-15)
Paid Preparer Use Only: Preparer's name, signature, date, firm's name (DIXON HUGHES GOODMAN LLP), EIN, address (500 RIDGEFIELD COURT ASHEVILLE, NC 28806), phone no.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

BRINGING PEOPLE AND RESOURCES TOGETHER TO BUILD A CYCLE OF SUCCESS, WHERE ALL CHILDREN IN GREENVILLE COUNTY START SCHOOL PREPARED TO LEARN AND GO ON TO GRADUATE, WELL EDUCATED GRADUATES FIND GOOD JOBS AND CREATE STABLE HOMES, AND CHILDREN FROM STABLE HOMES CONTINUE THE CYCLE BECAUSE THEY START SCHOOL ON TRACK AND PREPARED FOR SUCCESS

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 15,638,182 including grants of \$ 11,637,314) (Revenue \$) See Additional Data

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

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

(Code) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses 15,638,182

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
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>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
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>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	36
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	128		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: [X] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CHRIS GIACOMARO 105 EDINBURGH COURT GREENVILLE, SC 29607 (864) 467-3335

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	960,897				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,807,976				
	g Noncash contributions included in lines 1a - 1f \$		143,571				
	h Total. Add lines 1a-1f			18,768,873			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	9 Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		237,675			237,675	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		125			125
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			19,006,673	0	0	237,800	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,582,724	11,582,724		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	54,591	54,591		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	213,533	21,353	96,090	96,090
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	3,090,068	1,543,841	897,491	648,736
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	128,811	52,284	43,345	33,182
9 Other employee benefits	657,498	266,908	221,250	169,340
10 Payroll taxes	279,433	135,581	82,565	61,287
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	33,325		33,325	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	628,018	462,485	165,193	340
12 Advertising and promotion				
13 Office expenses	400,551	149,050	100,534	150,967
14 Information technology	205,793	111,631	75,897	18,265
15 Royalties				
16 Occupancy	86,491	29,751	30,890	25,850
17 Travel	40,116	31,901	1,067	7,148
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	338,544	94,905	22,600	221,039
20 Interest				
21 Payments to affiliates	243,706	95,045	80,423	68,238
22 Depreciation, depletion, and amortization	178,245	61,549	63,686	53,010
23 Insurance	22,268	7,285	8,210	6,773
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RECRUITING AND MOVING	110,591	5,519	74,399	30,673
b MISCELLANEOUS	104,649	1,364	502	102,783
c PROGRAM PARTNERSHIPS	76,175	76,175		
d BANK AND MERCHANT FEES	61,685	16	61,343	326
e All other expenses		854,224	-1,531,843	677,619
25 Total functional expenses. Add lines 1 through 24e	18,536,815	15,638,182	526,967	2,371,666
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,767,481	1	3,121,444
	2 Savings and temporary cash investments	1,320,440	2	865,378
	3 Pledges and grants receivable, net	10,440,218	3	9,961,406
	4 Accounts receivable, net	528,998	4	644,821
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,334	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	70,533	9	49,994
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,333,005		
	b Less accumulated depreciation	10b 1,795,904	2,665,253	10c 2,537,101
	11 Investments—publicly traded securities	4,806,540	11	6,483,486
	12 Investments—other securities See Part IV, line 11	1,727,253	12	1,671,911
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	834,260	15	940,861
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,162,310	16	26,276,402	
Liabilities	17 Accounts payable and accrued expenses	669,211	17	278,749
	18 Grants payable	1,618,366	18	2,148,265
	19 Deferred revenue	193,190	19	298,106
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,834,504	25	686,032
	26 Total liabilities. Add lines 17 through 25	4,315,271	26	3,411,152
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,223,284	27	5,414,886
	28 Temporarily restricted net assets	11,808,794	28	10,525,815
	29 Permanently restricted net assets	6,814,961	29	6,924,549
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	22,847,039	33	22,865,250	
34 Total liabilities and net assets/fund balances	27,162,310	34	26,276,402	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,006,673
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,536,815
3	Revenue less expenses Subtract line 2 from line 1	3	469,858
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,847,039
5	Net unrealized gains (losses) on investments	5	-604,870
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	153,223
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,865,250

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 57-0362066

Name: UNITED WAY OF GREENVILLE COUNTY INC

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O IN 2018, UNITED WAY OF GREENVILLE COUNTY INVESTED \$14,722,359 IN OVER 100 COMMUNITY PROGRAMS AND INITIATIVES, SUPPORTING NEARLY 70 LOCAL NONPROFIT PARTNER ORGANIZATIONS A SUMMARY OF THESE INVESTMENTS CAN BE FOUND BELOW 1 UNITED WAY INVESTED \$5,573,500 IN MULTI-YEAR FUNDING ALLOCATIONS AND GRANTS TO STRATEGIC PARTNER AGENCIES AND STANDING PARTNERSHIPS SCHOOL READINESS UNITED WAY PROVIDED GRANTS TOTALING \$261,210 TO 7 LOCAL PROGRAMS THAT PROVIDE ACCESS TO QUALITY EARLY CHILDCARE, IDENTIFICATION AND TREATMENT FOR CHILDREN WITH DEVELOPMENTAL DIFFERENCES AND DELAYS, PARENTING EDUCATION, AND LITERACY FOR YOUNG CHILDREN AND FAMILIES HIGH SCHOOL GRADUATION UNITED WAY PROVIDED GRANTS TOTALING \$1,217,885 TO 23 LOCAL PROGRAMS THAT PROVIDE MENTORING, TUTORING, AND AFTER SCHOOL PROGRAMMING, YOUTH ENGAGEMENT SERVICES, POST-SECONDARY SKILL DEVELOPMENT, PATHWAYS TO COLLEGE, AND PREVENTION OF ADOLESCENT RISKY BEHAVIOR FINANCIAL STABILITY UNITED WAY PROVIDED GRANTS TOTALING \$1,069,280 TO 19 LOCAL PROGRAMS THAT PROVIDE EMPLOYMENT SKILLS DEVELOPMENT, AFFORDABLE HOUSING, CONNECTION TO FINANCIAL PRODUCTS AND SERVICES, AND INTEGRATED SERVICE DELIVERY (A BEST PRACTICE SOLUTION TO ASSIST FAMILIES ON THEIR PATHWAY TO SELF-SUFFICIENCY) LIFE ESSENTIALS UNITED WAY PROVIDED GRANTS TOTALING \$2,745,125 TO 48 LOCAL PROGRAMS THAT PROVIDE ACCESS TO MEDICAL AND MENTAL HEALTH CARE, TREAT SUBSTANCE USE DISORDER, SUPPORT TO SENIORS AND PERSONS WITH DISABILITIES, PROVIDE EMERGENCY ASSISTANCE SERVICES, AND COUNSEL VICTIMS OF INTERPERSONAL VIOLENCE INSTITUTE FOR CHILD SUCCESS UNITED WAY PROVIDED FUNDING TOTALING \$180,000 TO THE INSTITUTE FOR CHILD SUCCESS, A RESEARCH AND POLICY ORGANIZATION DEVOTED TO FOSTERING PUBLIC AND PRIVATE PARTNERSHIPS TO PROVIDE RESOURCES FOR THE SUCCESS OF CHILDREN ACROSS SOUTH CAROLINA HISPANIC ALLIANCE UNITED WAY PROVIDED FUNDING TOTALING \$100,000 TO HISPANIC ALLIANCE TO HELP CONTINUE THEIR CURRENT OPERATIONS TO ENRICH THE QUALITY OF LIFE IN OUR COMMUNITY BY COORDINATING INITIATIVES AND BUILDING COLLABORATIONS AMONG SERVICE PROVIDERS, THE HISPANIC MEMBERS OF OUR COMMUNITY, AND THE COMMUNITY AT LARGE THIS AMOUNT IS ALSO INTENDED TO HELP BUILD THE CAPACITY OF THE ORGANIZATION AND DEVELOP AND IMPLEMENT A COMPREHENSIVE SUSTAINABILITY PLAN THAT INCLUDES GRANTS, PRIVATE DONORS, FUND RAISERS, AND FEE FOR SERVICE OPPORTUNITIES 2 IN ADDITION TO THE ALLOCATIONS AND GRANTS DESCRIBED ABOVE, UNITED WAY PROCESSED AND DISTRIBUTED \$4,405,401 IN CONTRIBUTIONS SPECIFICALLY DESIGNATED BY DONORS TO OTHER NONPROFIT ORGANIZATIONS BOTH WITHIN AND OUTSIDE OF GREENVILLE COUNTY 3 UNITED WAY INVESTED \$4,743,458 IN COMMUNITY SERVICES, OUTREACH, PROJECTS AND OTHER INITIATIVES INVESTMENTS SUPPORT DIRECT SERVICE PROGRAMS STRATEGICALLY ALIGNED WITH UNITED WAY'S MISSION, LOCAL NONPROFIT CAPACITY BUILDING, COMMUNITY LEADER DEVELOPMENT, PROGRAM EVALUATION, AND RESEARCH OF COMMUNITY NEEDS SOME OF OUR MAJOR COMMUNITY INVESTMENTS INCLUDE \$1,750,000 TO ONTRACK GREENVILLE MIDDLE SCHOOL IS A TIME FOR STUDENTS TO EXPLORE THEIR STRENGTHS AND TO START THINKING ABOUT THEIR FUTURE IT IS A TIME FOR INCREDIBLE CHANGES, GROWTH AND LEARNING BUT IT IS ALSO A TIME WHEN TOO MANY STUDENTS START TO DISENGAGE WITH SCHOOL AND TAKE THE FIRST STEPS ON THE PATH TOWARDS DROPPING OUT OF HIGH SCHOOL, PUTTING THEIR FUTURES AT RISK THIS VULNERABLE TIME FOR STUDENTS IS COUPLED WITH A LACK OF SUPPORT IN THE MIDDLE SCHOOL YEARS FROM OUTSIDE ORGANIZATIONS ONTRACK GREENVILLE IS A COMMUNITY INITIATIVE STARTED IN 2015 TO ENSURE STUDENTS STAY ON TRACK FOR HIGH SCHOOL GRADUATION ONTRACK GREENVILLE IS A WHOLE CHILD APPROACH, USING AN INNOVATIVE, EVIDENCE-BASED DROP-OUT PREVENTION TRANSFORMATION MODEL, TO SYSTEMATICALLY ADDRESS THE CHALLENGES STUDENTS FACE IN PARTNERSHIP WITH SCHOOLS AND EDUCATORS, STUDENTS AND THEIR FAMILIES, PHILANTHROPIC ORGANIZATIONS AND SUPPORT NETWORKS, ONTRACK GREENVILLE BRINGS EVERYONE TOGETHER TO ADDRESS IN REAL TIME THE BARRIERS STUDENTS FACE AND KEEP THEM ON TRACK TO SUCCESS BEFORE THEY DISENGAGE IN 2018, 240 AT-RISK RISING SIXTH-GRADERS RECEIVED 165 HOURS OF IMMERSIVE INSTRUCTION OVER THE 6-WEEK SUMMER AND DEMONSTRATED AN AVERAGE 2-MONTH LEARNING GAIN IN ENGLISH & MATH COMMUNITY RESOURCE EXPERTS COORDINATED TUTORING, TRANSPORTATION, HEALTH CARE, AND AFFORDABLE HOUSING SUPPORT FOR 200 STUDENTS 97% OF STUDENT VISITS TO SCHOOL BASED HEALTH CENTERS RESULTED IN STUDENTS RETURNING TO CLASS AND MORE THAN 270 FREE SPORTS PHYSICALS COMPLETED AT THE SCHOOL HEALTH CENTERS LED TO THE CREATION OF NEW SPORTS TEAMS AND SIGNIFICANTLY HIGHER RATES OF PARTICIPATION IN SPORTS THE NUMBER OF STUDENT BEHAVIORAL REFERRALS AND OUT OF SCHOOL SUSPENSIONS DECREASED 29% AND 23% RESPECTIVELY BASED ON THE MOST RECENT ONTRACK GREENVILLE DATA \$624,000 TO AMERICORPS/VISTA PROGRAM 26 AMERICORPS MEMBERS ENHANCE THE CAPACITY AND SERVICE OF 17 NONPROFIT ORGANIZATIONS ACROSS 5 UPSTATE SOUTH CAROLINA COUNTIES AMERICORPS MEMBERS SERVE FOR ONE YEAR HELPING LOW WEALTH INDIVIDUALS INCREASE THEIR INCOME, BUILD SAVINGS, AND PURCHASE AND SUSTAIN ASSETS THROUGH FINANCIAL LITERACY, FREE TAX PREPARATION, HELPING FAMILIES APPLY FOR BENEFITS, AND CONNECTING INDIVIDUALS WITH WORKFORCE DEVELOPMENT OPPORTUNITIES THAT SUPPORT A SUSTAINABLE LIVING WAGE \$269,000 TO VOLUNTEER INCOME TAX ASSISTANCE PROGRAM UNITED WAY'S VOLUNTEER INCOME TAX ASSISTANCE (VITA) PROGRAM PROVIDES FREE TAX PREPARATION SERVICES TO PEOPLE WITH A HOUSEHOLD INCOME OF \$60,000 OR LESS IN 2018, MORE THAN 12,100 RETURNS WERE COMPLETED FOR UPSTATE TAXPAYERS, GENERATING \$14.2 MILLION IN TAX REFUNDS VITA PARTICIPANTS RECEIVED \$3.2 MILLION IN EARNED INCOME TAX CREDITS WHILE COLLECTIVELY SAVED OVER \$2.4 MILLION IN TAX PREPARATION FEES \$76,000 TO UNITED WAY 2-1-1 UNITED WAY 2-1-1 IS GREENVILLE COUNTY'S COMPREHENSIVE SOURCE FOR INFORMATION REGARDING HUMAN SERVICE AGENCIES AND COMMUNITY RESOURCES BY PROVIDING APPROPRIATE REFERRALS TO AVAILABLE HUMAN SERVICES, INDIVIDUALS AND FAMILIES ARE EMPOWERED TO ACCESS RESOURCES WITHIN THEIR COMMUNITY IN 2018, OVER 11,000 GREENVILLE COUNTY CITIZENS CALLED 2-1-1 SEEKING ASSISTANCE TO FIND TRANSITIONAL HOUSING AND SHELTER, FOOD, HEALTH CLINICS, AND MORE OVER 16,000 REFERRALS WERE MADE TO HUMAN SERVICE AGENCIES AND OTHER COMMUNITY RESOURCES THROUGHOUT GREENVILLE COUNTY \$22,000 TO GREENVILLE DREAMS GREENVILLE DREAMS IS A COALITION OF NEIGHBORHOOD AND COMMUNITY LEADERS ORGANIZED TO EMPOWER RESIDENTS TO IMPROVE NEIGHBORHOODS THROUGH LEADERSHIP DEVELOPMENT WHILE LEVERAGING AVAILABLE RESOURCES SO ALL GREENVILLE RESIDENTS CAN LIVE IN PRODUCTIVE, VIBRANT, HEALTHY AND SAFE NEIGHBORHOODS GREENVILLE DREAMS WORKS DIRECTLY WITH NEIGHBORHOOD ASSOCIATION LEADERS TO HELP BUILD UPON THE STRENGTHS AND ASSETS ALREADY PRESENT IN THEIR NEIGHBORHOODS TRAINING AND PEER SUPPORT ARE PROVIDED TO SPECIAL EMPHASIS NEIGHBORHOOD LEADERS IN THE AREAS OF PROBLEM-SOLVING, SUCCESSFULLY MANAGING AND LEADING A NEIGHBORHOOD ASSOCIATION, PLANNING AND GOAL-SETTING, AVAILABLE RESOURCES AND EFFECTIVE COMMUNICATION SKILLS \$47,000 TO WOMEN'S LEADERSHIP JOBS TO CAREERS SCHOLARSHIP JOBS TO CAREERS IS A SCHOLARSHIP AND MENTORING PROGRAM TO ADDRESS THE NEED FOR GREATER FINANCIAL STABILITY FOR GREENVILLE COUNTY WOMEN AND THEIR FAMILIES, AND TO HELP REMOVE SOME OF THE BARRIERS THAT CAN PREVENT WOMEN FROM REALIZING THEIR CAREER GOALS THE SCHOLARSHIP ASSISTS WOMEN IN THE COMMUNITY LOOKING TO TRANSITION FROM PAYCHECK-TO-PAYCHECK JOBS TO MORE STABLE, LONG-TERM CAREERS THE PROGRAM OFFERS FINANCIAL SUPPORT FOR EDUCATION AND JOB TRAINING, AS WELL AS A STIPEND AND FUNDS FOR TRANSPORTATION AND CHILDCARE SO FAR, THE PROGRAM HAS GRADUATED MORE THAN 40 WOMEN IN FIELDS INCLUDING COMPUTER TECHNOLOGY, BUSINESS, ACCOUNTING, HEALTHCARE, AND ADVANCED MANUFACTURING

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS BRAASCH BOARD MEMBER	1 00	X						0	0	0
ZACHARY BREWSTER BOARD MEMBER	1 00	X						0	0	0
JAMES BROWN BOARD MEMBER	1 00	X						0	0	0
CALVIN CALHOUN CAMPAIGN VICE CHAIR	1 00	X						0	0	0
MATTHEW CARDONE COMMUNITY IMPACT CHAIR	1 00	X						0	0	0
MICHAEL CINQUEMANI IMMEDIATE PAST CHAIR	1 00	X						0	0	0
BILLY CRANK COMMUNITY IMPACT VICE CHAIR	1 00	X						0	0	0
DR CHARLES DAVIS BOARD MEMBER	1 00	X						0	0	0
THE HONORABLE CHANDRA DILLARD BOARD MEMBER	1 00	X						0	0	0
MARK FARRIS BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER FINCHER BOARD MEMBER	1 00	X						0	0	0
TERRANCE FORD BOARD MEMBER	1 00	X						0	0	0
ANDERSON GARCIA BOARD MEMBER	1 00	X						0	0	0
KODWO GHARTEY-TAGOE BOARD MEMBER	1 00	X						0	0	0
HUNTER GIBSON POINSETT SOCIETY CHAIR	1 00	X						0	0	0
JOHN HUMPHRIES BOARD MEMBER	1 00	X						0	0	0
JENNIFER JOHNSEN BOARD MEMBER	1 00	X						0	0	0
DEBORAH LONG BOARD MEMBER	1 00	X						0	0	0
KIM MAZUR BOARD MEMBER	1 00	X						0	0	0
DR KEITH MILLER BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBBIE NELSON STRATEGIC MARKETING CHAIR	1 00	X						0	0	0
CARLOS PHILLIPS BOARD MEMBER	1 00	X						0	0	0
JASON RICHARDS BOARD MEMBER	1 00	X						0	0	0
DR W BURKE ROYSTER BOARD MEMBER	1 00	X						0	0	0
KURT ROZELSKY BOARD MEMBER	1 00	X						0	0	0
DR BILL SCHMIDT BOARD MEMBER	1 00	X						0	0	0
ARTHUR SEAVER BOARD MEMBER	1 00	X						0	0	0
DR SUSAN THOMSON SHI BOARD MEMBER	1 00	X						0	0	0
CARL SOBOCINSKI BOARD MEMBER	1 00	X						0	0	0
JOHN TRIPOLI BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANA WATSON WHITE BOARD MEMBER	1 00	X						0	0	0
DR NIKA WHITE BOARD MEMBER	1 00	X						0	0	0
DICK WILKERSON BOARD MEMBER	1 00	X						0	0	0
VALERIE WILLIAMS BOARD MEMBER	1 00	X						0	0	0
KIMBERLY WITHERSPOON BOARD MEMBER	1 00	X						0	0	0
DAVID LOMINACK CHAIR	1 00	X		X				0	0	0
SEAN DOGAN CHAIR ELECT	1 00	X		X				0	0	0
KEN HARPER TREASURER	1 00	X		X				0	0	0
ANN ROBINSON SECRETARY	1 00	X		X				0	0	0
MEGHAN BARP PRESIDENT + CEO	37 50			X				213,533	0	5,691

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER HARRILL VP WORKPLACE RELATIONSHIPS	37 50					X		103,656	0	14,382

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF GREENVILLE COUNTY INC

Employer identification number

57-0362066

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	17,651,246	20,460,113	16,704,940	19,363,861	18,768,873	92,949,033
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	17,651,246	20,460,113	16,704,940	19,363,861	18,768,873	92,949,033
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,238,058
6	Public support. Subtract line 5 from line 4						85,710,975

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	17,651,246	20,460,113	16,704,940	19,363,861	18,768,873	92,949,033
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	88,732	123,919	96,685	157,946	237,675	704,957
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						93,653,990
12	Gross receipts from related activities, etc (see instructions)					12	18,938

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	91.520 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	90.310 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 57-0362066

Name: UNITED WAY OF GREENVILLE COUNTY INC

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

Facts And Circumstances Test

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 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
UNITED WAY OF GREENVILLE COUNTY INC

Employer identification number
57-0362066

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

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

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an 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 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? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,436,569	7,631,543	7,721,461	4,322,493	3,963,706
b Contributions	21,879	188,678	-621,861	3,460,713	253,555
c Net investment earnings, gains, and losses	-371,569	809,529	531,943	-61,745	105,232
d Grants or scholarships					
e Other expenditures for facilities and programs		1,193,181			
f Administrative expenses					
g End of year balance	7,086,879	7,436,569	7,631,543	7,721,461	4,322,493

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶ 100 000 %
- 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 | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		267,000		267,000
b Buildings		2,639,753	725,932	1,913,821
c Leasehold improvements				
d Equipment		1,420,332	1,069,972	350,360
e Other		5,920		5,920
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,537,101

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) HEDGE FUNDS	791,506	F
(B) INFLATION HEDGE FUNDS	810,512	F
(C) LIQUID ALTERNATIVES	69,893	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,671,911	

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
FUNDS HELD FOR OTHERS	76,407
PENSION LIABILITY	609,625
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	686,032

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	14,149,625
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-604,870
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,023,237
e	Add lines 2a through 2d	2e	418,367
3	Subtract line 2e from line 1	3	13,731,258
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	5,275,415
c	Add lines 4a and 4b	4c	5,275,415
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	19,006,673

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

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

1	Total expenses and losses per audited financial statements	1	14,131,414
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	14,131,414
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	4,405,401
c	Add lines 4a and 4b	4c	4,405,401
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	18,536,815

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 57-0362066

Name: UNITED WAY OF GREENVILLE COUNTY INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE COMMUNITY FOUNDATION OF GREENVILLE ("COMMUNITY FOUNDATION") MANAGES ENDOWMENT FUNDS AP PROXIMATING \$7,086,879 AT DECEMBER 31, 2018, FROM WHICH THE INCOME IS DESIGNATED FOR UNITE D WAY UNDER THE TERMS OF THIS AGREEMENT, THE COMMUNITY FOUNDATION WILL ADMINISTER THE END OWMENT AS PART OF ITS ASSETS THE PRINCIPAL IS TO BE MAINTAINED INVIOATE AND IN PERPETUIT Y UNITED WAY CAN UTILIZE FUND INCOME FOR BOARD DESIGNATED PURPOSES WITH APPROVAL OF ITS B OARD OF DIRECTORS

Supplemental Information

Return Reference	Explanation
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, 2018

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET CHANGE IN PENSION OBLIGATION 1,023,237

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS 5,275,415

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS 4,405,401

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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 for the latest information.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CRISIS ASSISTANCE		19,955			
(2) FINANCIAL STABILITY		34,586			
(3) OTHER ASSISTANCE		50			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	UNITED WAY OF GREENVILLE COUNTY CONDUCTS A MULTI-STEP PROCESS IN ORDER TO MONITOR THE FIDELITY OF FUNDED PROGRAMS UNITED WAY OF GREENVILLE COUNTY CURRENTLY PROVIDES FUNDING IN A THREE YEAR CYCLE IN THE AREAS OF LIFE ESSENTIALS, SCHOOL READINESS, HIGH SCHOOL GRADUATION, AND FINANCIAL STABILITY IN ADDITION, WE RUN ONE YEAR GRANT FUNDING FOR PARTNER AGENCIES THAT FALL OUTSIDE OF OUR TRADITIONAL CYCLE FOCUS AGENCIES ARE REQUIRED TO REPORT PROGRAMMATICALLY AND FINANCIALLY TWICE PER YEAR REPORTS ARE FIRST REVIEWED BY PARTNER RELATIONS STAFF IN ORDER TO DETERMINE ACCURACY, SUBMISSIONS, AND PRELIMINARY DATA THE DIRECTOR OF PARTNER RELATIONS AND DIRECTOR OF OPERATIONS BOTH REVIEW THE PROGRAMMATIC AND FINANCIAL OUTCOMES SUBMITTED BEFORE SUBMITTING RECOMMENDATIONS TO THE SENIOR COMMUNITY IMPACT STAFF INFORMATION IS THEN MAINTAINED IN CRM SOFTWARE FOR FUTURE REFERENCE AND EVALUATION

Additional Data

Software ID:
Software Version:
EIN: 57-0362066
Name: UNITED WAY OF GREENVILLE COUNTY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A CHILD'S HAVEN 20 MARTIN DRIVE GREENVILLE, SC 29617	57-0893712	501(C)(3)	133,839				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
ABLE SOUTH CAROLINA 330 PELHAM ROAD SUITE 102-B GREENVILLE, SC 29615	58-2336332	501(C)(3)	24,456				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS HEALTH GREENVILLE 102 EDINBURGH COURT GREENVILLE, SC 29607		501(C)(3)	44,625				PROGRAM ALLOCATION
ALSTON WILKES SOCIETY 3519 MEDICAL DRIVE COLUMBIA, SC 29203	57-0477907	501(C)(3)	35,086				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION - GREENVILLE COUNTY 301 UNIVERSITY RIDGE SUITE 5850 GREENVILLE, SC 296013686	57-0792592	501(C)(3)	25,622				DONOR DESIGNATION, PROGRAM ALLOCATION
AMERICAN HEART ASSOCIATION-MID ATLANTIC CHAPTER 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	13-5613797	501(C)(3)	6,445				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - UPSTATE SC CHAPTER 940 GROVE ROAD GREENVILLE, SC 296049035	53-0196605	501(C)(3)	141,087				DONOR DESIGNATION, PROGRAM ALLOCATION
BELL - BUILDING EDUCATED LEADERS FOR LIFE 601 EAST 5TH STREET SUITE 460 CHARLOTTE, NC 28202		501(C)(3)	306,951				PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHRISTIAN SERVICES - GREENVILLE SC 114 WILLIAMS STREET SUITE A GREENVILLE, SC 29601	38-1405282	501(C)(3)	24,112				DONOR DESIGNATION, PROGRAM ALLOCATION
BIG BROTHERS BIG SISTERS OF THE UPSTATE INC 620 N MAIN STREET SUITE 102 GREENVILLE, SC 29601	20-4243553	501(C)(3)	78,885				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTHRIGHT OF GREENVILLE 110 F EAST BUTLER ROAD MAULDIN, SC 29662	57-0718210	501(C)(3)	6,567				DONOR DESIGNATION
BOY SCOUTS OF AMERICA - BLUE RIDGE COUNCIL 1 PARK PLAZA GREENVILLE, SC 296075851	57-0314427	501(C)(3)	107,158				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB - GREENVILLE POST OFFICE BOX 1237 GREENVILLE, SC 29602		501(C)(3)	18,588				DONOR DESIGNATION, PROGRAM GRANT
CANCER SOCIETY OF GREENVILLE COUNTY 113 MILLS AVENUE GREENVILLE, SC 29605	57-0471686	501(C)(3)	103,384				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINA COPS 75 TO REST STREET LYMAN, SC 29635		501(C)(3)	5,335				DONOR DESIGNATION
CENTER FOR COMMUNITY SERVICES 1102 HOWARD DRIVE SIMPSONVILLE, SC 29681	57-1059164	501(C)(3)	33,193				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DEVELOPMENTAL SERVICES 29 NORTH ACADEMY STREET GREENVILLE, SC 29601	57-0988275	501(C)(3)	109,378				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
CHILD EVANGELISM FELLOWSHIP POST OFFICE BOX 575 TAYLORS, SC 296870575	57-0861903	501(C)(3)	10,525				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GREENVILLE PARKS & RECREATION 206 SOUTH MAIN STREET GREENVILLE, SC 296022207		501(C)(3)	40,130				PROGRAM ALLOCATION, PROGRAM GRANT
CLARITY-SPEECH HEARING & LEARNING 29 NORTH ACADEMY STREET GREENVILLE, SC 296012629	57-0331635	501(C)(3)	155,435				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMSON UNIVERSITY G13 SIKES HALL CLEMSON, SC 29634		501(C)(3)	31,089				DONOR DESIGNATION, PROGRAM ALLOCATION
COMMUNITIES IN SCHOOLS 506 SOUTH PLEASANTBURG DRIVE BUILDING 106C SUITE 521 GREENVILLE, SC 29603	57-0931840	501(C)(3)	588,965				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF GREENVILLE 630 EAST WASHINGTON STREET SUITE A GREENVILLE, SC 29601		501(C)(3)	30,854				DONOR DESIGNATION, PROGRAM GRANT
COMMUNITYWORKS INC 101 WEST ANTRIM DRIVE GREENVILLE, SC 29607	26-0421563	501(C)(3)	5,042				DONOR DESIGNATION, PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS OF CAROLINA 1100 RUTHERFORD ROAD GREENVILLE, SC 296093927	57-0381870	501(C)(3)	173,735				DONOR DESIGNATION, PROGRAM ALLOCATION
CONESTEE FOUNDATION INC PO BOX 9111 GREENVILLE, SC 29604	57-1093930	501(C)(3)	14,035				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAILY BREAD MINISTRIES PO BOX 2344 GREER, SC 29652	57-0947109	501(C)(3)	21,469				DONOR DESIGNATION
FAMILY CONNECTION OF SC INC 2712 MIDDLEBURG DR STE 103B COLUMBIA, SC 29204	57-0901467	501(C)(3)	21,594				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAVOR GREENVILLE 355 WOODRUFF RD STE 303 GREENVILLE, SC 29607	20-1724061	501(C)(3)	23,895				DONOR DESIGNATION, PROGRAM ALLOCATION
FIRST STEPS - GREENVILLE COUNTY 24 CLEVELAND STREET GREENVILLE, SC 296013648	57-1097814	501(C)(3)	153,641				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOTHILLS FAMILY RESOURCES 3 MAIN STREET SLATER, SC 296830246	57-0823752	501(C)(3)	75,454				DONOR DESIGNATION, PROGRAM ALLOCATION
FOSTERING GREAT IDEAS 321 PIMLICO ROAD GREENVILLE, SC 29607	27-4622960	501(C)(3)	23,587				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY HOUSE 415 RUTHERFORD STREET GREENVILLE, SC 296084241	57-0767465	501(C)(3)	52,025				DONOR DESIGNATION, PROGRAM ALLOCATION
GHS FOUNDATION 300 MCBEE STREET SUITE 200 GREENVILLE, SC 29601		501(C)(3)	61,268				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF SC-MOUNTAINS TO MIDLANDS 5 INDEPENDENCE POINTE SUITE 120 GREENVILLE, SC 29615	57-0314433	501(C)(3)	93,988				DONOR DESIGNATION, PROGRAM ALLOCATION
GOLDEN STRIP CENTER POST OFFICE BOX 1237 GREENVILLE, SC 29602		501(C)(3)	45,000				PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN STRIP EMERGENCY RELIEF & RESOURCES POST OFFICE BOX 193 FOUNTAIN INN, SC 29644	57-0692631	501(C)(3)	34,058				DONOR DESIGNATION, PROGRAM ALLOCATION
GOODWILL INDUSTRIES OF UPSTATEMIDLANDS SC INC 115 HAYWOOD ROAD GREENVILLE, SC 29607	57-0564001	501(C)(3)	128,118				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE COUNTY HUMAN RELATIONS 301 UNIVERSITY RIDGE SUITE 1600 GREENVILLE, SC 29601	57-6000356	501(C)(3)	35,000				PROGRAM ALLOCATION
GREENVILLE COUNTY PARKS RECREATION & TOURISM 4806 OLD SPARTANBURG ROAD TAYLORS, SC 29687	57-6000356	501(C)(3)	92,154				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE COUNTY RECREATION DISTRICT 4806 OLD SPARTANBURG ROAD TAYLORS, SC 29687	57-0515920	501(C)(3)	51,658				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
LIFELONG LEARNING 206 WILKINS ST GREENVILLE, SC 29605		501(C)(3)	22,730				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29604	57-0855205	501(C)(3)	200,144				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
GREENVILLE HOSPITAL SYSTEM 701 GROVE ROAD GREENVILLE, SC 29605	57-6007863	501(C)(3)	195,837				PROGRAM ALLOCATION, PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE HOUSING FUND 107 WEST ANTRIM DRIVE GREENVILLE, SC 29601		501(C)(3)	240,000				PROGRAM ALLOCATION, PROGRAM GRANT
GREENVILLE LITERACY ASSOCIATION 225 SOUTH PLEASANTBURG DRIVESUITE C10 GREENVILLE, SC 29606	57-0521414	501(C)(3)	125,595				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE RAPE CRISIS AND CHILD ABUSE CENTER JULIE VALENTINE 2905 WHITE HORSE ROAD GREENVILLE, SC 296116120	57-0655611	501(C)(3)	169,106				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
GREER RELIEF AND RESOURCES POST OFFICE BOX 1303 GREER, SC 296521303	57-0370331	501(C)(3)	52,146				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HABITAT FOR HUMANITY - GREENVILLE 49 GREENLAND DRIVE GREENVILLE, SC 296021206	57-0827063	501(C)(3)	45,320				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29602	57-0725560	501(C)(3)	30,007				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANIC ALLIANCE ALIANZA HISPANA 225 SOUTH PLEASANTBURG DRIVE ARC SUITE 111 GREENVILLE, SC 29607		501(C)(3)	122,500				PROGRAM GRANT
HOMES OF HOPE INC 3 DUNEAN STREET GREENVILLE, SC 29611	57-1069688	501(C)(3)	69,319				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR CHILD SUCCESS 105 EDINBURGH COURT GREENVILLE, SC 29607	27-1904900	501(C)(3)	202,030				DONOR DESIGNATION, PROGRAM GRANT
JUNIOR ACHIEVEMENT OF GREENVILLE 530 HOWELL ROAD SUITE 103 GREENVILLE, SC 29615	57-0547967	501(C)(3)	13,023				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKEVIEW MIDDLE SCHOOL 3901 OLD BUNCOMBE RD GREENVILLE, SC 29617		501(C)(3)	5,400				PROGRAM GRANT
LEAD ACADEMY 29 RIDGEWAY DRIVE GREENVILLE, SC 29605	27-0264738	501(C)(3)	24,598				PROGRAM ALLOCATION, PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGACY CHARTER SCHOOL 900 WOODSIDE AVENUE GREENVILLE, SC 29611	20-5257052	501(C)(3)	21,640				DONOR DESIGNATION, PROGRAM ALLOCATION
LITTLE STEPS 712 LAURENS ROAD GREENVILLE, SC 29606	20-2637422	501(C)(3)	30,000				PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES & FISHES 25 WOODS LAKE ROAD SUITE 810 GREENVILLE, SC 296072765	57-0931804	501(C)(3)	31,020				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
MEALS ON WHEELS - GREENVILLE 15 OREGON STREET GREENVILLE, SC 29605	57-0531378	501(C)(3)	46,922				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH AMERICA - GREENVILLE COUNTY 429 NORTH MAIN STREET SUITE 2 GREENVILLE, SC 29601	57-0955844	501(C)(3)	118,553				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
MEYER CENTER FOR SPECIAL CHILDREN 1132 RUTHERFORD ROADSTONE PLAZA CENTER GREENVILLE, SC 29609	57-0361503	501(C)(3)	286,520				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILL COMMUNITY MINISTRIES 8 LOIS AVENUE GREENVILLE, SC 29611	90-0854058	501(C)(3)	25,104				DONOR DESIGNATION, PROGRAM ALLOCATION
MIRACLE HILL MINISTRIES 2419-B WADE HAMPTON BOULEVARD GREENVILLE, SC 296022546	57-0425826	501(C)(3)	27,344				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD FOCUS POST OFFICE BOX 9127 GREENVILLE, SC 29604	20-4280877	501(C)(3)	23,917				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
NEW HORIZON FAMILY HEALTH SERVICES 975 WEST FARIS ROAD GREENVILLE, SC 29605	57-0932597	501(C)(3)	88,427				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MIND HEALTH AND CARE INC POST OFFICE BOX 205 MAULDIN, SC 29662	45-3802288	501(C)(3)	36,040				PROGRAM ALLOCATION, PROGRAM GRANT
NEW WASHINGTON HEIGHTS COMMUNITY ASSOCIATION 12 PEAR STREET GREENVILLE, SC 29609	46-2770390	501(C)(3)	10,236				PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERACENTRO DE FAMILIA 301 PINEY MOUNTAIN ROAD GREENVILLE, SC 29609	57-0405340	501(C)(3)	22,525				PROGRAM ALLOCATION
PENDLETON PLACE FOR CHILDREN AND FAMILIES POST OFFICE BOX 10323 GREENVILLE, SC 29603	57-0624421	501(C)(3)	150,411				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILLIS WHEATLEY ASSOCIATION PO BOX 17126 GREENVILLE, SC 296068126	57-0327895	501(C)(3)	35,216				DONOR DESIGNATION, PROGRAM ALLOCATION
PHOENIX CENTER FOR BEHAVIORAL HEALTH 1400 CLEVELAND STREET GREENVILLE, SC 296021948	57-1129751	501(C)(3)	105,447				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIEDMONT WOMEN'S CENTER POST OFFICE BOX 26866 GREENVILLE, SC 29616	57-0932285	501(C)(3)	19,598				DONOR DESIGNATION
PLEASANT VALLEY CONNECTION 510 OLD AUGUSTA ROAD GREENVILLE, SC 29605	57-1127237	501(C)(3)	47,913				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT HOPE FOUNDATION 2131 WOODRUFF ROAD SUITE 2100 GREENVILLE, SC 296075994	58-2324540	501(C)(3)	26,791				DONOR DESIGNATION, PROGRAM ALLOCATION
PROJECT HOST 525 SOUTH ACADEMY STREET GREENVILLE, SC 29602	57-0728041	501(C)(3)	45,117				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC EDUCATION PARTNERS 225 S PLEASANTBURG DR SUITE E6 GREENVILLE, SC 29607	57-0769637	501(C)(3)	239,964				PROGRAM ALLOCATION, PROGRAM GRANT
REACH OUT AND READ INC 56 ROLAND STREETSUITE 100D BOSTON, MA 021291243	04-3481253	501(C)(3)	20,910				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE OF THE CAROLINAS - GREENVILLE 706 GROVE ROAD GREENVILLE, SC 29605	57-0844123	501(C)(3)	6,031				DONOR DESIGNATION
SAFE HARBOR 429 NORTH MAIN STREET GREENVILLE, SC 29601	57-1014137	501(C)(3)	107,782				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - GREENVILLE 417 RUTHERFORD STREETPOST OFFICE BOX 1237 GREENVILLE, SC 29602	58-0660607	501(C)(3)	264,067				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
SC CHILDREN'S THEATRE POST OFFICE BOX 9340 GREENVILLE, SC 29604		501(C)(3)	8,358				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SCHOOL DISTRICT OF GREENVILLE COUNTY 301 CAMPERDOWN WAY GREENVILLE, SC 296022848		501(C)(3)	182,889				PROGRAM GRANT
SENIOR ACTION 50 DIRECTORS DRIVE GREENVILLE, SC 29615	57-0507961	501(C)(3)	208,345				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARE 254 SOUTH PLEASANTBURG DRIVE GREENVILLE, SC 29603	57-6028253	501(C)(3)	107,411				DONOR DESIGNATION, PROGRAM ALLOCATION
SOTERIA COMMUNITY CORPORATION PO BOX 6061 GREENVILLE, SC 29606		501(C)(3)	5,000				PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANTHONY'S OF PADUA CATHOLIC SCHOOL 309 GOWER STREET GREENVILLE, SC 29611	57-0427729	501(C)(3)	20,605				DONOR DESIGNATION, PROGRAM ALLOCATION
ST FRANCIS FOUNDATION 1 ST FRANCIS DRIVE GREENVILLE, SC 29601		501(C)(3)	56,068				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STERLING ELEMENTARY 99 JOHN MCCARROLL WAY GREENVILLE, SC 29607		501(C)(3)	18,693				PROGRAM GRANT
STRIDES 109 NEW PERRY ROAD GREENVILLE, SC 29617	33-1118586	501(C)(3)	20,229				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAYLORS FREE MEDICAL CLINIC 400 W MAIN STREETPO BOX 1266 TAYLORS, SC 29687	20-1715911	501(C)(3)	23,713				DONOR DESIGNATION, PROGRAM ALLOCATION
THRIVE UPSTATE 161 VERDIN ROAD GREENVILLE, SC 29607		501(C)(3)	21,565				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREES GREENVILLE POST OFFICE BOX 9232 GREENVILLE, SC 29604	16-1718587	501(C)(3)	10,000				DONOR DESIGNATION
UNITED MINISTRIES 606 PENDLETON STREET GREENVILLE, SC 29601	57-0511977	501(C)(3)	360,519				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY - ANDERSON COUNTY 604 NORTH MURRAY AVENUE ANDERSON, SC 296254311	57-0510602	501(C)(3)	28,338				DONOR DESIGNATION, PROGRAM GRANT
UNITED WAY OF LAURENS COUNTY POST OFFICE BOX 544 CLINTON, SC 293250544	23-7011064	501(C)(3)	16,892				DONOR DESIGNATION, PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY - OCONEE COUNTY 409 EN FIRST STREET SUITE A SENECA, SC 29678		501(C)(3)	7,693				DONOR DESIGNATION
UNITED WAY - PICKENS COUNTY 135 FOLGER AVE POST OFFICE BOX 96 EASLEY, SC 296410096	57-0476249	501(C)(3)	28,602				DONOR DESIGNATION, PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE PIEDMONT PO BOX 5624 SPARTANBURG, SC 293045624	57-0314377	501(C)(3)	31,214				DONOR DESIGNATION, PROGRAM GRANT
UPSTATE FATHERHOOD COALITION 730 S PLEASANTBURG STE 205 GREENVILLE, SC 29607	30-0200022	501(C)(3)	15,711				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPSTATE WARRIOR SOLUTION POST OFFICE BOX 27232 GREENVILLE, SC 29617	46-1699670	501(C)(3)	25,425				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
URBAN LEAGUE OF THE UPSTATE 15 REGENCY HILL DRIVE GREENVILLE, SC 29607	57-0541039	501(C)(3)	151,169				DONOR DESIGNATION, PROGRAM ALLOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA - GREATER GREENVILLE 723 CLEVELAND STREET GREENVILLE, SC 29601	57-0314424	501(C)(3)	55,847				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS
YOUTHBASE INC 37 PINCKNEY STREET GREENVILLE, SC 29601	41-2216434	501(C)(3)	39,331				DONOR DESIGNATION, PROGRAM ALLOCATION, PROGRAM GRANTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF GREENVILLE COUNTY INC

Employer identification number
57-0362066

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees										
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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					
<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										
<p>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</p>											
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No								
<p>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</p>	4c		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>											
<p>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</p>											
<p>a The organization?</p>	5a		No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No								
<p>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</p>											
<p>a The organization?</p>	6a		No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No								
<p>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</p>	8		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

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.

Return Reference	Explanation
PART I, LINE 1A	UNITED WAY OF GREENVILLE COUNTY COVERS INITIATION FEES/DUES FOR THE PRESIDENT/CEO IN CONNECTION WITH FULFILLING HIS/HER PROFESSIONAL RESPONSIBILITIES FOR THE ORGANIZATION. UNITED WAY OF GREENVILLE COUNTY MAINTAINS A PRESIDENT'S DISCRETIONARY FUND TO BE USED AT THE DISCRETION OF THE PRESIDENT/CEO FOR WORK RELATED PURPOSES ONLY.

Return Reference	Explanation
PART I, LINE 1B	UNITED WAY OF GREENVILLE COUNTY COVERS INITIATION FEES/DUES FOR THE PRESIDENT/CEO IN CONNECTION WITH FULFILLING HIS/HER PROFESSIONAL RESPONSIBILITIES FOR THE ORGANIZATION UNITED WAY OF GREENVILLE COUNTY MAINTAINS A PRESIDENT'S DISCRETIONARY FUND TO BE USED AT THE DISCRETION OF THE PRESIDENT/CEO FOR WORK RELATED PURPOSES ONLY



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **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 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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	X	40	143,571	AVG OF HIGH & LOW SHARE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
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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 is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

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?

31	Yes	
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		No
------------	--	----

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

UNITED WAY OF GREENVILLE COUNTY INC

Employer identification number

57-0362066

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE IRS FORM 990 IS PRESENTED FOR REVIEW AND APPROVAL TO THE AUDIT COMMITTEE AND THEN TO THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE UNITED WAY OF GREENVILLE COUNTY'S AUDIT COMMITTEE CHARTER REQUIRES THAT THE COMMITTEE REVIEW BOARD AND STAFF CONFLICT OF INTEREST DISCLOSURES (BOTH ANNUALLY AND AS THEY ARISE) AND REPORT RESULTS TO THE BOARD AT LEAST ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	FOR THE CEO, THE EXECUTIVE COMMITTEE USES A DOCUMENTED ASSESSMENT OF THE PRESIDENT TOOL FOR PERFORMANCE EVALUATION. THE CEO'S COMPENSATION IS BASED ON ORGANIZATIONAL ACHIEVEMENT AND COMPARISONS TO INDIVIDUAL UNITED WAYS OF SIMILAR SIZE AS WELL AS UNITED WAY WORLDWIDE COMPENSATION SURVEY DATA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC ON ITS WEBSITE, BY REQUEST, AND ON GUIDESTAR.ORG

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET CHANGE IN PENSION OBLIGATION 1,023,237 CHANGE IN TEMPORARY RESTRICTED NET ASSETS FOR DONOR DESIGNATIONS -870,014

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR