

Return of Organization Exempt From Income Tax

2010

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable: C Name of organization UNITED WAY OF THE PIEDMONT D Employer identification number 57-0314377 E Telephone number 864-582-7556 G Gross receipts \$ 4,656,494. H(a) Is this a group return for affiliates? H(b) Are all affiliates included? I Tax-exempt status: J Website: WWW.UWPIEDMONT.ORG K Form of organization: L Year of formation: 1936 M State of legal domicile: SC

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1 Briefly describe the organization's mission... TO SUPPORT THE HEALTH, FINANCIAL STABILITY, AND EDUCATIONAL NEEDS OF SPARTANBURG, CHEROKEE, AND UNION. 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue - add lines 8 through 11...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

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 (Christopher Steed), Date (11/4/11), Type or print name and title (CHRISTOPHER STEED, PRESIDENT/CEO)

Paid Preparer Use Only: Print/Type preparer's name (CHARLES L. TALBERT, III), Preparer's signature (Charles L. Talbert, III), Date (11/1/11), Firm's name (MCABEE, TALBERT, HALLIDAY & CO.), Firm's address (824 EAST MAIN STREET, SPARTANBURG, SC 29302), Phone no. (864) 583-0886

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO GIVE THE CITIZENS OF SPARTANBURG, CHEROKEE, AND UNION COUNTIES IN SOUTH CAROLINA AN OPPORTUNITY TO GIVE, ADVOCATE, AND VOLUNTEER. FACILITATING THESE ACTIONS SHAPES THE COMMUNITY AND IMPROVES LIVES.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,523,355. including grants of \$ 3,184,933. ) (Revenue \$ )

COMMUNITY INVESTMENT - UNITED WAY INVESTS OUR FINANCIAL RESOURCES IN CRITICAL PROGRAMS AND SERVICES THROUGHOUT OUR THREE-COUNTY REGION THROUGH THE COMMUNITY INVESTMENT PROCESS. VOLUNTEERS REPRESENTING UNITED WAY'S DONOR BASE REVIEW AGENCY PROGRAM APPLICATIONS AND RECOMMEND FUNDING LEVELS TO A BOARD OF DIRECTORS IN THE AREAS OF CHILDREN, YOUTH, ADULTS/FAMILIES, SENIORS, HEALTH & CRISIS SERVICES. WE INVESTED \$2.25 MILLION IN 122 PROGRAMS THROUGH 69 NONPROFIT ORGANIZATIONS LAST YEAR. IN ADDITION, UNITED WAY COORDINATES MORE THAN \$850,000 ANNUALLY IN FUNDS DESIGNATED TO SPECIFIC AGENCIES BY OUR DONORS.

4b (Code: ) (Expenses \$ 251,320. including grants of \$ 2,475. ) (Revenue \$ )

COMMUNITY EDUCATION/VOLUNTEER CENTER/HELP LINE - 1) UNITED WAY SEEKS TO ENGAGE COMMUNITY CITIZENS IN GIVING, ADVOCACY AND VOLUNTEERISM. WE EDUCATE OUR CITIZENS ABOUT SOCIAL AND ECONOMIC CONCERNS THAT FACE OUR REGION AND THEN CHANNEL THEIR INTEREST INTO THE APPROPRIATE VENUE. MUCH OF OUR ADVOCACY IS ROOTED IN OUR PARTNERSHIPS WITH FOUNDATIONS AND PUBLIC ENTITIES ON THE COMMUNITY INDICATORS PROJECTS. 2) OUR VOLUNTEER CENTER PROVIDES VOLUNTEER MATCHING SERVICES FOR INDIVIDUALS AND GROUPS. WE ANNUALLY COORDINATE MORE THAN 80,000 HOURS OF SERVICE. OUR VOLUNTEER INCOME TAX ASSISTANCE INITIATIVE PREPARED TAX RETURNS FREE OF CHARGE FOR OVER 1,100 AREA FAMILIES RETURNING MORE THAN \$1.9 MILLION IN REFUNDS AND CREDITS TO OUR COMMUNITY. 3) UNITED WAY'S HELPLINE PROVIDES INFORMATION AND REFERRALS TO INDIVIDUALS IN NEED. ANNUALLY, UNITED WAY

4c (Code: ) (Expenses \$ 266,210. including grants of \$ ) (Revenue \$ 153,041. )

THE GIFTS IN KIND CENTER IS A PROGRAM TO DISTRIBUTE PRODUCTS DONATED BY NATIONAL RETAILERS TO NON-PROFIT ORGANIZATIONS. A LOW-COST MEMBERSHIP IS OFFERED TO THESE NON-PROFIT ORGANIZATIONS THAT PROVIDE ASSISTANCE TO THE ILL, NEEDY, YOUTH, OR OTHERWISE DISADVANTAGED. DURING FY 2010-2011, \$17,200,000 OF GOODS WERE DISTRIBUTED TO 175 AGENCIES AND ORGANIZATIONS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 323,056. including grants of \$ 187,456. ) (Revenue \$ )

4e Total program service expenses 4,363,941.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28a		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
34		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
35		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	
38	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, sub-column (e.g., 1a, 1b), and Yes/No columns. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DENNY BOLL - 864-582-7556**  
**203 EAST MAIN STREET, SPARTANBURG, SC 29306**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD DILLARD CHAIR	1.00	X		X			0.	0.	0.	
MIKE ANTHONY DIRECTOR	1.00	X					0.	0.	0.	
CLARENCE BATTS DIRECTOR	1.00	X					0.	0.	0.	
JERRY BRUCE DIRECTOR	1.00	X					0.	0.	0.	
TONY CASPIO SECRETARY-TREASURER	1.00	X		X			0.	0.	0.	
GEORDY JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
PAT EMRICH DIRECTOR	1.00	X					0.	0.	0.	
ALEX EVINS DIRECTOR	1.00	X					0.	0.	0.	
GWEN GANZAROLI DIRECTOR	1.00	X					0.	0.	0.	
MARSHA GIBBS DIRECTOR	1.00	X					0.	0.	0.	
CARLISLE HAMRICK DIRECTOR	1.00	X					0.	0.	0.	
CINDY MCMASTER DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL PRICE DIRECTOR	1.00	X					0.	0.	0.	
CAROLINE SMITH DIRECTOR	1.00	X					0.	0.	0.	
JIM THOMAS DIRECTOR	1.00	X					0.	0.	0.	
TOM WHALEN DIRECTOR	1.00	X					0.	0.	0.	
CATHI WHELCHHEL DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET YOUNG DIRECTOR	1.00	X						0.	0.	0.
TONY BELL DIRECTOR	1.00	X						0.	0.	0.
DR. HEINZ BRUNNER DIRECTOR	1.00	X						0.	0.	0.
NORMAN CHAPMAN DIRECTOR	1.00	X						0.	0.	0.
RHONDA LOCKHART DIRECTOR	1.00	X						0.	0.	0.
RICHARD RHODES DIRECTOR	1.00	X						0.	0.	0.
RENEE ROMBERGER DIRECTOR	1.00	X						0.	0.	0.
SUE SCHNEIDER DIRECTOR	1.00	X						0.	0.	0.
MARK WOLFINGER DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								342,356.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								342,356.	0.	0.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	4,290,331.					
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	88,644.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>						
	<b>g</b> Noncash contributions included in lines 1a-1f. \$ .....		152,599.					
	<b>h Total.</b> Add lines 1a-1f .....			4,378,975.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>GIKC MEMBERSHIP FEES</u> .....	Business Code	900099	83,041.	83,041.			
	<b>b</b> <u>GIKC WEEKLY VISIT CHAR</u> .....		900099	38,050.	38,050.			
	<b>c</b> <u>GIKC TRUCKLOAD SHIPMEN</u> .....		900099	31,950.	31,950.			
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			153,041.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			5,724.			5,724.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....						
		<b>c</b> Gain or (loss) .....						
		<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>						
		<b>b</b> Less: direct expenses .....	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
<b>b</b> Less: direct expenses .....		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue			Business Code					
<b>11 a</b> <u>SERVICE FEES</u> .....		900099	64,258.			64,258.		
<b>b</b> <u>OTHER INCOME</u> .....		900099	54,496.			54,496.		
<b>c</b> .....								
<b>d</b> All other revenue .....								
<b>e Total.</b> Add lines 11a-11d .....			118,754.					
<b>12 Total revenue.</b> See instructions. ....			4,656,494.	153,041.	0.	124,478.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	3,374,864.	3,374,864.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	304,261.	107,703.	114,626.	81,932.
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 .....	406,797.	383,872.	12,455.	10,470.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	27,804.	20,523.	4,216.	3,065.
9 Other employee benefits .....	74,375.	54,375.	11,580.	8,420.
10 Payroll taxes .....	58,118.	40,198.	10,376.	7,544.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	55,025.	32,703.	12,924.	9,398.
12 Advertising and promotion .....	3,305.	2,415.	515.	375.
13 Office expenses .....	15,558.	10,929.	2,680.	1,949.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	100,288.	84,800.	8,968.	6,520.
17 Travel .....	36,480.	29,470.	4,059.	2,951.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	39,196.	28,191.	6,372.	4,633.
23 Insurance .....	11,916.	9,140.	1,607.	1,169.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>UNITED WAY WORLDWIDE DU</b> .....	45,347.	44,522.	476.	349.
b <b>EQUIPMENT</b> .....	35,390.	26,461.	5,170.	3,759.
c <b>PRINTING</b> .....	25,282.	10,919.	8,316.	6,047.
d <b>TELEPHONE</b> .....	23,668.	17,956.	3,307.	2,405.
e <b>MEMBERSHIP FEES</b> .....	21,912.	14,477.	4,305.	3,130.
f All other expenses .....	87,527.	70,423.	9,903.	7,201.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	4,747,113.	4,363,941.	221,855.	161,317.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash - non-interest-bearing .....		1
	2	Savings and temporary cash investments .....	651,948.	2 645,651.
	3	Pledges and grants receivable, net .....	2,261,012.	3 2,188,844.
	4	Accounts receivable, net .....	8,595.	4 14,787.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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) .....		6
	7	Notes and loans receivable, net .....		7
	8	Inventories for sale or use .....		8
	9	Prepaid expenses and deferred charges .....	27,938.	9 20,907.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 321,492.	
	b	Less: accumulated depreciation .....	10b 237,046.	10c 84,446.
	11	Investments - publicly traded securities .....		11
	12	Investments - other securities. See Part IV, line 11 .....	641,256.	12 782,675.
	13	Investments - program-related. See Part IV, line 11 .....		13
	14	Intangible assets .....	10,358.	14
	15	Other assets. See Part IV, line 11 .....		15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,669,370.	16 3,737,310.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	23,754.	17 5,438.
	18	Grants payable .....		18
	19	Deferred revenue .....	89,458.	19 95,251.
	20	Tax-exempt bond liabilities .....		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22
	23	Secured mortgages and notes payable to unrelated third parties .....		23
	24	Unsecured notes and loans payable to unrelated third parties .....		24
	25	Other liabilities. Complete Part X of Schedule D .....	659,646.	25 681,961.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	772,858.	26 782,650.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets .....	1,250,854.	27 1,305,244.
	28	Temporarily restricted net assets .....	1,645,658.	28 1,649,416.
	29	Permanently restricted net assets .....		29
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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	<b>Total net assets or fund balances</b> .....	2,896,512.	33 2,954,660.	
34	<b>Total liabilities and net assets/fund balances</b> .....	3,669,370.	34 3,737,310.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,656,494.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,747,113.
3	Revenue less expenses. Subtract line 2 from line 1	3	-90,619.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,896,512.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	148,767.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,954,660.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **UNITED WAY OF THE PIEDMONT** Employer identification number **57-0314377**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <span style="float: right;">11g(i)</span>		
(ii) A family member of a person described in (i) above? <span style="float: right;">11g(ii)</span>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <span style="float: right;">11g(iii)</span>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4132323.	4834454.	4446324.	4391531.	4378975.	22183607.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4132323.	4834454.	4446324.	4391531.	4378975.	22183607.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						22183607.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	4132323.	4834454.	4446324.	4391531.	4378975.	22183607.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	16,017.	21,300.	6,821.	5,931.	5,724.	55,793.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	21,198.	24,364.	58,036.	137,555.	207,537.	448,690.
<b>11 Total support.</b> Add lines 7 through 10						22688090.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	391,338.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	97.78 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	98.54 %
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

UNITED WAY OF THE PIEDMONT

Employer identification number

57-0314377

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. .... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

UNITED WAY OF THE PIEDMONT

57-0314377

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BMW MANUFACTURING  GREER, SC	\$ 155,314.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DENNY'S CORPORATION  SPARTANBURG, SC	\$ 180,298.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DUKE ENERGY  CHARLOTTE, NC	\$ 93,089.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MICHELIN NORTH AMERICA  GREENVILLE, SC	\$ 226,766.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MILLKEN & COMPANY  SPARTANBURG, SC	\$ 215,078.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SEALED AIR CORPORATION  DUNCAN, SC	\$ 226,040.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  UNITED WAY OF THE PIEDMONT	<b>Employer identification number</b>  57-0314377
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**Part I** **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SPARTANBURG REGIONAL HEALTHCARE SYSTEM  SPARTANBURG, SC	\$ 295,314.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  <b>UNITED WAY OF THE PIEDMONT</b>	Employer identification number  <b>57-0314377</b>
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	<u>STOCK</u>   	\$ _____	<u>VARIOUS</u>
	   	\$ _____	
	   	\$ _____	
	   	\$ _____	
	   	\$ _____	
	   	\$ _____	
	   	\$ _____	

Name of organization

Employer identification number

**UNITED WAY OF THE PIEDMONT**

**57-0314377**

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED WAY OF THE PIEDMONT

Employer identification number

57-0314377

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 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. Table with 2 columns: Held at the End of the Tax Year. Rows include: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items. 1b 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) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Term endowment  %

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	18,055.		9,046.	9,009.
d Equipment	303,437.		228,000.	75,437.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 84,446.

**Part VII Investments - Other Securities.** 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) SPARTANBURG COUNTY		
(B) FOUNDATION	782,675.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	782,675.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DONOR DESIGNATIONS	680,976.
(3) ACCRUED EXPENSES	985.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	681,961.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,656,494.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,747,113.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-90,619.
4	Net unrealized gains (losses) on investments	4	148,767.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	148,767.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	58,148.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	21,141,524.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	148,767.
b	Donated services and use of facilities	2b	17,276,743.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	17,425,510.
3	Subtract line 2e from line 1	3	3,716,014.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	940,480.
c	Add lines 4a and 4b	4c	940,480.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,656,494.

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

1	Total expenses and losses per audited financial statements	1	21,083,376.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	17,276,743.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	17,276,743.
3	Subtract line 2e from line 1	3	3,806,633.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	940,480.
c	Add lines 4a and 4b	4c	940,480.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,747,113.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

DONOR DESIGNATED PLEDGES 940,480.

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

DONOR DESIGNATED PLEDGES 940,480.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047  
**2010**

Open to Public  
Inspection

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

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

Name of the organization

**UNITED WAY OF THE PIEDMONT**

Employer identification number  
**57-0314377**

**Part I** General information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY IMPACT PROGRAM GRANTS - SEE ATTACHMENT - VARIOUS			2,231,120.	0.			PROGRAM OPERATING COSTS
MISCELLANEOUS GRANTS - SEE ATTACHMENT - VARIOUS			2,475.	0.			PROGRAM OPERATING COSTS
IMAGINATION LIBRARY			187,456.	0.			PROGRAM OPERATING COSTS
DONOR DESIGNATIONS - SEE ATTACHMENT - VARIOUS			940,480.	0.			PROGRAM OPERATING COSTS
TEEN PREGNANCY INITIATIVE			13,333.	0.			PROGRAM OPERATING COSTS

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

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

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

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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART I, LINE 2: AGENCIES ARE REQUIRED TO SUBMIT A DETAILED ANNUAL REPORT OF THE USE OF GRANT FUNDS. THE REPORT IS AUDITED AND REVIEWED AGAINST THE GRANT AWARD DOCUMENTATION TO VERIFY THAT THE FUNDS WERE UTILITIZED FOR THE PURPOSE OF THE GRANT.**

Organization	Address	EIN	Amount of Cash Grant	Purpose
<b>CIP Process:</b>				
Adult Learning Center	145 North Church Street # 82	29306	\$ 117,502	Program Operating Cost
Alzheimer's Association-Upstate Chapter	4124 Clemson Blvd. Ste L	29621	92,362	Program Operating Cost
American Red Cross, Piedmont Chapter	104 Garner Road	29303	114,662	Program Operating Cost
Bethlehem Center	PO Box 3501	29304	27,400	Program Operating Cost
Big Brothers/Big Sisters of the Upstate	161 East Kennedy Street	29306	19,000	Program Operating Cost
Boys and Girls Clubs of the Upstate	P. O. Box 2794	29304	184,958	Program Operating Cost
Boy Scouts Palmetto Council	420 South Church Street	29306	63,800	Program Operating Cost
Cancer Association of Spartanburg and Cherokee Counties	P. O. Box 1582	29304	37,276	Program Operating Cost
CC Literacy Association	409 W. Buford Street	29307	2,500	Program Operating Cost
Charles Lea Center	195 Burdette Street	29342	42,000	Program Operating Cost
Cherokee County First Steps	PO Box 23c/o Dorothy Priester	29342	3,000	Program Operating Cost
Cherokee Children's Home	PO Box 1896	29340	8,077	Program Operating Cost
Cherokee Mental Health Association	125 E. Robinson St.	29340	2,500	Program Operating Cost
Children's Advocacy Center of Spartanburg	P. O. Box 6007	29304	122,500	Program Operating Cost
Spartanburg Children's Shelter	P. O. Box 2663	29304	91,861	Program Operating Cost
Christmas in Action	PO Box 5852	29304	24,000	Program Operating Cost
CredAbility	100 Edgewood Ave NE	30303	10,900	Program Operating Cost
Communities in Schools of Cherokee County	PO Box 1675	29342	13,274	Program Operating Cost
Corinth Baptist Church	302 N. Herdon Street	29379	3,525	Program Operating Cost
Cross Cultural Institute of America	PO Box 29	29324	21,875	Program Operating Cost
Disability Action Center	115 Bellevue Street	29201	5,028	Program Operating Cost
Divinity Care Facility	446 Arch St	29301	18,500	Program Operating Cost
Ellen Hines Smith Girls Home	PO Box 1731	29304	36,000	Program Operating Cost
Faith Home	PO Box 39	29648	17,919	Program Operating Cost
Girl Scouts of SC-Mountains to the Midlands	5 Independence Pointe, Suite 120	29615	70,863	Program Operating Cost
Glen Springs Academy	PO BOX 99	29374	28,900	Program Operating Cost
Greenville Free Medical Clinic	PO Box 8933	29604	7,950	Program Operating Cost
Greer Relief & Resources Agency, Inc.	P O Box 1303	29652	21,000	Program Operating Cost
Habitat for Humanity of Spartanburg	2270 S. Pine St	29302	2,500	Program Operating Cost
Habitat for Humanity of Cherokee County	PO Box 51	29342	5,000	Program Operating Cost
HALTER	P. O. Box 1403	29304	10,000	Program Operating Cost
Healthy Smiles of Spartanburg	PO Box 1441	29304	25,500	Program Operating Cost
Helping Hands Ministries of Woodruff	P. O. Box 483	29388	15,800	Program Operating Cost
Hope Remains Youth Ranch	PO Box 160782	29316	11,500	Program Operating Cost
Middle Tyger Community Center	84 Groce Road	29365	51,888	Program Operating Cost
New Day of Spartanburg	1530 Asheville Highway	29303	45,979	Program Operating Cost
Operation Restoration	PO Box 6084	29304	7,500	Program Operating Cost
Piedmont Care, Inc.	269 South Church Street, Suite 201	29306	8,050	Program Operating Cost
Project Hope Foundation	2131 Woodruff Road, Suite 2100	29607	14,000	Program Operating Cost
Regenesis Community Health Center	710 S. Church St.	29306	5,173	Program Operating Cost

Organization	Address	EIN	Amount of Cash Grant	Purpose
REACH Upstate	PO Box 2413	29304 57-0791112	49,742	Program Operating Cost
SAFE Homes/Rape Crisis Coalition	236 Union Street	29302 57-0760599	168,753	Program Operating Cost
SADAC	PO Box 1252	29304 57-6000401	33,950	Program Operating Cost
Salvation Army Cherokee County	601 Colonial Ave	29340 58-0660607	17,846	Program Operating Cost
Salvation Army Community Center	40 Foster St	29301 58-0660607	26,800	Program Operating Cost
Salvation Army of Spartanburg County	P.O. Drawer 2909	29304 56-0543227	25,000	Program Operating Cost
Salvation Army Union County	614 Green St	29379 58-0660607	9,500	Program Operating Cost
SC Hunters & Landowners for the Hungry	507 Amelia Ave.	29306 02-0726554	11,000	Program Operating Cost
SC Legal Services	148 E. Main Street	29306 57-0485205	30,732	Program Operating Cost
Senior Centers of Cherokee County	499 W. Rutledge Ave.	29341 57-0619799	10,077	Program Operating Cost
Senior Centers of Spartanburg County	142 South Dean Street	29302 57-0539450	87,000	Program Operating Cost
SOAR Academy	P.O.Box 3118	29304 34-2048522	2,300	Program Operating Cost
Spartanburg Art Museum	200 East St. John Street	29306 23-7041876	7,500	Program Operating Cost
Spartanburg Humane Society	150 Dexter Road	29303 57-0481019	9,500	Program Operating Cost
Spartanburg Interfaith Hospitality Network	899 S. Pine Street	29302 06-1644643	13,600	Program Operating Cost
Spartanburg Little Theatre	200 East St. John Street	29306 57-6002713	7,500	Program Operating Cost
Spartanburg School District 7, Administration	PO Box 970	29304 57-6000942	20,000	Program Operating Cost
St. Luke's Free Medical Clinic	P. O. Box 3466	29304 57-0943232	33,326	Program Operating Cost
The Haven	P. O. Box 2914	29304 57-0809732	24,829	Program Operating Cost
The Pace Center	186 West Main Street	29306 57-0729978	54,743	Program Operating Cost
The Shepherd's Center	393 East Main Street	29302 57-0691077	12,875	Program Operating Cost
TOTAL Ministries	420 Union Street	29306 57-0771620	34,740	Program Operating Cost
Union County Cancer Service	117 Fant Lane	29379 57-0724567	6,702	Program Operating Cost
Union County Pregnancy Center	PO Box 1064	29379 57-1070841	10,000	Program Operating Cost
Upstate Family Resource Center	1850 Old Furnace Road	29316 06-1806404	23,700	Program Operating Cost
Upstate Fatherhood Coalition	300 Union Street Suite B	29302 30-0200022	25,500	Program Operating Cost
Upstate Homeless Coalition-Spartanburg	PO Box 5666	29303 57-1032202	15,382	Program Operating Cost
Urban League of the Upstate, Spartanburg County	201 Caulder AveSte. 220	29306 57-0541039	7,500	Program Operating Cost
WestGate Training & Consultation Network	167 Alabama Street	29302 57-0979351	10,000	Program Operating Cost
YMCA of Greater Spartanburg	266 South Pine Street	29302 57-0314425	14,000	Program Operating Cost
YMCA Union County	106 Lakeside Dr	29379 57-0832992	7,501	Program Operating Cost
			2,223,620	CIP Funding

Miscellaneous  
 The Pace Center- Special One-time funding

TOTAL

7,500  
\$2,231,120

Miscellaneous Grants  
 Birth Matters  
 Reach Upstate  
 Spartanburg Little Theatre

TOTAL

500  
 975  
 1,000  
\$ 2,475

NAME	TOTAL
ALSA-SC Chapter	1,000
Adult Learning Center	2,550
Agape Acres	1,800
Aid Upstate of Greenville	130
Alcohol & Drug Abuse Commission (SADAC)	467
Alive & Well Animal Rescue Center (ARC)	240
Alzheimer's Association	48
Alzheimer's Association-Upstate Chapter	5,942
American Cancer Society	2,898
American Cancer Society, Cherokee County	338
American Cancer Society, Greenville County	2,283
American Cancer Society, Sptbg. County	2,209
American Cancer Society, Union County	125
American Cancer Society, Laurens County	522
American Cancer Society, Greenwood County	50
American Diabetes Assoc. - Sptg.	260
American Diabetes Association, Upstate	1,107
American Heart Association (Upstate)	470
American Kidney Fund	192
American Red Cross, Chester Chapter	124
American Red Cross of Greenville County	1,092
American Red Cross-Laurens	146
American Red Cross, Piedmont Chapter	5,502
Cherokee County American Red Cross	956
Union County American Red Cross	311
American Society for the Prevention of Cruelty to Animals	300
Anderson County Humane Society	50
Anderson Interfaith Ministries	468
Anderson Mill Rd Baptist Church	2,558
Animal Allies	3,651
Antioch AME Church	131
Arcadia First Baptist Church	120
Ark Youth Shelter	1,406
Autism Society of America	250
Autism Speaks	338
Ballet Spartanburg	260
Beaverdam Baptist Church	124
Believe Ministry	131
Bethany Christian Services	25
Bethel Baptist Church	520
Bethel United Methodist Church	1,020
Bethesda Baptist Church	379
Bethlehem Center	9,990
Better Skills	130
Big Brothers/Big Sisters of the Upstate	1,166
Birthright of Greenville	2,182
Boiling Springs Band Boosters	1,724
Bowers Rodgers Home	52
Boy Scouts Middle TN Council	598
Boy Scouts - Spartanburg County	10
Boy Scouts - Union County	325
Boy Scouts Palmetto Council	7,154

NAME	TOTAL
Camp Bob Hardin 1/2 Cabin	1,700
Blue Ridge Council of the Boy Scouts of America	1,816
Boy Scouts, Piedmont County	469
Boys Home -- Belton	935
Boys and Girls Clubs of the Upstate	27,013
Cherokee County	338
Brother Brother Foundation	520
Buck Creek Baptist Church	1,260
Emerald Multi County Board for Disabilities & Special Needs	65
Calvary Home for Children	650
Camp Opportunity	65
Camperdown Academy	870
Cancer Association of Spartanburg and Cherokee Counties	8,907
Cancer Society of Greenville Cty	5,750
Carolina Elite Soccer Academy	410
Carolina Football Club	9,513
Carolina Foothills Artisan Center	384
Carolina Pregnancy Center	11,408
Carolina Select	260
Catholic Charities Piedmont Regional Office	3,274
Cedar Grove Baptist Church	781
Center For Developmental Services	1,104
Charles Lea Center	9,173
Charles Lea Center Foundation	8,530
Cherokee County Children's Home	2,886
First Steps (Gaffney)	1,053
Cherokee County First Steps	640
Cherokee County Humane Society	230
Cherokee Pregnancy Center	945
Chesnee Free Will Baptist Church	437
Chestnut Ridge AME Zion Methodist Church	190
Child & Family Tennessee Run Away Shelter	1,952
Child Care, Inc.	360
Child Evangelism Fellowship	5,324
Child Evangelism Fellowship Piedmont Chapter	1,560
Child's Haven	600
Child's Haven Capital Campaign	3,000
Anchor House	2,408
Children's Shelter of the Upstate, Inc.	21,329
Children's Advocacy Center of Spartanburg	10,703
Children's Hospital Systems of Grnv	120
Children's Hospital at GHS Univ Medical Center	146
Children's Security Blanket	520
Chosen Children Ministries	340
Christian World Adoption Foundation	625
Christmas In Action	1,867
Church Builders Food Ministry	130
Church Planters Training International	1,000
Church of God North Spartanburg	312
Clemson University Foundation	5,000
Cleveland Chapel Baptist Church	52
Community Food Bank of the Piedmont	52

NAME	TOTAL
Community Foundation of Gaston County	571
Compass of Carolina/Consumer Credit Counseling Service	1,040
Concerned Citizens for Animals	740
Connie Maxwell Children's Home	620
Conservation Voters of South Carolina	500
Converse College	130
Corinth Baptist Church	650
Corinth Community Development Corporation	100
Cornerstone Baptist Church	2,796
Joy Academy	260
Critter Connection	100
Cross Cultural Institute of America	468
Cross Keys Fire Department	50
Crossroads Home for Girls	780
Cudd Memorial Baptist Church	130
Cystinosis Research Network	48
Department of Social Services	26
Dian Fossey Gorilla Fund	300
District 5 Family Ministries	485
District 5 Ministries	2,184
Divinity Care Facility	220
ETV Endowment of SC	4,260
Earthjustice Legal Defense Fund	500
Easter Seals South Carolina	65
Eastern Hill Community Church	3,000
Eastside Baptist Church	50
Ellen Hines Smith Girls Home	10,144
Emergency Medical Services (EMS)	2,386
Cornerstone II Fund	5,500
Episcopal Church of the Advent	9,713
Episcopal Church of the Advent Debt Relief	1,000
Evangel Cathedral	130
Faith Home	3,865
Family Connection of Sptbg. County	610
Family Shelter	240
Fellowship Of Christian Athletes	345
Fellowship of Christian Athletes - Grvl	578
Fire Department of Roebuck	281
Fire Department of Whitmire	376
Fire Department of Boiling Springs	295
Fire Department of Broadway	52
Fire Department of Buffalo	577
Fire Department of Converse	1,040
Fire Department of Cross Anchor	1,144
Fire Department of Cross Hill	198
Fire Department of Enoree	1
Fire Department of Hickory Grove	65
Fire Department of Landrum	12,200
Fire Department of Mayo	120
Fire Department of Poplar Springs	178
First Baptist Church (Moore)	260
First Baptist Church Social Ministries	50

NAME	TOTAL
First Baptist Church of Spartanburg	1,092
First Baptist North Spartanburg Church	150
First Presbyterian Church	5,000
Flat Ruff Baptist Church	562
Foothills Humane Society	1,104
Foothills Trail Conference	250
Foster's Chapel Baptist Church	1,200
Free 2 Play At Miracle Park	1,000
Friends of Library-Spartanburg	250
Friends of the Blue Ridge Parkway	500
Friends of the Union County Carnegie Library	200
Gaffney Elite Track Club	669
Georgia Fire Fighters Burn Foundation	260
Gethsemane Baptist Church	250
Girl Scouts - Greenville County	85
Girl Scouts - Spartanburg County	2,613
Girl Scouts - Union County	325
Girl Scouts of South Carolina- Mountains to Midlands	6,283
Glenn Springs Academy	11,796
Golden Strip Emergency Relief	325
Good Samaritan House	133
Goodwill Industries of Upper SC Corporate Office	263
Greater Hopewell Baptist Church (Startex)	419
Greater Spartanburg Ministries	1,043
Greater St. James Temple	566
Green Bethel Baptist Church	429
Green Creek Missionary Baptist Church	1,770
Greenpeace Fund	400
Greenville Area Interfaith Hospitality Network	60
Greenville Civic Chorale Association	480
Greenville County Disabilities and Special Needs Board	60
Greenville County School District	1,064
Greenville Free Medical Clinic	65
Greenville High School All Sports Club	1,000
Greenville Humane Society	1,368
Greenville Literacy Association	567
Greenville Women Giving	700
Greer Community Ministries	2,439
Greer Community Outreach Center	1,300
Greer Relief and Resources Agency	1,258
Guardian Ad Litem Program	1,234
HALTER	5,870
Habitat for Humanity of Greenville County	273
Habitat for Humanity of Spartanburg	1,914
Women Build	1,000
Lafayette Meadows	520
Harvest House Ministries	703
Hatcher Garden & Woodland Preserve	600
Healthy Smiles of Spartanburg	4,775
Heart of God Faith Ministries	135
Hearts With Hands	15
Helping Hands Ministries of Woodruff	5,556

NAME	TOTAL
Hemophilia of SC	265
Hidden Treasure Christian School	1,780
Hillcrest High School	100
Homes of Hope	390
Hope House	232
Hope Remains Youth Ranch	2,181
Horton Memorial Wesley Church	220
Hospice Care of South Carolina, L.L.C.	250
Hospice Care of the Low Country	104
Hospice Care of the Piedmont	52
Hospice of Laurens County	662
Hospice of Cleveland County	156
Hospice House-Landrum	108
Hospice of the Carolina Foothills	750
Hospice of the Upstate	805
Hub City Farmers' Market	240
Imagine Nation, The Children's Museum of the Upstate	130
Impact Sports International	1,150
Soup Kitchen	520
Interim Hospice	2,572
Iron City Ministries	520
Jack Bee's Little Flock Daycare	528
Jesse S. Bobo Elementary School	945
Joy Lutheran Church	454
Junior Achievement of the Upstate	1,650
Juvenile Diabetes Research Foundation	770
Kidney Association (Cleveland/Rutherford NC)	281
Laurens County School District #55	130
Lays Hardware Center for the Arts	300
Legal Aid of Western Missouri	855
Leukemia & Lymphoma Society	910
Leukemia Society of SC	50
Lewis Chapel Baptist Church	900
Life's Resource Center	661
Literacy Association	520
Loaves and Fishes (Greenville)	595
Long Branch Baptist Church	1,091
Lupus Foundation of America, SC Chapter	208
Macedonia Baptist Church	760
Make A Wish Foundation of South Carolina	364
March of Dimes Birth Defects Foundation	1,780
Mauldin Miracle League	271
McCall Hospice House	400
Meals on Wheels - Cherokee County	1,530
Meals on Wheels - Greenville	1,963
Megs House	26
Crisis Ministries	130
Mental Health Association of Greenville	450
Mental Health Association Cherokee	52
Mercy Special Learning	1,500
Metropolitan A.M.E. Zion Church	596
Meyer Center (Greenville County)	1,454

NAME	TOTAL
Middle Tyger Community Center	17,466
Milestones Church	195
Miracle Hill Ministries	3,057
Miracle Life Mission/Miracle Hill Ministries	3,963
Mobile Meal Service of Spartanburg County	9,925
Mobile Meal Service of Sptbg. County, Capital Campaign	4,354
Mobile Meals - Rutherford County	145
Mon-Aetna Church	390
Morningside Baptist Church	816
Mount Moriah Baptist Church	5,126
TV Ministry #459	380
Mount Zion Missionary Baptist Church	155
Mt. Calvary Baptist Church - Union	932
Mt. Pleasant Baptist Church	100
Mt. Pleasant Bpatist Church of Inman	160
Multiple Sclerosis Society Mid-Atlantic Chapter	506
NAACP (East Spartanburg Branch)	105
NAMI	2,520
NRA Foundation, The	516
National Kidney Foundation of SC	10
National Tuberos Sclerosis Assoc.	655
National Urban League	260
New Bethel A.M.E. Church	146
New Bethel Baptist Church	202
New Birth Church	1,964
New Day of Spartanburg	3,319
New Faith Baptist Church	104
New Hope Baptist Church	260
New Hope Baptist Church Cross Anchor	833
New Life Baptist Church	150
New Life Ministries	529
New Spring Church of Greenville	1,000
Newberry County Literacy Council	1,320
Noah's House	65
North Hills Community Church	1,430
Oakbrook Preparatory School	495
Oneal Baptist Church	10
Open Arms Ministry	20
Operation Restoration	120
Orthopedic Research and Education Foundation	1,500
Our Risen Savior Catholic Church	390
Outreach Deliverence Church	146
PFLAG - Spartanburg Chapter	654
PK Outreach	1,404
Partners for Active Living	439
Pendleton Place	3,841
Philippi Baptist Church	416
Philippi Volunteer Fire Department	162
Phillis Wheatley Association	2,085
Piedmont Baptist Church	176
Piedmont Care	1,949
Chesnee Head Start Center	672

NAME	TOTAL
Piedmont Women's Center	4,813
Piney Grove Missionary Baptist Church	650
Pleasant Valley Connections	500
Polk County Community Foundation	326
The Meeting Place Senior Center	594
Polk County Rescue Squad	750
Hope Reach of Woodruff	445
Project Hope Foundation	1,939
Project Open Hand	240
Public Libraries, Spartanburg County	65
REACH Upstate, Inc.	740
ReGenesis Community Health Center	190
Redemption World Outreach Center	312
Rescue 15 Drayton EMS	346
Rescue 20 Enoree	262
Rescue Squad of Whitmire	266
Restoration Church	60
Restored Life Outreach	112
Rocky Springs Baptist Church	292
Ronald McDonald House	365
S.C. Environmental Law Project	500
SAFE Homes/Rape Crisis Coalition	13,769
SC Campaign To Prevent Teen Pregnancy	2,500
SC Coastal Conservation League	500
SC School for the Deaf and the Blind	1,968
SPACE - Spartanburg Area Conservancy	1,660
SRHS Hospice	1,276
Safe Harbor	2,420
Safe Home, Laurens County	52
Salvation Army (Greenville)	270
Salvation Army Community Center	52
Salvation Army (Cherokee)	624
Union County Salvation Army	414
Senior Centers of Spartanburg County	635
Seventh Day Adventist Church	780
Shriners Hospital	3,069
Sickle Cell Anemia Foundation, L. D. Barksdale	2,036
Simpsonville Methodist Church	341
South Carolina Autism Society	190
South Carolina Hunters and Landowners for the Hungry	633
Southeastern Children's Home	5,717
Southern Environmental Law Center	400
Access Health	494
SRHS - Joe R. Utley Heart Resource Center	500
SRHS-Cancer Center	436
SRHS-Chaplain Fund	186
SRHS-Heart Center	1,396
SRHS-Hospice	2,345
SRHS-Student Dev. Programs	348
Society 1921	1,556
Spart. Reg. Healthcare System Foundation	5,050
Spartanburg Area Mental Health Center	312

NAME	TOTAL
Spartanburg County Museum of Art	150
Spartanburg Charter School	250
Presidents Circle	1,000
SCC Arboretum	200
Spartanburg Comm. College Foundation	5,170
SCF - Dr. & Mrs. B.T. Sears Memorial Scholarship Fund	347
SCF - Farrell Spartanburg Community Fund	1,000
SCF - Jim Everhart Special Scholarship Fund	20
SCF - Margarite Alman Foster Sch Fund	30
SCF - Melba J. Wheeler Memorial Scholarship Fund	185
SCF - RDH12 Fund for Sight	1,000
SCF - Ravan Memorial Scholarship Fund #680	90
SCF - Spart. School District Three Children's Asst. Fund	2,606
SCF - Sptfng. County District One	1,566
SCF - Stuart Harrison Price Memorial Scholarship Fund	1,219
SCF - The Nobel Tree Foundation	250
SCF - Thomas Mason Stokes	60
SCF - Vendetta M. Nicholson Scholarship	120
SCF - W.G. Foster Camp Scholarship	240
SCF - Women Giving for Spartanburg	1,040
SCF-Bob Breitweiser Habitat for Humanity Fund	2,000
Spartanburg County Foundation	198
Price House	1,000
Spartanburg County Historical Association	250
Spartanburg Day School	1,500
Spartanburg Humane Society	18,778
Spartanburg Interfaith Hospitality Network	6,586
Imagine That	960
Spartanburg Little Theatre & Youth Theatre	180
Spartanburg Methodist College	1,582
Spartanburg Regional	93
Spartanburg Running Club	570
Spartanburg School District 3, Administration Office	70
McCarthy Teszler School	2,707
Spartanburg Science Center	1,626
Capital Campaign	1,000
Spartanburg Soup Kitchen	8,919
Special Link	770
Special Olympics-Area 12	159
Speech Hearing & Learning Center	260
Springfield Baptist Church	520
St. Anthony of Padua Catholic School	1,940
St. Christopher's Episcopal Church	245
St. James Academy	600
St. James United Methodist Church	664
St. Jude Children's Research Hospital	3,263
St. Luke Church	146
St. Luke's Free Medical Clinic	11,442
St. Paul the Apostle Catholic School	1,909
St. Paul's Catholic Church	300
St. Paul's Catholic Church Building Fund	464
St. Paul's Missionary Baptist Church	130

NAME	TOTAL
Starr Atheletic Association	130
Stephen Grove AME Church	137
Steps to Hope	1,000
Straight Street Laurens	780
Susan G. Komen Breast Cancer Foundation	2,671
TOTAL Ministries	830
Taylor's Free Medical Clinic	770
Arts Partnership of Greater Spartanburg, The	4,972
Arts Partnership of Greater Sptbg., The (Building Fund)	2,130
The Carpenter's Table Community Outreach	406
Citadel Foundation ,The	5,000
Group of 100, The	1,000
The Haven	13,780
The Open Door Chrisitan Center, Inc.	130
The Pace Center	120
Salvation Army, The	6,617
Thermal Belt Outreach Ministry	291
Transylvania County Rescúe Squad Brevard Unit	130
Trinity United Methodist Church	5,000
Tyger River Presbyterian Church	500
UNICEF, United States Fund for	598
Union County Arts Council	40
Union County Cancer Service	1,873
Union County Council on Aging	925
Union County Disabilities & Special Needs Board	1,290
Union County Humane Society	905
Union County Meals on Wheels	433
Union County Pregnancy Center	1,375
Union County Rescue Squad	60
Union County School System	131
Union County YMCA	178
Union Services	376
United Black Fund Midlands South Carolina	156
United Ministries	1,615
United Negro College Fund	130
United Way of Alamance Co	883
United Way of Anderson County	8,154
United Way of Asheville / Buncombe	260
United Way of Beaufort County	25
United Way of Central Alabama	600
United Way of Chester	2,161
United Way of Cleveland County	2,779
United Way of Cochran-Bleckley	102
United Way of Columbia County	130
United Way of Dillon County	156
United Way of East Central Iowa	420
United Way of Franklin County	480
United Way of Gaston County	322
United Way of Greater Greensboro	104
United Way of Greater High Point	390
United Way of Greater Knoxville	1,560
United Way of Greater New Bedford	1,052

NAME	TOTAL
United Way of Greater St. Louis	50
United Way of Greater Twin Cities	25
United Way of Greenville County	134,631
United Way of Greenwood County	1,781
United Way of Harrison County WV	120
United Way of Haywood County	130
United Way of Henderson County	1,190
Imagination Library Laurens	148
United Way of Laurens County	10,658
United Way of Mesa	260
United Way of Metro	130
United Way of Metro Atlanta	501
United Way of Metro Chicago	300
United Way of Monroe County	209
United Way of Ocean County	360
United Way of Oconee County	338
United Way of Pickens County	6,423
United Way of Pioneer Valley	120
United Way of Richland County	115
Polk County NC	466
United Way of Rutherford County	2,465
United Way of San Antonio and Bexar County	50
United Way of Tampa Bay	130
United Way of Transylvania County	208
United Way of Tulsa Area	520
United Way of Washington County (PA)	518
United Way of York County	4,564
United Way of the Midlands	2,054
United Way of the Ozarks, Inc.	60
Young Leaders Society	100
United Way of the Trident	2,783
Unity Bibleway Ministries	1,170
WWNO-Public Radio Station	2,000
University of South Carolina Upstate	3,175
Upstate Family Resource Center	2,807
Upstate Forever	300
Upstate Homeless Coalition - Spartanburg	100
Upstate Soccer	4,113
Urban League of the Upstate	221
Urban League of the Upstate, Spartanburg County	1,449
Vedic Center of Greenville	420
Vincentian Regency Nursing Home	456
SC Vocational Rehabilitation	130
Blind Athletics	250
Special Event/Chili Cookoff	250
Walker Foundation, The	6,188
Walnut Hill Baptist Church	1,000
Welcome Baptist Church	900
WestGate Training & Consultation Network	1,985
Whitten Center	260
Woodruff Area Soup Kitchen	131
Woodruff Community Center	1,179

NAME	TOTAL
Woodruff Free Clinic	1,250
Worldwide Adoption Services	100
Wounded Warrior Project	500
Wright's House of Hope	246
YMCA of Greater Spartanburg	14,924
YMCA of Greenville County	687
YMCA of Middle Tyger	390
Ministry of Cliff Anderson	1,000
Young Life Centurion Project	10,000
Young Life National Office	464
Young Life of Spartanburg	948
<b>TOTALS</b>	<b>\$ 940,480</b>

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

**Open to Public Inspection**

Name of the organization **UNITED WAY OF THE PIEDMONT** Employer identification number **57-0314377**

**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	11	152,599.	AVG OF HIGH & LOW SH
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**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public  
Inspection

Name of the organization

UNITED WAY OF THE PIEDMONT

Employer identification number  
57-0314377

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

COUNTIES.

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

PROVIDES MORE THAN 1,000 REFERRALS TO COMMUNITY ORGANIZATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY CAPACITY BUILDING/COMMUNITY PLANNING PROGRAMS FOCUS ON

FORMING QUANTITATIVE METHODS OF EVALUATING THE NEEDS OF THE COMMUNITY

AND FORMATION OF THE PARTNERSHIPS THAT MOST EFFECTIVELY AND EFFICIENTLY

ADDRESS THESE NEEDS. WE PARTNER WITH THE SPARTANBURG COUNTY

FOUNDATION, SPARTANBURG COUNTY, AND THE UNIVERSITY OF SOUTH CAROLINA

UPSTATE ON THE COMMUNITY INDICATORS PROJECT.

EXPENSES \$ 86,737. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

IMAGINATION LIBRARY IS AN EARLY LITERACY INITIATIVE THAT PREPARES

CHILDREN FOR SUCCESS IN SCHOOL BY REMOVING A PRIMARY BARRIER TO READING

- ACCESS TO BOOKS. THE PROGRAM IS COORDINATED IN PARTNERSHIP WITH

FIRST STEPS, PUBLIC SCHOOLS, AND THE DOLLYWOOD FOUNDATION. ANY CHILD

UNDER THE AGE OF FIVE IS ELIGIBLE FOR REGISTRATION REGARDLESS OF

SOCIOECONOMIC LEVEL. REGISTERED CHILDREN RECEIVE A FREE, AGE

APPROPRIATE BOOK IN THE MAIL MONTHLY UNTIL THEIR FIFTH BIRTHDAY. THERE

ARE MORE THAN 8,300 CHILDREN ACTIVELY ENROLLED IN THIS PROGRAM.

APPROXIMATELY 100,000 BOOKS ARE DISTRIBUTED ANNUALLY.

EXPENSES \$ 18,231. INCLUDING GRANTS OF \$ 187,456. REVENUE \$ 0.

Name of the organization

UNITED WAY OF THE PIEDMONT

Employer identification number

57-0314377

RSVP (RETIRED SENIOR VOLUNTEER PROGRAM) IS A PROGRAM IN PARTNERSHIP WITH THE CORPORATION OF NATIONAL AND COMMUNITY SERVICE THAT ENLISTS OLDER ADULTS AND RETIREES TO SERVE AS VOLUNTEERS IN THEIR COMMUNITIES. WE MANAGE THE RSVP PROGRAM IN SPARTANBURG, CHEROKEE AND UNION COUNTIES AND COORDINATE MEANINGFUL VOLUNTEER SERVICE OPPORTUNITIES FOR SENIOR ADULTS. CURRENTLY OVER 300 RSVP VOLUNTEERS SERVE IN 55 NON-PROFIT AGENCIES THROUGH THIS PROGRAM.

EXPENSES \$ 152,297. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AMERICORPS VISTA IS A NATIONAL SERVICE PROGRAM RUN BY THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE. THE PROGRAM WORKS WITH COMMUNITY AGENCIES TO ASSIST LOCAL EFFORTS IN THE ALLEVIATION OF POVERTY. WE HAVE GRANT FUNDING TO PLACE 25 COLLEGE GRADUATES WITH 25 NON-PROFIT AGENCIES FULL-TIME FOR ONE YEAR TO WORK ON PROGRAM DEVELOPMENT, FUND DEVELOPMENT, AND VOLUNTEER RECRUITMENT.

EXPENSES \$ 65,791. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: UPON COMPLETION OF THE FORM 990, THE VP OF FINANCE AND THE PRESIDENT/CEO REVIEW THE RETURN. THEN THE FORM 990 IS DISTRIBUTED ELECTRONICALLY TO EACH BOARD MEMBER FOR THEIR REVIEW. BOARD MEMBERS ARE REQUESTED TO REPLY WITH ANY QUESTIONS AND COMMENTS. IF NECESSARY, REVISIONS ARE MADE TO THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE FIRST BOARD MEETING OF EACH FISCAL YEAR, EACH BOARD MEMBER REVIEWS THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS DISCLOSE, IN ADVANCE, ANY POTENTIAL CONFLICTS OF INTEREST BY LISTING THE ORGANIZATIONS WITH WHOM THEY HAVE A RELATIONSHIP THAT CURRENTLY RECEIVES FUNDING FROM THE UNITED WAY OF THE PIEDMONT. IN ADDITION, BOARD

Name of the organization

UNITED WAY OF THE PIEDMONT

Employer identification number

57-0314377

MEMBERS LIST FAMILY AND BUSINESS RELATIONSHIPS THAT ARE OFFICERS, DIRECTORS, OR KEY EMPLOYEES OF THE UNITED WAY OF THE PIEDMONT. BOARD MEMBERS ARE REQUIRED TO LEAVE THE MEETING ROOM PRIOR TO FINAL DISCUSSION AND VOTE ON MATTERS WHERE THERE IS A POTENTIAL CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE MANAGEMENT COMMITTEE OF THE BOARD DETERMINES THE COMPENSATION OF THE PRESIDENT/CEO. ON AN ANNUAL BASIS, THE COMMITTEE REVIEWS COMPARABLE SALARY DATA FROM AREA NON-PROFIT ORGANIZATIONS AND BENCHMARKS WITH THE UNITED WAY WORLDWIDE SALARY SURVEYS.

THE PRESIDENT/CEO REVIEWS VARIOUS SALARY SURVEYS FROM AREA NON-PROFIT ORGANIZATIONS AND THE UNITED WAY WORLDWIDE TO ESTABLISH SALARY RANGES FOR THE ORGANIZATION'S OTHER OFFICER POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE UNITED WAY OF THE PIEDMONT WEBSITE INCLUDES THE FOLLOWING DOCUMENTS: ANNUAL AUDITED FINANCIAL STATEMENTS, ANNUAL FORM 990, IRS LETTER OF DETERMINATION OF EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, CONFLICT OF INTEREST POLICY, AND CODE OF ETHICS POLICY. COPIES OF THE DOCUMENTS ARE ALSO AVAILABLE IN OUR OFFICE, UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 148,767.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

