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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] 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

D Employer identification number
56-0668555

E Telephone number
(336) 378-6600

G Gross receipts $ 15,299,503.

F Name and address of principal officer: KEITH E. BARSUHN
1500 YANCEYVILLE STREET, GREENSBORO, NC 274

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.UNITEDWAYGSO.ORG

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1968 M State of legal domicile: NC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE ATTACHMENT A	
	2	Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	36
	4	Number of independent voting members of the governing body (Part VI, line 1b)	36
	5	Total number of employees (Part V, line 2a)	48
	6	Total number of volunteers (estimate if necessary)	250
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	13,574,907.	12,715,775.
	9	Program service revenue (Part VIII, line 2g)	163,612.	130,925.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	377,268.	<8,759.>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,358.	14,798.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,125,145.	12,852,739.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,889,101.	10,709,349.
	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)	1,559,692.	1,994,375.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,294,363.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	813,163.	800,989.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,261,956.	13,504,713.
	19	Revenue less expenses. Subtract line 18 from line 12	1,863,189.	<651,974.>

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	16,034,864.	14,400,141.
	21	Total liabilities (Part X, line 26)	8,649,139.	8,259,532.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,385,725.	6,140,609.

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: 5-14-10

▶ Keith Barsuhn President & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date: 5/13/10 — Check if self-employed ▶ [ ] — 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) [X] Yes [ ] No

6-16

SCANNED JUL 08 2010

Part III Statement of Program Service Accomplishments (see instructions)

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

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

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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 7,879,231. including grants of $ 7,558,682.) (Revenue $ 8,974,822.)

SUPPORT OF 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 TO LEAD SELF SUFFICIENT LIVES, AND CARING FOR EVERYONE'S HEALTH. SEE STATEMENT 1 FOR THE LISTING OF THE INVESTMENT OF RESOURCES BY UNITED WAY OF GREATER

4b (Code:) (Expenses $ 3,284,281. including grants of $ 3,150,667.) (Revenue $ 3,740,953.)

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 ▶ $** 11,163,512. *(Must equal Part IX, Line 25, column (B).)*

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		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? *If "Yes," complete Schedule F, Part II*	15		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? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

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	25		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
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	48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
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)?	4a			X
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.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
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 provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a			X
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?	7c			X
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?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter: N/A				
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: N/A				
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 N/A.	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
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?	2		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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	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?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	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?	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.

[X] Own website [ ] Another's website [X] 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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 officer, director, trustee, or key employee

(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. STANLEY F. BATTLE DIRECTOR	1.00	X						0.	0.	0.
DR. LINDA P. BRADY DIRECTOR	1.00	X						0.	0.	0.
DR. JANICE G. BREWINGTON DIRECTOR	1.00	X						0.	0.	0.
JEFF BURGESS TREASURER AND DIRECTOR	4.00	X		X				0.	0.	0.
SANDERS COCKMAN DIRECTOR	1.00	X						0.	0.	0.
SUE W. COLE DIRECTOR	2.00	X						0.	0.	0.
SALLY S. CONE DIRECTOR	1.00	X						0.	0.	0.
THOMAS E. CONE DIRECTOR	1.00	X						0.	0.	0.
MARY WOOD COPELAND DIRECTOR	1.00	X						0.	0.	0.
JOHN CROSS VICE CHAIRMAN AND SECRET	4.00	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.
VALDEMAR FISCHER DIRECTOR	1.00	X						0.	0.	0.
CHARLES FLYNT CHAIRMAN OF THE BOARD	5.00	X		X				0.	0.	0.
CECELIA FOY-DORSETT DIRECTOR	2.00	X						0.	0.	0.
SHIRLEY T. FRYE AT LARGE EXECUTIVE BOARD	1.00	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			
KIM GATLING DIRECTOR	1.00	X						0.	0.	0.
JOYCE GORHAM-WORSLEY DIRECTOR	1.00	X						0.	0.	0.
JAMES D. HALL DIRECTOR	1.00	X						0.	0.	0.
DARBY HENLEY CHAIR - TOCQUESVILLE SOC	2.00	X		X				0.	0.	0.
RANDALL R. KAPLAN DIRECTOR	1.00	X						0.	0.	0.
ED KITCHEN DIRECTOR, CAMPAIGN CHAIR	4.00	X		X				0.	0.	0.
JENNIFER L. J. KOENIG LEGAL COUNSEL	2.00	X		X				0.	0.	0.
PAUL MASON CHAIR - MARKETING & COMM	3.00	X		X				0.	0.	0.
M.L. MCALLISTER DIRECTOR	1.00	X						0.	0.	0.
BOBBY MENDEZ DIRECTOR	1.00	X						0.	0.	0.
1b Total ▶								349,509.	0.	33,205.

2 Total number of individuals (including those in 1a) 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 those in 1) 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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 1174686.				
	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 11541089.				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	12715775.			
Program Service Revenue		Business Code				
	2a MANAGEMENT FEE INCOME	518210	130,925.	130,925.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	130,925.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	228,128.			228,128.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents	9,358.				
	b Less: rental expenses					
	c Rental income or (loss)	9,358.				
	d Net rental income or (loss)	▶	9,358.			9,358.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	2209877.				
	b Less: cost or other basis and sales expenses	2446764.				
	c Gain or (loss)	<236887.>				
	d Net gain or (loss)	▶	<236,887.>			<236,887.>
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS REVENUE	900099	5,440.	5,440.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	5,440.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	12852739.	136,365.	0.	599.

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	10,709,349.	10,709,349.		
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	349,509.	63,628.	130,775.	155,106.
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	1,303,985.	237,392.	487,908.	578,685.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	105,151.	19,640.	37,033.	48,478.
9 Other employee benefits	113,121.	24,879.	33,570.	54,672.
10 Payroll taxes	122,609.	24,084.	44,249.	54,276.
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	99,034.	2,106.	91,639.	5,289.
12 Advertising and promotion	78,189.	1,666.	998.	75,525.
13 Office expenses	55,317.	9,510.	11,941.	33,866.
14 Information technology				
15 Royalties				
16 Occupancy	79,009.	17,777.	16,592.	44,640.
17 Travel	25,112.	3,552.	5,833.	15,727.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,018.	550.	1,133.	1,335.
20 Interest				
21 Payments to affiliates	124,838.		124,838.	
22 Depreciation, depletion, and amortization	64,723.	14,562.	13,592.	36,569.
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 FUNDRAISING MATERIALS &	160,456.	3,787.	17,428.	139,241.
b STATE UNITED WAY	43,696.	9,832.	9,176.	24,688.
c EQUIPMENT RENTAL AND MA	32,890.	7,400.	6,907.	18,583.
d STAFF DEVELOPMENT	15,748.	5,683.	4,816.	5,249.
e DUES & SUBSCRIPTIONS	13,743.	8,084.	3,433.	2,226.
f All other expenses	5,216.	31.	4,977.	208.
25 **Total functional expenses.** Add lines 1 through 24f	13,504,713.	11,163,512.	1,046,838.	1,294,363.
26 **Joint Costs.** Check here ▶ ☐ 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		756,587.	1	342,250.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		4,951,436.	3	4,507,622.
	4	Accounts receivable, net		590,549.	4	408,954.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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		22,875.	9	81,188.
	10a	Land, buildings, and equipment: cost basis	10a 2,107,185.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,117,860.	963,667.	10c	989,325.
	11	Investments - publicly traded securities		6,796,521.	11	6,332,316.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,953,229.	15	1,738,486.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		16,034,864.	16	14,400,141.
Liabilities	17	Accounts payable and accrued expenses		115,750.	17	149,467.
	18	Grants payable		7,344,310.	18	7,157,217.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities. Complete Part X of Schedule D		1,189,079.	25	952,848.
	26	**Total liabilities.** Add lines 17 through 25		8,649,139.	26	8,259,532.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,575,543.	27	3,937,243.
	28	Temporarily restricted net assets		855,707.	28	1,197,335.
	29	Permanently restricted net assets		1,954,475.	29	1,006,031.
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		7,385,725.	33	6,140,609.
	34	Total liabilities and net assets/fund balances		16,034,864.	34	14,400,141.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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?	2c	X	
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF GREATER GREENSBORO, INC.	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 (Please check only **one** organization)

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).** (Attach Schedule H.)

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 the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

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 organizations the organization supports.

(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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12829462.	13507997.	12693927.	13574907.	12715775.	65322068.
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 - 3	12829462.	13507997.	12693927.	13574907.	12715775.	65322068.
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)						5890221.
6 **Public Support.** Subtract line 5 from line 4						59431847.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	12829462.	13507997.	12693927.	13574907.	12715775.	65322068.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	110,206.	22,983.	234,392.	398,605.	237,486.	1003672.
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.)	167,921.	198,908.	172,621.	163,612.	136,365.	839,427.
11 **Total support.** Add lines 7 through 10						67165167.

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 2008 (line 6, column (f) divided by line 11, column (f))	14	88.49 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	90.94 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** 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 - 2007.** 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MANAGEMENT FEES AND OTHER

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

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)	0.	
3	Aggregate grants from (during year)	51,500.	
4	Aggregate value at end of year	25,703.	

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? ☐ Yes ☒ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☒ Yes ☐ 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).

☐ Preservation of land for public use (e g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 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 Trust, 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 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	1,926,989.				
b	Contributions	132,610.				
c	Investment earnings or losses	<289,705.>				
d	Grants or scholarships	0.				
e	Other expenditures for facilities and programs	73,719.				
f	Administrative expenses	0.				
g	End of year balance	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 ▶ 59.00 %
c Term endowment ▶ 28.00 %

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

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

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) Depreciation	(d) Book value
1a Land	220,812.			220,812.
b Buildings	1,183,182.		529,667.	653,515.
c Leasehold improvements				
d Equipment	703,191.		588,193.	114,998.
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				989,325.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
BENEFICIAL INTEREST IN FOUNDATION ASSETS	1,624,477.
CASH SURRENDER VALUE - INSURANCE	114,009.
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	1,738,486.

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

(a) Description of liability	(b) Amount
Federal income taxes	
DESIGNATIONS PAYABLE	952,848.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	952,848.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,852,739.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,504,713.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<651,974.>
4	Net unrealized gains (losses) on investments	4	<593,141.>
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 4-8	9	<593,141.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<1,245,115.>

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	9,108,931.
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	9,108,931.
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	3,743,808.		
c	Add lines 4a and 4b			4c	3,743,808.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	12,852,739.

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

1	Total expenses and losses per audited financial statements			1	10,354,046.
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	10,354,046.
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	3,150,667.		
c	Add lines 4a and 4b			4c	3,150,667.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	13,504,713.

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; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

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: 3150667.

Part XIV Supplemental Information *(continued)*

UNREALIZED LOSSES: 593141.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS: 3150667.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

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? . . .. [X] 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" on 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 ▶ 95.

3 Enter total number of other organizations ▶ 1.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use 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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

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
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.			
	☐ First-class or charter travel	☒ Housing allowance or residence for personal use		
	☒ Travel for companions	☐ Payments for business use of personal residence		
	☒ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is 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	1b	X	
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?	2	X	
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.			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
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:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.			
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:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
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	7		X
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	8		X

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) 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 compensation				
KEITH BARSUHN	(i)	82,500.	15,000.	22,476.	8,775.	5,564.	134,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LANA DAVIDSON	(i)	78,307.	0.	0.	7,648.	4,577.	90,532.	94,411.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NEIL BELENKY	(i)	150,096.	0.	1,130.	14,086.	4,780.	170,092.	173,948.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(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.

OMB No 1545-0047

2008

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			
RONALD S. MILSTEIN DIRECTOR	1.00	X						0.	0.	0.
WILLIAM V. NUTT IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
ROBIN A. SAUL DIRECTOR	1.00	X						0.	0.	0.
JUDY SCHANEL DIRECTOR	2.00	X						0.	0.	0.
JOY SHAVITZ DIRECTOR	1.00	X						0.	0.	0.
SUE D. WHITE AT LARGE EXECUTIVE BOARD	3.00	X		X				0.	0.	0.
SUSAN L. WILLIAMS CHAIR - HUMAN RESOURCES	3.00	X		X				0.	0.	0.
OTIS WILSON CHAIR - COMMUNITY INVEST	3.00	X		X				0.	0.	0.
KRISTEN YNTEMA DIRECTOR	2.00	X						0.	0.	0.
KEITH BARSUHN PRESIDENT/CEO	50.00			X		X		119,976.	0.	14,339.
LANA DAVIDSON VP FINANCE	40.00			X				78,307.	0.	0.
NEIL BELENKY DIRECTOR OF PLANNED GIVI	40.00					X		151,226.	0.	18,866.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number

56-0668555

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

GREENSBORO.

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 PARTICIPATE AND THROUGH THE APPLICATION PROCESS HAVE BEEN GRANTED MEMBERSHIP STATUS. FINANCIALLY PARTICIPATING MEMBERS MAY BE SUBJECT TO AND CONDITIONED UPON SUCH TERMS AND CONDITIONS AS MAY BE ESTABLISHED BY THE BOARD OF DIRECTORS. PROVISIONAL FINANCIALLY PARTICIPATING 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 CONTRIBUTING 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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number

56-0668555

THE FOLLOWING OFFICERS ARE ALSO ELECTED BY THE CONTRIBUTING MEMBERS: CHAIRMAN OF THE BOARD, VICE CHAIRMAN OF THE BOARD, DIVISION CHAIRMEN (EXCEPT CHAIRMAN, CAMPAIGN DIVISION), THE TREASURER AND SECRETARY. THE PRESIDENT IS ELECTED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 10: 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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer identification number: 56-0668555

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 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 CONFLICTS 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 2008-2009
MANAGEMENT AND GENERAL EXPENSES	$ 922,001
FUND DEVELOPMENT EXPENSES	1,294,363
PAYMENTS TO AFFILIATES	124,838
TOTAL SUPPORT SERVICES COST	$ 2,341,202

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer identification number: 56-0668555

DIVIDED BY TOTAL REVENUE 12,852,739

OVERHEAD RATE 18.2%

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

OMB No 1545-0047

2008
Open to Public Inspection

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

Employer identification number
56-0668555

Part I Identification of Disregarded Entities

(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

(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 III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			
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?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		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)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations? Yes	(D) No	(E) Share of end-of-year assets	(F) Disproportionate allocations? Yes	(F) No	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes	(H) No

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ..... ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return. See instructions.	UNITED WAY OF GREATER GREENSBORO, INC.		56-0668555
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 14998		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREENSBORO, NC 27415-4998		

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

LANA DAVIDSON

• The books are in the care of ▶ P.O. BOX 14998 - 27415

Telephone No. ▶ 336-378-6600 FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box ..... ▶ [ ]

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2010.

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO OBTAIN INFORMATION FROM THIRD PARTIES IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ CPA Date ▶ 2-10-10

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 61 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, SUCCESS AT SCHOOL, PARTNERS ENDING HOMELESSNESS, AND 2-1-1 FIRST CALL FOR HELP.

ATTACHMENT A

United Way of Greater Greensboro, Inc.
Form 990 -Schedule I Grants and Other Assistance to Organizations
Tax Year Beginning July 1, 2008 through June 30, 2009

Name of Organization	Address	EIN	IRC Section	Excess $5,000 Cash Grant	Purpose Of Grant
Adult Center for Enrichment, Inc.	Greensboro, NC	56-1599072	501 (c) (3)	$ 161,867	Charitable
Alamance Co - Hospice & Palliative Care Center of Alamance/Caswell	Burlington, NC	56-1344754	501 (c) (3)	8,128	Charitable
Alcohol and Drug Services of Guilford, Inc	High Point, NC	56-0962164	501 (c) (3)	177,133	Charitable
American Red Cross Federation Total	Chicago, IL		501 (c) (3)	6,398	Charitable
American Red Cross Greensboro Chapter	Greensboro, NC	56-0532307	501 (c) (3)	490,788	Charitable
America's Charities Federation Total	Baltimore, MD		501 (c) (3)	5,352	Charitable
Animal Charities of America Federation Total	San Francisco, CA		501 (c) (3)	17,854	Charitable
Bell House, Inc.	Greensboro, NC	56-1145963	501 (c) (3)	54,776	Charitable
Beloved Community Center of Greensboro	Greensboro, NC	56-1877280	501 (c) (3)	18,000	Charitable
Black Child Development Institute of Greensboro, Inc.	Greensboro, NC	56-1524964	501 (c) (3)	132,668	Charitable
Breast Cancer Foundation - The Susan G. Komen - NC Triad Affiliate	Charlotte, NC	75-2891104	501 (c) (3)	8,208	Charitable
CancerCURE of America Federation Total	San Francisco, CA		501 (c) (3)	14,045	Charitable
Central North Carolina Chapter National MS Society	Greensboro, NC	56-0903569	501 (c) (3)	14,107	Charitable
Children First-America's Charities Total	Baltimore, MD		501 (c) (3)	5,090	Charitable
Children's Charities of America Federation Total	San Francisco, CA		501 (c) (3)	11,713	Charitable
Children's Home Society of North Carolina, Inc	Greensboro, NC	56-0529946	501 (c) (3)	140,904	Charitable
Christian Charities USA Federation Total	San Francisco, CA		501 (c) (3)	8,400	Charitable
Christian Service Charities Federation Total	Baltimore, MD		501 (c) (3)	18,507	Charitable
City of Greensboro	Greensboro, NC			140,000	Charitable
Communities In Schools of Greater Greensboro, Inc.	Greensboro, NC	56-1605330	501 (c) (3)	310,468	Charitable
Community Health Charities Federation Total	Arlington, VA		501 (c) (3)	27,540	Charitable
Community Health Charities of NC Federation Total	Winston Salem, NC		501 (c) (3)	85,842	Charitable
Duke Children's Hospital & Health Center	Durham, NC		501 (c) (3)	7,455	Charitable
Earth Share of NC Federation Total	Durham, NC		501 (c) (3)	38,246	Charitable
Faith In Action Institute	Greensboro, NC	56-1993490	501 (c) (3)	10,000	Charitable
Family Life Council	Greensboro, NC	56-0965012	501 (c) (3)	240,986	Charitable
Family Services of the Piedmont	Jamestown, NC	56-2061741	501 (c) (3)	1,357,448	Charitable
Food Assistance, Inc	Greensboro, NC	20-0063969	501 (c) (3)	12,500	Charitable
Girl Scouts, Tarheel Triad Council, Inc.	Colfax, NC	56-0543237	501 (c) (3)	128,043	Charitable
Global Impact Total	Atlanta, GA		501 (c) (3)	6,373	Charitable
Greensboro Cerebral Palsy Association, Inc.	Greensboro, NC	56-0591312	501 (c) (3)	476,373	Charitable
Greensboro Housing Coalition	Greensboro, NC	20-0458814	501 (c) (3)	28,000	Charitable
Greensboro Urban Ministries	Greensboro, NC	56-0890545	501 (c) (3)	118,339	Charitable
Guilford Adult Health	Greensboro, NC	04-3726317	501 (c) (3)	15,000	Charitable
Guilford Child Development	Greensboro, NC	56-0863474	501 (c) (3)	405,155	Charitable
Guilford Health Scholarship Program	Greensboro, NC		501 (c) (3)	54,185	Charitable
Health & Medical Research Charities Total	San Francisco, CA		501 (c) (3)	20,875	Charitable
Health First - America's Charities Total	Chantilly, VA		501 (c) (3)	8,266	Charitable

United Way of Greater Greensboro, Inc.
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Tax Year Beginning July 1, 2008 through June 30, 2009

Name of Organization	Address	EIN	IRC Section	Excess $5,000 Cash Grant	Purpose Of Grant
Horsepower	Colfax, NC	56-1907424	501 (c) (3)	26,973	Charitable
Hospice and Palliative Care of Greensboro	Greensboro, NC	56-1249146	501 (c) (3)	328,318	Charitable
Hospice of Rockingham County	Wentworth, NC	58-1737646	501 (c) (3)	33,960	Charitable
Hospice of the Piedmont	High Point, NC	58-145387	501 (c) (3)	11,425	Charitable
HP - Hospice of the Piedmont	High Point, NC	58-145387	501 (c) (3)	8,691	Charitable
Institute for Black Charities Total	Charlotte, NC	54-2174705	501 (c) (3)	39,225	Charitable
Interactive Resource Center	Greensboro, NC	80-0315285	501 (c) (3)	15,000	Charitable
Joseph's House	Greensboro, NC	20-2208865	501 (c) (3)	53,000	Charitable
Legal Aid of North Carolina, Inc.	Greensboro, NC	56-1148372	501 (c) (3)	129,878	Charitable
Lutheran Family Services of the Carolinas	Greensboro, NC	56-1286323	501 (c) (3)	14,000	Charitable
Malachi House	Greensboro, NC	56-2018327	501 (c) (3)	10,078	Charitable
Mary's House	Greensboro, NC	31-1489283	501 (c) (3)	11,212	Charitable
Medical Research Charities Total	Baltimore, MD		501 (c) (3)	7,841	Charitable
Mental Health Association in Greensboro, Inc	Greensboro, NC	56-6076634	501 (c) (3)	193,644	Charitable
Military Veterans & Patriotic Service Total	San Franciso, CA		501 (c) (3)	16,510	Charitable
NC African Services Coalition	Greensboro, NC	58-2313728	501 (c) (3)	23,000	Charitable
NC Community Shares Total	Durham, NC		501 (c) (3)	13,372	Charitable
Old North State Council, Inc., Boy Scouts of America	Greensboro, NC	56-1762001	501 (c) (3)	310,995	Charitable
One Step Further, Inc.	Greensboro, NC	58-148818	501 (c) (3)	78,527	Charitable
Piedmont Health Services and Sickle Cell Agency	Greensboro, NC	23-7362747	501 (c) (3)	226,750	Charitable
Planned Parenthood of the Triad	Greensboro, NC		501 (c) (3)	5,085	Charitable
Postal Employees' Relief Fund	Washington, DC		501 (c) (3)	5,200	Charitable
Reading Connections, Inc.	Greensboro, NC	56-1726754	501 (c) (3)	125,752	Charitable
Ronald McDonald House of Winston-Salem	Winston Salem, NC	58-1454715	501 (c) (3)	6,004	Charitable
Salvation Army Center of Hope	Greensboro, NC	58-0660607	501 (c) (3)	10,000	Charitable
Senior Resources of Guilford	Greensboro, NC	56-1181577	501 (c) (3)	389,641	Charitable
Servant Center	Greensboro, NC	56-1834198	501 (c) (3)	26,000	Charitable
Special Olympics of NC, Inc.	Morrisville, NC	56-1149607	501 (c) (3)	7,698	Charitable
Summit House-Piedmont, Inc.	Greensboro, NC	56-1552542	501 (c) (3)	6,936	Charitable
The Arc of Greensboro, Inc.	Greensboro, NC	56-0745766	501 (c) (3)	185,289	Charitable
The Salvation Army of Greensboro	Greensboro, NC	58-0660607	501 (c) (3)	640,469	Charitable
The Volunteer Center of Greensboro	Greensboro, NC	56-1134052	501 (c) (3)	99,524	Charitable
Triad Health Project	Greensboro, NC	58-1705502	501 (c) (3)	200,106	Charitable
Triad Stage	Greensboro, NC		501 (c) (3)	10,000	Charitable
Triangle United Way (NC)	Raleigh, NC		501 (c) (3)	10,590	Charitable
UNCG	Greensboro, NC	56-6086393	501 (c) (3)	82,000	Charitable
United Arts Council of Greensboro	Greensboro, NC	56-0746180	501 (c) (3)	6,250	Charitable
United Arts Council of Greensboro	Greensboro, NC	56-0746180	501 (c) (3)	6,300	Charitable

United Way of Greater Greensboro, Inc.
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Name of Organization	Address	EIN	IRC Section	Excess $5,000 Cash Grant	Purpose Of Grant
United Fund of Stokes County	Danburry, NC	23-7135060	501 (c) (3)	5,602	Charitable
United Negro College Fund	Charlotte, NC		501 (c) (3)	10,603	Charitable
United Way of Alamance County, Inc.	Burlington, NC	56-0599239	501 (c) (3)	38,874	Charitable
United Way of Caswell County (NC)	Yanceyville, NC	56-1778711	501 (c) (3)	7,599	Charitable
United Way of Davidson County, Inc (NC)	Lexington, NC	56-18471323	501 (c) (3)	10,487	Charitable
United Way of Forsyth County	Winston Salem, NC	23-7357234	501 (c) (3)	68,051	Charitable
United Way of Forsyth County, Inc.	Winston Salem, NC	23-7357234	501 (c) (3)	7,900	Charitable
United Way of Greater Greensboro	Greensboro, NC	56-0668555	501 (c) (3)	173,374	Charitable
United Way of Greater High Point & Focus Areas	High Point, NC	56-0547486	501 (c) (3)	38,160	Charitable
United Way of Greater High Point, Inc.	High Point, NC	56-0547486	501 (c) (3)	52,152	Charitable
United Way of North Carolina	Raleigh, NC	56-0564547	501 (c) (3)	43,500	Charitable
United Way of Randolph County, Inc.	Asheboro, NC	56-6017883	501 (c) (3)	24,011	Charitable
United Way of Rockingham County	Wentworth, NC	56-0649247	501 (c) (3)	69,220	Charitable
Vehicle Injury Prevention Inc	Greensboro, NC	26-0597338	501 (c) (3)	25,000	Charitable
Victory Junction Gang Camp	Randleman, NC	56-2215292	501 (c) (3)	14,101	Charitable
Women's Resource Center of Greensboro, Inc	Greensboro, NC	56-1891618	501 (c) (3)	88,197	Charitable
YMCA of Greensboro, Inc.	Greensboro, NC	56-0543243	501 (c) (3)	271,797	Charitable
Youth Focus, Inc.	Greensboro, NC	23-7378057	501 (c) (3)	393,797	Charitable
YWCA of Greensboro, Inc.	Greensboro, NC	56-0529936	501 (c) (3)	216,634	Charitable
				$ 9,719,329	