

Return of Organization Exempt From Income Tax

2009

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)

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

Open to Public Inspection

A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED WAY OF GREATER GREENSBORO, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 YANCEYVILLE STREET City or town, state or country, and ZIP + 4 GREENSBORO, NC 27405 F Name and address of principal officer: KEITH E. BARSUHN 1500 YANCEYVILLE STREET, GREENSBORO, NC 274	D Employer identification number 56-0668555 E Telephone number (336) 378-6600 G Gross receipts \$ 13,723,776. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.UNITEDWAYGSO.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1968 M State of legal domicile: NC	

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: <u>SEE ATTACHMENT A</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5 Total number of employees (Part V, line 2a)	5	47
	6 Total number of volunteers (estimate if necessary)	6	715
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	12,715,775.	11,176,323.
	9 Program service revenue (Part VIII, line 2g)	130,925.	144,992.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<8,759.>	225,641.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,798.	11,161.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,852,739.	11,558,117.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,709,349.	9,154,191.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,994,375.	1,750,548.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,061,308.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	800,989.	647,286.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,504,713.	11,552,025.
	19 Revenue less expenses. Subtract line 18 from line 12	<651,974.>	6,092.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	14,400,141.	14,037,665.
	21 Total liabilities (Part X, line 26)	8,259,532.	7,545,986.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,140,609.	6,491,679.

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	Date		
	▶ Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SMITH LEONARD PLLC 4035 PREMIER DRIVE, SUITE 300 HIGH POINT, NC 27265	EIN ▶	Phone no. ▶ (336) 883-0181	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE ATTACHMENT A

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 No [X]

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 No [X]

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 \$ 6,778,101. including grants of \$ 6,422,394.) (Revenue \$ 7,841,081.) SUPPORT AGENCY PROGRAMS OF GREATER GREENSBORO:

UNITED WAY OF GREATER GREENSBORO UTILIZES A VOLUNTEER-DRIVEN PROCESS TO INVEST RESOURCES IN INITIATIVES AND PROGRAMS WHICH MAKE A DIFFERENCE IN THOUSANDS OF LIVES THROUGHOUT GREATER GREENSBORO. BY TAPPING THE COMMUNITY'S EXPERTISE AND RESOURCES, WE EFFICIENTLY AND EFFECTIVELY REACH PEOPLE IN IMMEDIATE NEED AND SOLVE PROBLEMS FOR THE LONG TERM. WE TARGET ISSUES AT THE HEART OF A HEALTHY COMMUNITY; OUR EFFORTS ARE FOCUSED IN THREE BROAD AREAS OF IMPACT: GROWING SUCCESSFUL KIDS THROUGH EDUCATION, HELPING PEOPLE HELP THEMSELVES, AND CARING FOR EVERYONE'S HEALTH. SEE STATEMENT 1 FOR THE LISTING OF THE INVESTMENT OF RESOURCES BY UNITED WAY OF GREATER GREENSBORO.

4b (Code:) (Expenses \$ 2,883,099. including grants of \$ 2,731,797.) (Revenue \$ 3,335,242.) FACILITATE DONOR DESIGNATIONS:

UNITED WAY OF GREATER GREENSBORO ALLOWS DONORS THE CHOICE TO LET UNITED WAY INVEST THEIR DONATIONS BY WAY OF UNDESIGNATED DOLLARS, LETTING COMMUNITY EXPERTS DIRECT DOLLARS TO THE GREATEST PRESSING COMMUNITY NEEDS IN THE AREAS OF EDUCATION, INCOME AND HEALTH. LIKewise, UNITED WAY OF GREATER GREENSBORO FACILITATES DONOR DESIGNATIONS. THIS MEANS THAT UNITED WAY ALSO ALLOWS THE DONORS TO DIRECT THEIR CONTRIBUTIONS TOWARDS SPECIFIC AREAS OF INTEREST OR PARTNER AGENCIES THAT RELATE TO THE PASSION AND INTEREST OF THE INVESTING DONORS.

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

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

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

4e Total program service expenses \$ 9,661,200.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	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	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	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	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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, Part I</i>		X
15	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, Part II</i>		X
16	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, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 18		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 47		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		X
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			36
b	Enter the number of voting members that are independent		
1b			36
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NC
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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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:	
	LANA DAVIDSON - 336-378-6600	
	1500 YANCEYVILLE STREET, GREENSBORO, NC 27405	

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
DR. LINDA P. BRADY DIRECTOR	2.00	X					0.	0.	0.	
DR. JANICE G. BREWINGTON DIRECTOR	1.00	X					0.	0.	0.	
TINA AKERS BROWN DIRECTOR	2.00	X					0.	0.	0.	
MIKE BUMPASS DIRECTOR, CAMPAIGN CHAIR	4.00	X		X			0.	0.	0.	
JEFF BURGESS TREASURER AND DIRECTOR	4.00	X		X			0.	0.	0.	
REVEREND ODELL CLEVELAND DIRECTOR	1.00	X					0.	0.	0.	
SANDERS COCKMAN DIRECTOR	1.00	X					0.	0.	0.	
SUE W. COLE VICE CHAIRMAN AND SECRET	4.00	X		X			0.	0.	0.	
MARY WOOD COPELAND DIRECTOR	1.00	X					0.	0.	0.	
JOHN CROSS CHAIRMAN OF THE BOARD	5.00	X		X			0.	0.	0.	
J. NATHAN DUGGINS III, E DIRECTOR	1.00	X					0.	0.	0.	
MONA G. EDWARDS DIRECTOR	1.00	X					0.	0.	0.	
MONTE EDWARDS DIRECTOR	1.00	X					0.	0.	0.	
CHARLES FLYNT IMMEDIATE PAST CHAIR	2.00	X		X			0.	0.	0.	
CECELIA FOY-DORSETT DIRECTOR	2.00	X		X			0.	0.	0.	
KIM GATLING DIRECTOR	1.00	X					0.	0.	0.	
MICHELLE GETHERS-CLARK DIRECTOR	2.00	X		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	(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			
JOYCE GORHAM-WORSLEY DIRECTOR	1.00	X						0.	0.	0.
DARBY HENLEY DIRECTOR	2.00	X		X				0.	0.	0.
RANDALL R. KAPLAN DIRECTOR	1.00	X						0.	0.	0.
ED KITCHEN DIRECTOR	1.00	X						0.	0.	0.
JENNIFER L. J. KOENIG LEGAL COUNSEL AND DIRECT	4.00	X		X				0.	0.	0.
KATHI LESTER DIRECTOR	4.00	X		X				0.	0.	0.
PAUL MASON DIRECTOR	1.00	X						0.	0.	0.
M. L. MCALLISTER DIRECTOR	1.00	X						0.	0.	0.
BOBBY MENDEZ DIRECTOR	1.00	X						0.	0.	0.
RONALD S. MILSTEIN DIRECTOR	1.00	X						0.	0.	0.
1b Total								344,975.	0.	38,625.

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 **2**

	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 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 SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 990,714.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 10185609.					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		11176323.				
	Program Service Revenue	2 a	MANAGEMENT FEE INCOME	Business Code 518210	144,992.	144,992.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		144,992.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		213,204.			213,204.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real 9,408.	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)	9,408.					
		Net rental income or (loss)			9,408.			9,408.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 2178096.	(ii) Other				
		Less: cost or other basis and sales expenses	2165659.					
		Gain or (loss)	12,437.					
		Net gain or (loss)			12,437.			12,437.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	MISCELLANEOUS REVENUE	900099		1,753.	1,753.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			1,753.				
12	Total revenue. See instructions.			11558117.	146,745.	0.	235,049.	

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	9,154,191.	9,154,191.		
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	344,975.	81,996.	105,979.	157,000.
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	1,155,207.	261,682.	406,448.	487,077.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	53,912.	14,436.	22,679.	16,797.
9 Other employee benefits	88,149.	25,521.	24,619.	38,009.
10 Payroll taxes	108,305.	25,619.	33,529.	49,157.
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	109,758.	2,540.	101,255.	5,963.
12 Advertising and promotion	28,446.	399.	267.	27,780.
13 Office expenses	53,912.	6,061.	27,870.	19,981.
14 Information technology				
15 Royalties				
16 Occupancy	57,449.	13,213.	13,213.	31,023.
17 Travel	11,568.	1,664.	1,988.	7,916.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,240.	465.	482.	1,293.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,877.	18,372.	18,372.	43,133.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a STATE UNITED WAY	151,516.	34,848.	34,849.	81,819.
b FUNDRAISING MATERIALS &	102,319.	8,706.	19,769.	73,844.
c EQUIPMENT RENTAL AND MA	32,473.	7,469.	7,469.	17,535.
d DUES & SUBSCRIPTIONS	6,202.	2,751.	2,272.	1,179.
e STAFF DEVELOPMENT	6,002.	720.	3,486.	1,796.
f All other expenses	5,524.	547.	4,971.	6.
25 Total functional expenses. Add lines 1 through 24f	11,552,025.	9,661,200.	829,517.	1,061,308.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. 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	
Assets	1 Cash - non-interest-bearing	342,250.	1	230,901.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	4,507,622.	3	3,892,462.	
	4 Accounts receivable, net	408,954.	4	365,128.	
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	81,188.	9	29,075.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,028,388.			
	b Less: accumulated depreciation	10b 1,026,814.			
	11 Investments - publicly traded securities	989,325.	10c	1,001,574.	
	12 Investments - other securities. See Part IV, line 11	6,332,316.	11	6,601,477.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	1,738,486.	14	1,917,048.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,400,141.	15	14,037,665.		
17 Accounts payable and accrued expenses	149,467.	16	108,559.		
18 Grants payable	7,157,217.	17	6,604,753.		
19 Deferred revenue		18			
20 Tax-exempt bond liabilities		19			
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20			
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21			
23 Secured mortgages and notes payable to unrelated third parties		22			
24 Unsecured notes and loans payable to unrelated third parties		23			
25 Other liabilities. Complete Part X of Schedule D	952,848.	24	832,674.		
26 Total liabilities. Add lines 17 through 25	8,259,532.	25	7,545,986.		
26 Total liabilities. Add lines 17 through 25		26			
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,937,243.	27	4,142,447.	
	28 Temporarily restricted net assets	1,197,335.	28	1,343,201.	
	29 Permanently restricted net assets	1,006,031.	29	1,006,031.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	6,140,609.	33	6,491,679.	
34 Total liabilities and net assets/fund balances	14,400,141.	34	14,037,665.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

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.

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 consolidated basis, separate basis, or both:

Separate basis Consolidated basis 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?

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.

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

Form **990** (2009)

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

2009

Open to Public Inspection

Name of the organization UNITED WAY OF GREATER GREENSBORO, INC.	Employer identification number 56-0668555
--	--

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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13507997.	12693927.	13574907.	12715775.	11176323.	63668929.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13507997.	12693927.	13574907.	12715775.	11176323.	63668929.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6307524.
6 Public support. Subtract line 5 from line 4.						57361405.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	13507997.	12693927.	13574907.	12715775.	11176323.	63668929.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,983.	234,392.	398,605.	237,486.	245,465.	1138931.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	198,908.	172,621.	163,612.	136,365.	146,836.	818,342.
11 Total support. Add lines 7 through 10						65626202.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	87.41	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	88.49	%

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. 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

b 10% -facts-and-circumstances test - 2008. 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

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

2009

Name of the organization

Employer identification number

UNITED WAY OF GREATER GREENSBORO, INC.

56-0668555

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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization	Employer identification number
UNITED WAY OF GREATER GREENSBORO, INC.	56-0668555

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOSEPH M. BRYAN FOUNDATION 324 W. WENDOVER AVE., STE. 207 GREENSBORO, NC 27420	\$ 347,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	LINCOLN FINANCIAL GROUP 100 N. GREENE ST. GREENSBORO, NC 27401	\$ 522,498.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LORILLARD TOBACCO CO. 714 GREEN VALLEY RD. GREENSBORO, NC 27408	\$ 749,280.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MOSES CONE HEALTH SYSTEM 1200 N. ELM ST. GREENSBORO, NC 27401	\$ 421,074.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	PROCTOR & GAMBLE MANUFACTURING CO. 6200 BRYAN PARK RD. BROWNS SUMMIT, NC 27214	\$ 241,548.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SYNGENTA CROP PROTECTION, INC. 410 SWING RD. GREENSBORO, NC 27409	\$ 366,188.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization UNITED WAY OF GREATER GREENSBORO, INC.	Employer identification number 56-0668555
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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	UPS <hr/> 3009 EXECUTIVE CENTER DR. <hr/> GREENSBORO, NC 27406 <hr/>	\$ 288,035.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	VF CORPORATION <hr/> 105 CORPORATE BLVD. <hr/> GREENSBORO, NC 27408 <hr/>	\$ 451,169.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
UNITED WAY OF GREATER GREENSBORO, INC.	56-0668555

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
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization UNITED WAY OF GREATER GREENSBORO, INC.	Employer identification number 56-0668555
--	--

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," 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

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number

56-0668555

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate contributions to (during year)	50,000.	
3 Aggregate grants from (during year)	43,500.	
4 Aggregate value at end of year	32,203.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?

Yes No

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, 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.

b If the organization elected, as permitted under SFAS 116, 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 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 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	1,696,175.	1,926,989.			
b Contributions	40,549.	132,610.			
c Net investment earnings, gains, and losses	224,924.	<289,705.>			
d Grants or scholarships	0.	0.			
e Other expenditures for facilities and programs	82,524.	73,719.			
f Administrative expenses	0.	0.			
g End of year balance	1,879,124.	1,696,175.			

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

- a Board designated or quasi-endowment 13.00 %
- b Permanent endowment 54.00 %
- c Term endowment 33.00 %

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

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

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

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

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

Part VI Investments - 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	220,812.			220,812.
b Buildings	1,189,685.		564,040.	625,645.
c Leasehold improvements				
d Equipment	617,891.		462,774.	155,117.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,001,574.

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	11,558,117.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,552,025.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	6,092.
4	Net unrealized gains (losses) on investments	4	344,978.
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	344,978.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	351,070.

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	9,171,298.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,171,298.
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	2,386,819.
c	Add lines 4a and 4b	4c	2,386,819.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,558,117.

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

1	Total expenses and losses per audited financial statements	1	8,820,228.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,820,228.
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	2,731,797.
c	Add lines 4a and 4b	4c	2,731,797.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,552,025.

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 V, LINE 4: INVESTMENT AND SPENDING POLICIES ATTEMPT TO ACHIEVE A

TOTAL RETURN, THROUGH APPRECIATION AND INCOME, GREATER THAN THE RATE OF

INFLATION. THE SPENDING POLICY CONSIDERS BOTH THE NEEDS OF THE

ORGANIZATION IN CARRYING OUT ITS CHARITABLE PURPOSES AND THE OBJECTIVE TO

MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS: 2731797.

Part XIV Supplemental Information (continued)

UNREALIZED GAIN ON INVESTMENTS: -344978.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS: 2731797.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number
56-0668555

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. Use Part IV and Schedule I-1 (Form 990) 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
SEE ATTACHED STATEMENT 1			0.	0.			

2 Enter total number of section 501(c)(3) and government organizations **82.**

3 Enter total number of other organizations **0.**

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. Use Part IV and Schedule I-1 (Form 990) 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: FUNDING DECISIONS ARE BASED UPON AN APPLICATION
PROCESS WHICH INCLUDES PROGRAM BUDGET AND AGENCY AUDIT REVIEWS. THE
PROGRAM SERVICE PLANS ARE EVALUATED AND PROGRESS IS REVIEWED MID-YEAR AND
AT THE END OF THE FISCAL YEAR.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number

56-0668555

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	X	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	X	
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>		X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		X
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		X
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KEITH E. BARSUHN	(i)	153,116.	0.	1,293.	10,662.	4,986.	170,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LANA DAVIDSON	(i)	81,046.	0.	0.	5,664.	4,811.	91,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NEIL BELENKY	(i)	108,818.	0.	702.	7,333.	5,169.	122,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer Identification number

56-0668555

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(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			
PRESSLEY A. RIDGILL DIRECTOR	1.00	X						0.	0.	0.
ROBIN A. SAUL DIRECTOR	1.00	X						0.	0.	0.
JUDY SCHANEL DIRECTOR	1.00	X						0.	0.	0.
LAURIE WEAVER DIRECTOR	1.00	X						0.	0.	0.
SUE D. WHITE DIRECTOR	2.00	X		X				0.	0.	0.
SUSAN L. WILLIAMS DIRECTOR	2.00	X		X				0.	0.	0.
OTIS WILSON DIRECTOR	3.00	X		X				0.	0.	0.
DR. TERRY WORRELL DIRECTOR	1.00	X						0.	0.	0.
KRISTEN YNTEMA DIRECTOR	1.00	X						0.	0.	0.
KEITH E. BARSUHN PRESIDENT	50.00			X	X			154,409.	0.	15,648.
LANA DAVIDSON VP FINANCE	50.00				X			81,046.	0.	10,475.
NEIL BELENKY FORMER OFFICER	40.00					X		109,520.	0.	12,502.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number
56-0668555

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	39	260,771.	FMV AT TIME OF RECEI
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 Acknowledgment **29** 0

	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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number

56-0668555

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS TWO CLASSES OF MEMBERS: CONTRIBUTING MEMBERS AND FINANCIALLY PARTICIPATING MEMBERS.

CONTRIBUTING MEMBERS CONSIST OF EVERY INDIVIDUAL OR ORGANIZATION WHICH CONTRIBUTES TO THE THE ORGANIZATION DURING THE PERIOD FROM THE DATE OF CONTRIBUTION OR PLEDGE TO THE LAST DAY OF THE PERIOD FOR WHICH IT IS MADE.

ONLY CONTRIBUTING MEMBERS HAVE THE RIGHT TO VOTE AT MEETINGS OF MEMBERS.

FINANCIALLY PARTICIPATING MEMBERS ARE NONPROFIT ORGANIZATIONS WHICH,

AGREEING WITH THE PURPOSES OF THE UNITED WAY, WISH TO FINANCIALLY

PARITCIPATE AND THROUGH THE APPLICATION PROCESS HAVE BEEN GRANTED

MEMBERSHIP STATUS. FIANCIALLY PARTICIPATING MEMBERS MAY BE SUBJECT TO AND

CONDITIONED UPON SUCH TERMS AND CONDITIONS AS MAY BE ESTABLISHED BY THE

BOARD OF DIRECTORS. PROVISIONAL FINANCIALLY PARTICPATING MEMBERSHIP STATUS

MAY BE GRANTED BY THE BOARD FOR A LIMITED PERIOD OF TIME.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS, LIMITED TO

A TOTAL OF 38, CONSISTS OF ELECTED AS WELL AS APPOINTED DIRECTORS. (THE

NUMBER OF APPOINTED DIRECTORS MAY NOT EXCEED ELEVEN.) THE ELECTED DIRECTORS

ARE FIRST NOMINATED BY THE BOARD DEVELOPMENT COMMITTEE TO BE VOTED ON BY

CONTRIBUTING MEMBERS AT THE ANNUAL MEETING. AT THE ANNUAL MEETING, OTHER

CANDIDATES MAY BE NOMINATED BY THE CONTRIBUTED MEMBERS FROM THE FLOOR.

DIRECTORS ARE THEN ELECTED BY A MAJORITY OF THE CONTRIBUTING MEMBERS

PRESENT. IN ADDITION, THE CHAIRMAN OF THE BOARD MAY APPOINT UP TO 11

DIRECTORS.

THE FOLLOWING OFFICERS ARE ALSO ELECTED BY THE CONTRIBUTING MEMBERS:

CHAIRMAN OF THE BOARD, VICE CHAIRMAN OF THE BOARD, DIVISION CHAIRMEN

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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(EXCEPT CHAIRMAN, CAMPAIGN DIVISION), THE TREASURER AND SECRETARY. THE
PRESIDENT IS ELECTED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE
ORGANIZATION'S FINANCE COMMITTEE AND THEN PRESENTED TO THE BOARD OF
DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS, PRINCIPAL OFFICERS,
AND COMMITTEE MEMBERS ARE REQUIRED ANNUALLY TO SIGN A STATEMENT CERTIFYING
THAT HE OR SHE HAS RECEIVED AND READ THE ORGANIZATION'S CONFLICTS OF
INTEREST POLICY AND AGREES TO COMPLY. THEY ARE ALSO REQUIRED TO DISCLOSE
ANY INTERESTS (AS DEFINED IN THE CONFLICTS OF INTEREST POLICY) ON THIS
STATEMENT. UNDISCLOSED INTERESTS THAT ARE REPORTED TO THE CHAIRMAN OF THE
BOARD OR THE CHAIR OF SUCH COMMITTEE ARE INVESTIGATED, AND IF THE BOARD OR
COMMITTEE DETERMINES THAT THE MEMBER IN FACT HAS FAILED TO DISCLOSE AN
INTEREST, IT WILL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.
THE BOARD ALSO CONDUCTS PERIODIC REVIEWS OF THE ORGANIZATION'S ACTIVITIES
TO ENSURE THAT THE ORGANIZATION IS OPERATING IN A MANNER CONSISTENT WITH
ITS CHARITABLE PURPOSES AND IS NOT ENGAGING IN ANY ACTIVITIES THAT COULD
JEOPARDIZE ITS TAX-EXEMPT STATUS OR OTHERWISE VIOLATE THE ORGANIZATION'S
CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS OF DETERMINING
COMPENSATION FOR THE ORGANIZATION'S PRESIDENT INCLUDES FULL EVALUATION AND
APPROVAL BY THE ENTIRE BOARD OF DIRECTORS. COMPENSATION FOR THE OTHER KEY
EMPLOYEES IS RECOMMENDED BY THE COMPANY'S PRESIDENT AND REVIEWED AND

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number

56-0668555

APPROVED BY THE HUMAN RESOURCES COMMITTEE, COMPOSED OF INDEPENDENT
VOLUNTEERS IN THE HUMAN RESOURCES FIELD, AND THE TREASURER OF THE BOARD.
MARKET DATA AND TRENDS ARE UTILIZED IN THE DETERMINATION OF THE
COMPENSATION LEVELS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE ON ITS
WEBSITE.

FORM 990, PART XI, LINE 2C:

AS IN THE PRIOR YEAR, THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR
OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND FOR THE SELECTION
OF AN INDEPENDENT AUDITOR.

CALCULATION OF OVERHEAD RATE - UTILIZATION COMPLIANT WITH UWA STANDARD

CALCULATION OF OVERHEAD RATE ACTUAL 2009-2010

MANAGEMENT AND GENERAL EXPENSES \$ 829,517

FUND DEVELOPMENT EXPENSES 1,061,308

TOTAL SUPPORT SERVICES COST \$ 1,890,825

DIVIDED BY TOTAL REVENUE 11,558,117

OVERHEAD RATE 16.4%

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **UNITED WAY OF GREATER GREENSBORO, INC.** **Employer identification number**
56-0668555

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
UNITED WAY OF GREATER GREENSBORO FOUNDATION - 16-1617392, 1500 YANCEYVILLE STREET, GREENSBORO, NC 27405	HOLD ASSETS AND MAKE GRANTS TO THE UNITED WAY OF GREATER GREENSBORO, INC.	NORTH CAROLINA	501(C)(3)	509(A)(3) TYPE III	N/A

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

UNITED WAY OF GREATER GREENSBORO, INC.
EIN: 56-0668555

FORM 990, PARTS I AND III LINE 1 - ORGANIZATION'S MISSION STATEMENT

UNITED WAY OF GREATER GREENSBORO IMPROVES LIVES BY MOBILIZING AND UNITING THE CARING POWER IN OUR COMMUNITY. UNITED WAY FUNDS 66 PROGRAMS THROUGH 30 PARTNER AGENCIES THAT ADDRESS OUR COMMUNITY'S MOST PRESSING NEEDS IN THE AREAS OF EDUCATION, INCOME & HEALTH. UNITED WAY RUNS AN ANNUAL CAMPAIGN TO ADDRESS SPECIFIC NEEDS AS MENTIONED ABOVE THAT ALSO INCLUDES COMMUNITY INITIATIVES THAT ADDRESS OTHER CRITICAL NEEDS THAT FALL UNDER UNITED WAY'S THREE MAIN AREAS OF FOCUS. THEY ARE: THRIVING AT THREE, PARTNERS ENDING HOMELESSNESS, AND 2-1-1 FIRST CALL FOR HELP

United Way of Greater Greensboro, Inc.
Form 990 -Schedule I Grants and Other Assistance to Organizations
Tax Year Beginning July 1, 2009 through June 30, 2010

Name of Organization	<u>Address</u>	<u>EIN</u>	<u>IRC Section</u>	<u>Excess \$5,000 Cash Grant</u>	<u>Purpose Of Grant</u>
Adult Center for Enrichment, Inc.	Greensboro, NC	56-1599072	501 (c) (3)	\$ 148,737	Charitable
Alamance Co - Hospice & Palliative Care Center of Alamance/Caswell	Burlington, NC	56-1344754	501 (c) (3)	10,435	Charitable
Alcohol and Drug Services of Guilford, Inc.	High Point, NC	56-0962164	501 (c) (3)	140,928	Charitable
American Red Cross Greensboro Chapter	Greensboro, NC	56-0532307	501 (c) (3)	219,577	Charitable
America's Charities Federation Total	Baltimore, MD	54-1517707	501 (c) (3)	8,398	Charitable
Animal Charities of America Federation Total	San Francisco, CA	94-3193389	501 (c) (3)	12,269	Charitable
Bell House, Inc.	Greensboro, NC	56-1145963	501 (c) (3)	51,562	Charitable
Black Child Development Institute of Greensboro, Inc.	Greensboro, NC	56-1524964	501 (c) (3)	127,338	Charitable
CancerCURE of America Federation Total	San Francisco, CA	81-0648432	501 (c) (3)	10,597	Charitable
Cape Fear Area United Way, Inc.	Wilmington, NC	56-0529949	501 (c) (3)	5,548	Charitable
Children First-America's Charities Total	Baltimore, MD	30-0186795	501 (c) (3)	5,556	Charitable
Children's Charities of America Federation Total	San Francisco, CA	94-3148588	501 (c) (3)	12,711	Charitable
Children's Home Society of North Carolina, Inc.	Greensboro, NC	56-0529946	501 (c) (3)	103,920	Charitable
Christian Charities USA Federation Total	San Francisco, CA	94-3255961	501 (c) (3)	6,345	Charitable
Christian Service Charities Federation Total	Baltimore, MD	94-3193374	501 (c) (3)	10,827	Charitable
Communities In Schools of Greater Greensboro, Inc.	Greensboro, NC	56-1605330	501 (c) (3)	471,367	Charitable
Community Health Charities Federation Total	Arlington, VA	13-6167225	501 (c) (3)	29,069	Charitable
Community Health Charities of NC Federation Total	Winston Salem, NC	56-1173133	501 (c) (3)	91,243	Charitable
Duke Children's Hospital & Health Center	Durham, NC	56-0532129	501 (c) (3)	5,790	Charitable
Earth Share of NC Federation Total	Durham, NC	56-1775025	501 (c) (3)	30,404	Charitable
Family Life Council	Greensboro, NC	56-0965012	501 (c) (3)	221,427	Charitable
Family Services of the Piedmont	Jamestown, NC	56-2061741	501 (c) (3)	1,207,398	Charitable
Forsyth Co - Hospice & Palliative	Winston Salem, NC	58-1343313	501 (c) (3)	5,571	Charitable
Girl Scouts, Tarheel Triad Council, Inc.	Colfax, NC	56-0543237	501 (c) (3)	17,705	Charitable
Global Impact Total	Atlanta, GA	52-1273585	501 (c) (3)	5,974	Charitable
Greensboro Cerebral Palsy Association, Inc.	Greensboro, NC	56-0591312	501 (c) (3)	430,970	Charitable
Greensboro Urban Ministries	Greensboro, NC	56-0890545	501 (c) (3)	57,161	Charitable
Guilford Child Development	Greensboro, NC	56-0863474	501 (c) (3)	366,447	Charitable
Habitat for Humanity of Greater Gso	Greensboro, NC	56-1586870	501 (c) (3)	24,184	Charitable
Haiti Relief - UWA	Alexandria, VA	13-1635294	501 (c) (3)	6,353	Charitable
Health & Medical Research Charities Total	San Francisco, CA	94-3217739	501 (c) (3)	19,689	Charitable
Homeless Prevention Coalition of Guilford County	Greensboro, NC	20-1798198	501 (c) (3)	67,600	Charitable
Horsepower	Colfax, NC	56-1907424	501 (c) (3)	20,898	Charitable
Hospice and Palliative Care of Greensboro	Greensboro, NC	56-1249146	501 (c) (3)	288,829	Charitable
Hospice of Rockingham County	Wentworth, NC	58-1737646	501 (c) (3)	40,797	Charitable
Hospice of the Piedmont	High Point, NC	58-145387	501 (c) (3)	11,970	Charitable
Housing Greensboro	Greensboro, NC	20-0458814	501 (c) (3)	26,985	Charitable
Institute for Black Charities Total	Charlotte, NC	54-2174705	501 (c) (3)	11,902	Charitable

United Way of Greater Greensboro, Inc.
Form 990 -Schedule I Grants and Other Assistance to Organizations
 Tax Year Beginning July 1, 2009 through June 30, 2010

Name of Organization	<u>Address</u>	<u>EIN</u>	<u>IRC Section</u>	<u>Excess \$5,000 Cash Grant</u>	<u>Purpose Of Grant</u>
Interactive Resource Center	Greensboro, NC	80-0315285	501 (c) (3)	75,000	Charitable
Juvenile Diabetes Foundation, Piedmont	Greensboro, NC	23-1907729	501 (c) (3)	50,317	Charitable
Legal Aid of North Carolina, Inc.	Greensboro, NC	56-1148372	501 (c) (3)	117,689	Charitable
Medical Research Charities Total	Baltimore, MD	94-3148591	501 (c) (3)	9,255	Charitable
Mental Health Association in Greensboro, Inc.	Greensboro, NC	56-6076634	501 (c) (3)	143,116	Charitable
Military Veterans & Patriotic Service Total	San Francisco, CA	94-3193418	501 (c) (3)	10,213	Charitable
NC Community Shares Total	Durham, NC	58-1792141	501 (c) (3)	13,230	Charitable
Old North State Council, Inc., Boy Scouts of America	Greensboro, NC	56-1762001	501 (c) (3)	220,503	Charitable
One Step Further, Inc.	Greensboro, NC	58-148818	501 (c) (3)	58,898	Charitable
Parents as Teachers Faith Community Network	Greensboro, NC	33-1063509	501 (c) (3)	20,000	Charitable
Piedmont Health Services and Sickle Cell Agency	Greensboro, NC	23-7362747	501 (c) (3)	178,542	Charitable
Planned Parenthood of the Triad	Greensboro, NC	56-1226587	501 (c) (3)	5,111	Charitable
Reading Connections, Inc.	Greensboro, NC	56-1726754	501 (c) (3)	93,932	Charitable
Ronald McDonald House of Winston-Salem	Winston Salem, NC	58-1454715	501 (c) (3)	7,404	Charitable
Sanctuary House	Greensboro, NC	56-2257832	501 (c) (3)	15,000	Charitable
Senior Resources of Guilford	Greensboro, NC	56-1181577	501 (c) (3)	350,776	Charitable
Special Olympics of NC, Inc.	Morrisville, NC	56-1149607	501 (c) (3)	5,616	Charitable
Summit House-Piedmont, Inc.	Greensboro, NC	56-1552542	501 (c) (3)	22,717	Charitable
The Arc of Greensboro, Inc.	Greensboro, NC	56-0745766	501 (c) (3)	148,478	Charitable
The Barnabas Network	Greensboro, NC	20-4533345	501 (c) (3)	20,000	Charitable
The Salvation Army of Greensboro	Greensboro, NC	58-0660607	501 (c) (3)	582,870	Charitable
The Volunteer Center of Greensboro	Greensboro, NC	56-1134052	501 (c) (3)	95,914	Charitable
Triad Health Project	Greensboro, NC	58-1705502	501 (c) (3)	155,940	Charitable
Triad Stage	Greensboro, NC	62-1743981	501 (c) (3)	10,000	Charitable
Triangle United Way (NC)	Morrisville, NC	56-1949103	501 (c) (3)	5,925	Charitable
UNCG	Greensboro, NC	56-6086393	501 (c) (3)	75,000	Charitable
UNCG Center for New North Carolinians	Greensboro, NC	56-6001468	501 (c) (3)	5,152	Charitable
United Arts Council of Greensboro	Greensboro, NC	56-0746180	501 (c) (3)	13,169	Charitable
United Way of Alamance County, Inc.	Burlington, NC	56-0599239	501 (c) (3)	32,754	Charitable
United Way of Caswell County (NC)	Yanceyville, NC	56-1778711	501 (c) (3)	5,941	Charitable
United Way of Danville - Pittsylvania	Danville, VA	54-0526200	501 (c) (3)	5,896	Charitable
United Way of Davidson County, Inc. (NC)	Lexington, NC	56-1847133	501 (c) (3)	13,002	Charitable
United Way of Forsyth County	Winston Salem, NC	23-7357234	501 (c) (3)	68,231	Charitable
United Way of Greater Greensboro	Greensboro, NC	56-0668555	501 (c) (3)	137,182	Charitable
United Way of Greater High Point & Focus Areas	High Point, NC	56-0547486	501 (c) (3)	81,086	Charitable
United Way of North Carolina	Raleigh, NC	56-0564547	501 (c) (3)	31,665	Charitable
United Way of Randolph County, Inc.	Asheboro, NC	56-6017883	501 (c) (3)	20,290	Charitable
United Way of Rockingham County	Wentworth, NC	56-0649247	501 (c) (3)	68,200	Charitable

United Way of Greater Greensboro, Inc.

Form 990 -Schedule I Grants and Other Assistance to Organizations

Tax Year Beginning July 1, 2009 through June 30, 2010

Name of Organization	<u>Address</u>	<u>EIN</u>	<u>IRC Section</u>	<u>Excess \$5,000 Cash Grant</u>	<u>Purpose Of Grant</u>
Vehicle Injury Prevention Inc	Greensboro, NC	26-0597338	501 (c) (3)	12,000	Charitable
Victory Junction Gang Camp	Randleman, NC	56-2215292	501 (c) (3)	22,322	Charitable
Women's Resource Center of Greensboro, Inc.	Greensboro, NC	56-1891618	501 (c) (3)	114,184	Charitable
YMCA of Greensboro, Inc.	Greensboro, NC	56-0543243	501 (c) (3)	256,708	Charitable
Youth Focus, Inc.	Greensboro, NC	23-7378057	501 (c) (3)	381,647	Charitable
YWCA of Greensboro, Inc.	Greensboro, NC	56-0529936	501 (c) (3)	183,318	Charitable
				<u>\$ 8,278,675</u>	