

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar-year 2010, or fiscal year beginning 7/01, 2010, and ending 6/30, 2011.

2010

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

Name of exempt organization

Employer identification number

UNITED WAY OF THE MIDLANDS

57-0314396

Name and title of officer

RICHARD BUTCHER

CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a Form 990 check here.	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	<u>13,629,785.</u>
2 a Form 990-EZ check here.	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b	
3 a Form 1120-POL check here.	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b	
4 a Form 990-PF check here.	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here.	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MOORE BEAUSTON & WOODHAM LLP to enter my PIN 13871 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 57383029063
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Chanda D. Home, cpa Date 11.15.11

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2010)

Return of Organization Exempt From Income Tax

2010

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 7/01, **2010, and ending** 6/30, **2011**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name and address of principal officer:
 UNITED WAY OF THE MIDLANDS
 1800 MAIN STREET
 COLUMBIA, SC 29201

D Employer Identification Number: 57-0314396

E Telephone number: 803-733-5400

F Name and address of principal officer: SAME AS C ABOVE

G Gross receipts \$ 13,995,431.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

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

J Website: WWW.UWAY.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1955

M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF THE MIDLANDS USES THE COMMUNITY IMPACT MODEL TO ADVANCE THE COMMON GOOD IN THE MIDLANDS' SIX COUNTIES. MORE THAN 150 VOLUNTEERS WORK WITH STAFF TO IDENTIFY EFFECTIVE PROGRAM STRATEGIES AND OPPORTUNITIES IN THE AREAS OF EDUCATION, HEALTH, AND FINANCIAL STABILITY.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) 3 38	
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 38	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 54	
	6	Total number of volunteers (estimate if necessary) 6 610	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12. 7a -64.	
	7b	Net unrelated business taxable income from Form 990-T, line 34. 7b -64.	
	Revenue	8	Contributions and grants (Part VIII, line 1h) 16,050,661. 13,298,366.
		9	Program service revenue (Part VIII, line 2g)
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d) 64,356. 74,007.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 319,797. 257,412.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 16,434,814. 13,629,785.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11,648,276. 11,339,480.	
	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) 2,566,714. 2,464,284.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) 1,312,963.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,344,475. 1,229,487.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,559,465. 15,033,251.	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12. 875,349. -1,403,466.	
	20	Total assets (Part X, line 16) Beginning of Current Year 13,486,979. End of Year 12,192,473.	
	21	Total liabilities (Part X, line 26) 4,996,838. 5,111,039.	
	22	Net assets or fund balances. Subtract line 21 from line 20. 8,490,141. 7,081,434.	

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: RICHARD BUTCHER Date: CFO

Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name: CHANDA D. HORNE, CPA Preparer's signature: Chanda D. Horne, CPA Date: 11.15.11

Check if self-employed PTIN: P00850102

Firm's name: MOORE BEAUSTON & WOODHAM LLP Firm's EIN: 57-0966291

Firm's address: 150 N NINTH STREET WEST COLUMBIA, SC 29169 Phone no.: (803) 791-7472

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,451,437. including grants of \$ 3,451,437.) (Revenue \$)

DONOR DESIGNATIONS-AS A CONVENIENCE TO ITS DONORS, UNITED WAY OF THE MIDLANDS ALLOWS DIRECT UNRESTRICTED CONTRIBUTIONS TO OTHER UNITED WAYS OR SPECIFIC AGENCIES WITH THESE DESIGNATIONS. UNITED WAY OF THE MIDLANDS SUPPORTS MORE THAN 85 PARTNER AGENCIES IN THE AREAS OF EDUCATION, FINANCIAL STABILITY AND HEALTH. UNITED WAY OF THE MIDLANDS DOES NOT REQUIRE THE RECIPIENT ORGANIZATIONS TO PROVIDE INFORMATION RELATIVE TO THE USE AND RESULTS OF THESE CONTRIBUTIONS.

4b (Code:) (Expenses \$ 3,270,572. including grants of \$ 1,696,931.) (Revenue \$)

HEALTH INITIATIVES - UNITED WAY OF THE MIDLANDS WORKS TO ENSURE ACCESS TO AND USE OF PRIMARY HEALTH CARE (AS WELL AS DENTAL AND EYE CARE) SO THAT MIDLANDS CITIZENS CAN MAXIMIZE THEIR HEALTH AND WELLNESS. UNITED WAY OF THE MIDLANDS ALSO HELPS SENIORS MAINTAIN THEIR INDEPENDENCE AND CONTINUE TO LEAD HEALTHY REWARDING LIVES. UNITED WAY OF THE MIDLANDS' SUPPORT YIELDED THE FOLLOWING RESULTS: 266 INDIVIDUALS ENROLLED IN PRIMARY CARE PROGRAMS; 1,000 ADULTS AND 1,700 CHILDREN RECEIVED DENTAL CARE; NEARLY 200,000 HOME DELIVERED OR CONGREGATE MEALS WERE PROVIDED TO SENIORS; 1,000 SENIORS WERE ABLE TO STAY IN THEIR HOMES OR WITH FAMILIES.

4c (Code:) (Expenses \$ 3,090,885. including grants of \$ 1,720,209.) (Revenue \$)

FINANCIAL STABILITY & BASIC NEEDS INITIATIVES - UNITED WAY OF THE MIDLANDS FOCUSES ON FINANCIAL STABILITY TO HELP LOW INCOME INDIVIDUALS AND FAMILIES INCREASE AND MAXIMIZE THEIR INCOME IN ORDER TO MEET BASIC EXPENSES AS WELL AS TO BEGIN THE LONG-TERM PROCESS OF SAVING AND BUILDING ASSETS. UNITED WAY OF THE MIDLANDS ALSO HELPS TO MEET IMMEDIATE NEEDS OF PEOPLE IN CRISIS. RESULTS INCLUDE: FIELDING MORE THAN 35,000 CALLS FOR ASSISTANCE THROUGH INFORMATION AND REFERRAL; OPENING A TEMPORARY WARMING CENTER FOR 200 HOMELESS INDIVIDUALS, BEGAN THE PROCESS OF ESTABLISHING A LOCAL HOUSING TRUST FUND THAT WILL SUPPORT DEVELOPMENT OF AFFORDABLE HOUSING IN THE REGIONS; PROVIDING FREE TAX RETURN PREPARATION FOR MORE THAN 2,500 INDIVIDUALS RESULTING IN \$2.5 MILLION IN REFUNDS AND \$860,000 IN EARNED INCOME TAX CREDITS.

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

(Expenses \$ 3,556,380. including grants of \$ 212,250.) (Revenue \$)

4e Total program service expenses ▶ 13,369,274.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV		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, Parts II and IV		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, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year		
			38
b	Enter the number of voting members included in line 1a, above, who are independent		
			38
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director 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.		X

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

	Yes	No
10 a		X
b		
11 a	X	
b		
12 a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b		X
16 a		X
b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SC
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 RICHARD BUTCHER 1800 MAIN STREET COLUMBIA SC 29201 803-758-6995

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTONIO B. BOYD DIRECTOR		X					0.	0.	0.	
(2) CYNTHIA M. BENNETT DIRECTOR		X					0.	0.	0.	
(3) SARENA D. BURCH, JD DIRECTOR		X					0.	0.	0.	
(4) J. HOLT CHETWOOD DIRECTOR		X					0.	0.	0.	
(5) JUDITH M. DAVIS, JD DIRECTOR		X					0.	0.	0.	
(6) PAUL K. DUANE, CPA DIRECTOR		X					0.	0.	0.	
(7) NOBLE P. COOPER, JR., D DIRECTOR		X					0.	0.	0.	
(8) JEAN E. DUKE DIRECTOR		X					0.	0.	0.	
(9) PATRICE T. GREEN DIRECTOR		X					0.	0.	0.	
(10) HENRY B. HAITZ, III DIRECTOR		X					0.	0.	0.	
(11) CARL W. HAWKINS, JR. DIRECTOR		X					0.	0.	0.	
(12) JAMES E. HAZEL, JR., CP DIRECTOR		X					0.	0.	0.	
(13) NICOLE HOLLAND DIRECTOR		X					0.	0.	0.	
(14) CHARLES B. JACKSON, JR. DIRECTOR		X					0.	0.	0.	
(15) D. MICHAEL KELLY, ESQ. DIRECTOR		X					0.	0.	0.	
(16) MARY M. KENNEMUR DIRECTOR		X					0.	0.	0.	
(17) CHARLENE KEYS DIRECTOR		X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEREK J. MATHIS, SR. DIRECTOR		X						0.	0.	0.
(19) PAMELA P. LACKEY DIRECTOR		X						0.	0.	0.
(20) JAMES K. LEHMAN, ESQ. DIRECTOR		X						0.	0.	0.
(21) KEVIN W. LINDLER DIRECTOR		X						0.	0.	0.
(22) LEE S. MCELVEEN DIRECTOR		X						0.	0.	0.
(23) PERCY A. MACK, PH.D. DIRECTOR		X						0.	0.	0.
(24) VINCENT D. MEEKS DIRECTOR		X						0.	0.	0.
(25) KARA SPROLES MOCK, APR DIRECTOR		X						0.	0.	0.
(26) STEPHEN G. MORRISON, ESQ. DIRECTOR		X						0.	0.	0.
(27) MARK PITTMAN DIRECTOR		X						0.	0.	0.
(28) MICHAEL J. SEEZEN, ESQ. DIRECTOR		X						0.	0.	0.
(29) MARY STATON DIRECTOR		X						0.	0.	0.
1 b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								440,658.	0.	77,595.
d Total (add lines 1b and 1c)								440,658.	0.	77,595.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

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

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	1 a Federated campaigns	1 a 31,854.					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e 2,262,564.					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 11,003,948.					
	g Noncash contributions included in lns 1a-1f: \$	333,426.					
	h Total. Add lines 1a-1f.		13,298,366.				
PROGRAM SERVICE REVENUE	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f.							
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		59,794.			59,794.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	95,750.				
		(ii) Personal					
		b Less: rental expenses	87,339.				
		c Rental income or (loss)	8,411.				
	d Net rental income or (loss)		8,411.	7,800.	-64.	675.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	292,520.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	278,307.				
		c Gain or (loss)	14,213.				
	d Net gain or (loss)		14,213.			14,213.	
	8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10 a 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					
11 a PLEDGE PROCESSING FEE	561000		171,974.	171,974.			
b MISCELLANEOUS INCOME			77,027.	77,027.			
c							
d All other revenue							
e Total. Add lines 11a-11d.			249,001.				
12 Total revenue. See instructions			13,629,785.	256,801.	-64.	74,682.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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.	11,339,480.	11,339,480.		
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.	518,254.	205,627.	136,423.	176,204.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	1,372,631.	715,168.	72,694.	584,769.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	115,044.	77,925.	1,608.	35,511.
9 Other employee benefits.	311,534.	154,258.	28,199.	129,077.
10 Payroll taxes.	146,821.	71,906.	14,177.	60,738.
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.	214,648.	158,766.	37,619.	18,263.
12 Advertising and promotion.				
13 Office expenses.	77,425.	37,652.	10,915.	28,858.
14 Information technology.				
15 Royalties.				
16 Occupancy.	74,083.	28,148.	14,564.	31,371.
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.	99,695.	88,660.	2,328.	8,707.
22 Depreciation, depletion, and amortization.	66,152.	25,107.	13,014.	28,031.
23 Insurance.	4,913.	1,865.	966.	2,082.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PRINTING AND PUBLICATIONS	450,895.	311,775.	406.	138,714.
b STAFF DEVELOPMENT	119,431.	84,294.	6,391.	28,746.
c OTHER EXPENSE	41,855.	10,970.	5,657.	25,228.
d MEMBERSHIP EXPENSE	39,749.	36,932.	239.	2,578.
e EQUIPMENT/BUILDING MAINTENANCE	28,168.	16,882.	3,578.	7,708.
f All other expenses.	12,473.	3,859.	2,236.	6,378.
25 Total functional expenses. Add lines 1 through 24f.	15,033,251.	13,369,274.	351,014.	1,312,963.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

				(A)		(B)	
				Beginning of year		End of year	
ASSETS	1	Cash – non-interest-bearing		1,866,617.	1	2,750,447.	
	2	Savings and temporary cash investments		1,313,560.	2	1,381,911.	
	3	Pledges and grants receivable, net		8,362,409.	3	6,073,869.	
	4	Accounts receivable, net		179,999.	4	239,505.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		176,644.	9	165,867.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,757,854.			
	b	Less: accumulated depreciation	10b	1,526,391.	1,268,325.	10c	1,231,463.
	11	Investments – publicly traded securities			11		
	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		319,425.	15	349,411.	
16	Total assets. Add lines 1 through 15 (must equal line 34)		13,486,979.	16	12,192,473.		
LIABILITIES	17	Accounts payable and accrued expenses		413,042.	17	594,979.	
	18	Grants payable		4,547,867.	18	4,503,693.	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities. Complete Part X of Schedule D		35,929.	25	12,367.	
	26	Total liabilities. Add lines 17 through 25		4,996,838.	26	5,111,039.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.						
	27	Unrestricted net assets		5,331,976.	27	5,302,734.	
	28	Temporarily restricted net assets		3,158,165.	28	1,778,700.	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building, or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		8,490,141.	33	7,081,434.		
34	Total liabilities and net assets/fund balances		13,486,979.	34	12,192,473.		

BAA

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	13,629,785.
2	Total expenses (must equal Part IX, column (A), line 25)	15,033,251.
3	Revenue less expenses. Subtract line 2 from line 1	-1,403,466.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	8,490,141.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	-5,241.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	7,081,434.

Part XII Financial Statements and Reporting

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

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

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization UNITED WAY OF THE MIDLANDS	Employer identification number 57-0314396
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)	10214841.	13797710.	17270008.	16050661.	13266512.	70,599,732.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3	10214841.	13797710.	17270008.	16050661.	13266512.	70,599,732.
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).						0.
6 Public support. Subtract line 5 from line 4.						70,599,732.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	10214841.	13797710.	17270008.	16050661.	13266512.	70,599,732.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,376.	58,590.	45,410.	64,356.	74,007.	272,739.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						70,872,471.
12 Gross receipts from related activities, etc (see instructions)					12	0.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.6 %
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	99.7 %

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the 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 – 2009.** 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 – 2010.** 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 – 2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lns 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 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

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

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization UNITED WAY OF THE MIDLANDS	Employer identification number 57-0314396
--	--

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

UNITED WAY OF THE MIDLANDS

Employer identification number

57-0314396

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CENTRAL MIDLANDS COUNCIL OF GOV 236 STONERIDGE DRIVE COLUMBIA, SC 29210	\$ 1,690,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DEPARTMENT OF HEALTH AND HUMAN SERV 370 L'ENFANT PROMENADE SW WASHINGTON, DC 20447	\$ 381,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

UNITED WAY OF THE MIDLANDS

Employer identification number

57-0314396

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ N/A

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

UNITED WAY OF THE MIDLANDS

Employer identification number

57-0314396

Part I-A: Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours: ▶ _____

Part I-B: Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b.If "Yes," describe in Part IV.

Part I-C: Complete if the organization is exempt under section 501(c) , except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures
 (The term 'expenditures' means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,231.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	2,240.													
c Total lobbying expenditures (add lines 1a and 1b)	3,471.	0.												
d Other exempt purpose expenditures	13,365,803.													
e Total exempt purpose expenditures (add lines 1c and 1d)	13,369,274.	0.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns	818,464.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	204,616.	0.												
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	828,474.	785,508.	848,169.	818,464.	3,280,615.
b Lobbying ceiling amount (150% of line 2a, column (e))					4,920,923.
c Total lobbying expenditures	463.	1,125.	5,655.	3,471.	10,714.
d Grassroots nontaxable amount	207,119.	196,377.	212,042.	204,616.	820,154.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,230,231.
f Grassroots lobbying expenditures	463.	1,125.	3,026.	1,231.	5,845.

BAA

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV.			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

UNITED WAY OF THE MIDLANDS

57-0314396

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, total acreage, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	165,300.	153,348.	185,944.		
b Contributions					
c Net investment earnings, gains, and losses	35,103.	18,497.	-30,189.		
d Grants or scholarships					
e Other expenditures for facilities and programs	4,670.	4,680.	4,570.		
f Administrative expenses	2,010.	1,865.	1,837.		
g End of year balance	193,723.	165,300.	149,348.		

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

- a Board designated or quasi-endowment ▶ 100.00 %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	344,102.			344,102.
b Buildings	1,995,521.		1,247,217.	748,304.
c Leasehold improvements				
d Equipment				
e Other	418,231.		279,174.	139,057.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 1,231,463.

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

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

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

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

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED REVENUE	5,000.
(3) REFUNDABLE DEPOSITS	7,367.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	12,367.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		13,629,785.
2	Total expenses (Form 990, Part IX, column (A), line 25)		15,033,251.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-1,403,466.
4	Net unrealized gains (losses) on investments		-5,241.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		-5,241.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-1,408,707.

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	10,317,646.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	-5,241.
	b Donated services and use of facilities	2b	57,200.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV) SEE PART XIV	2d	87,339.
	e Add lines 2a through 2d	2e	139,298.
3	Subtract line 2e from line 1	3	10,178,348.
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) SEE PART XIV	4b	3,451,437.
	c Add lines 4a and 4b	4c	3,451,437.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	13,629,785.

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

1	Total expenses and losses per audited financial statements	1	11,726,353.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	57,200.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV) SEE PART XIV	2d	87,339.
	e Add lines 2a through 2d	2e	144,539.
3	Subtract line 2e from line 1	3	11,581,814.
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) SEE PART XIV	4b	3,451,437.
	c Add lines 4a and 4b	4c	3,451,437.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	15,033,251.

Part XIV Supplemental Information

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

AS OF JUNE 30, 2011 \$98,353 IS DESIGNATED TO WOMEN IN PHILANTHROPY. THIS AMOUNT IS SHOWN ON THE BALANCE SHEET AS ENDOWED FUNDS HELD FOR OTHERS, ASSET AND RELATED LIABILITY. THE REMAINDER OF THE FUNDS \$95,370 WILL BE USED FOR PROGRAM SERVICES WHICH HAVE NOT YET BEEN DETERMINED.

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

UNITED WAY OF THE MIDLANDS

57-0314396

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

RENTAL EXPENSES \$ 87,339.
TOTAL \$ 87,339.

SCHEDULE D, PART XII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

DONOR DESIGNATIONS RECEIVED \$ 3,451,437.
TOTAL \$ 3,451,437.

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

RENTAL EXPENSES \$ 87,339.
TOTAL \$ 87,339.

SCHEDULE D, PART XIII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

DONOR DESIGNATIONS PAID \$ 3,451,437.
TOTAL \$ 3,451,437.

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

57-0314396

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED LIST SEE ATTACHED LIST COLUMBIA, SC 29201			11,095,423.	149,979.	FAIR MARKET VALUE		
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

- 2 Enter total number of section 501(c)(3) and government organizations. 47
- 3 Enter total number of other organizations. 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION ANNUALLY REVIEWS ALL PARTNER AGENCIES' 990, ANNUAL REPORT, AND

REGISTRATION WITH THE SC SECRETARY OF STATE TO ASSURE PARTNERS ARE MEETING MINIMUM

LEGAL AND REGULATORY REQUIREMENTS. WHEN THE ORGANIZATION ISSUES PROGRAM GRANTS, THESE

AGENCIES MUST ALSO SUBMIT QUARTERLY EXPENSE REPORTS, SIX-MONTH INTERIM REPORTS, AND

RESULTS REPORTS EVERY 12 MONTHS THEREAFTER.

United Way of the Midlands
Schedule I, Part II, Line I(a)

57-0314396

(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	(g) Description of non-cash assistance	(h) Purpose of grant
Alston Wilkes Society 3519 Medical Drive, Columbia, SC 29203	57-0477907	501(c)(3)	\$ 96,250				Program Funding
American Red Cross P.O. Box 91, Columbia, SC 29202	57-0314362	501(c)(3)	\$ 63,750				Program Funding
Big Brothers & Big Sisters of Greater Columbia, Inc. 4300 N. Main Street, Ste. 200, Columbia, SC 29203	57-0570422	501(c)(3)	\$ 102,933				Program Funding
Boy Scouts of America, Inc. - Indian Waters Council P.O. Box 144, Columbia SC 29202	57-0314440	501(c)(3)	\$ 65,381				Program Funding
Boys & Girls Club of the Midlands, Inc. 500 Gracern Road, Ste. 100, Columbia, SC 29210	57-0399808	501(c)(3)	\$ 337,250				Program Funding
Capital Senior Center, Inc. 1650 Park Circle, Columbia, SC 29201	57-0773691	501(c)(3)	\$ 32,250				Program Funding
Communities in Schools of the Midlands, Inc. P.O. Box 8884, Columbia, SC 29202	57-0855391	501(c)(3)	\$ 250,648				Program Funding
Community Mediation Center 4801 Colonial Drive, Columbia, SC 29203	57-1064603	501(c)(3)	\$ 13,438				Program Funding
Cooperative Ministry 3821 West Bellline Boulevard, Columbia, SC 29204	57-0825025	501(c)(3)	\$ 112,625				Program Funding
Corporation for National and Community Service 8th Floor, 1201 NY Avenue, NW, Washington, DC 20525			\$ 6,024				Program Funding
Eau Claire Cooperative Health Center, Inc. 4605 Monticello Road, Columbia, SC 29203	57-0965445	501(c)(3)	\$ 216,200				Program Funding
Habitat for Humanity International, Inc. - Edisto P.O. Box 2489, Orangeburg, SC 29116	57-0916444	501(c)(3)	\$ 20,000				Program Funding
Edventure, Inc. 211 Gervais Street, Columbia, SC 29201	57-1013857	501(c)(3)	\$ 50,000				Program Funding
Family Connection of South Carolina, Inc. 2712 Middleburg Drive Suite 103-B, Columbia, SC 29204	57-0901467	501(c)(3)	\$ 14,530				Program Funding
Family Service Center of South Carolina 2712 Middleburg Drive Suite 207-A, Columbia, SC 29204	57-0630921	501(c)(3)	\$ 2,051,852				Program Funding
Family Shelter, Inc. 2411 Two Notch Road, Columbia, SC 29204	57-0699091	501(c)(3)	\$ 72,000				Program Funding
Columbia Free Medical Clinic P.O. Box 4616, Columbia, SC 29240	57-0779279	501(c)(3)	\$ 291,191				Program Funding
Girls Scouts of South Carolina - Mountains to the Midlands 5 Independence Pointe, Ste. 120, Greenville, SC 29615	57-0314433	501(c)(3)	\$ 19,705				Program Funding
Goodwill Industries 115 Haywood Road, Greenville, SC 29607	57-0725560	501(c)(3)	\$ 50,000				Program Funding
Grace Christian Church 5010 Monticello Road, Columbia, SC 29203	57-0856880	501(c)(3)	\$ 6,375				Program Funding
Harvest Hope Food Bank P.O. Box 451, Columbia, SC 29202	57-0725560	501(c)(3)	\$ 150,000				Program Funding
Killingsworth Home 1831 Pendleton Street, Columbia, SC 29201	57-0659510	501(c)(3)	\$ 11,665				Program Funding
Living Hope Foundation 3719 Louis Rich Road, Newberry, SC 29108	01-0791302	501(c)(3)	\$ 7,673				Program Funding
Mental Illness Recovery Center, Inc. P.O. Box 4246, Columbia, SC 29204	57-0984185	501(c)(3)	\$ 183,750				Program Funding

United Way of the Midlands
Schedule I, Part II, Line 1(a)

57-0314396

(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	(g) Description of non-cash assistance	(h) Purpose of grant
Midlands Housing Alliance 1901 Main Street, Ste. 250, Columbia, SC 29201	20-3524141	501 (c) (3)	\$ 1,932,546	48,796	Fair Market Value of Services Provided	I/T, Administration, and Accounting Services	Program Funding
Midlands Housing Trust Fund 1800 Main Street, Columbia, SC 29201	27-4149384	501 (c) (3)	\$ 100,000				Program Funding
Mt. Pilgrim Baptist Church 1341 McCords Ferry Road, Lugoff, SC 29078	57-1037974	501 (c) (3)	\$ 6,158				Program Funding
Nehemiah Project 1174 Heyward Brockington Road, Columbia, SC 29201	34-2045395	501 (c) (3)	\$ 7,327				Program Funding
Newberry County Council on Aging 1300 Hunt Street, Newberry, SC 29108	23-7079450	501 (c) (3)	\$ 108,500				Program Funding
Newberry County Literacy Council P.O. Box 566, Newberry, SC 29108	57-0877749	501 (c) (3)	\$ 45,500				Program Funding
Orangeburg Boys and Girls Club P.O. Box 2783, Orangeburg, SC 29116	57-0834510	501 (c) (3)	\$ 10,000				Program Funding
Orangeburg Council on Aging P.O. Box 1301, Orangeburg, SC 29116	57-0563459	501 (c) (3)	\$ 12,500				Program Funding
PALLS	57-0841427	501 (c) (3)	\$ 8,000				Program Funding
Parenting Partners 1804 Hampton Street, Columbia, SC 29201	20-2974194	501 (c) (3)	\$ 10,000				Program Funding
Project-Life Positeen 349 Summers Avenue, Orangeburg, SC 29115	54-2159488	501 (c) (3)	\$ 9,381				Program Funding
Pro-Parents 652 Bush River Road Suite 218, Columbia, SC 29210	57-0926571	501 (c) (3)	\$ 12,400				Program Funding
SAFY 800 Dutch Square Blvd., Columbia, SC 29063	57-0940094	501 (c) (3)	\$ 19,884				Program Funding
Salvation Army P.O. Drawer 2786, Columbia, SC 29202	58-0660607	501 (c) (3)	\$ 83,500				Program Funding
Senior Resources 2817 Millwood Avenue, Columbia, SC 28295	57-0484965	501 (c) (3)	\$ 251,050				Program Funding
South Carolina Hispanic Outreach 7900 Nell Street, Columbia, SC 29223	57-1060805	501 (c) (3)	\$ 12,500				Program Funding
South Carolina Victim Assistance 113 Executive Point Blvd., Ste 201, Columbia, SC 29210	57-0813749	501 (c) (3)	\$ 14,394				Program Funding
Touch of Joy P.O. Box 2334, West Columbia, SC 29224	75-3081985	501 (c) (3)	\$ 7,641				Program Funding
Trinity Housing Corporation 2400 Waites Road, Columbia, SC, 29204	57-0898981	501 (c) (3)	\$ 37,725				Program Funding
United Way Association of South Carolina P.O. Box 5655, Columbia, SC 29205	57-0515275	501 (c) (3)	\$ 366,900				Program Funding
United Way Association of Southeastern Missouri 430A Broad, Cape Girardeau, Missouri 63701	44-0556865	501 (c) (3)	\$ 20,000				Program Funding
Vital Connections Main Street, Columbia, SC 29201	1800 14-1854297	501 (c) (3)	\$ 342,590	\$ 101,183	Fair Market Value of Comparable	Use of Rent Free Facilities, I/T and	Program Funding
Donor Designations 1800 Main St. Columbia, SC 29202			\$ 3,451,437				Program Funding
Totals			\$ 11,095,423	\$ 149,979			

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2010

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

57-0314396

Part I Questions Regarding Compensation

	Yes	No								
<p>1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain</p>	1 b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4 a	4 b								
		4 c								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If 'Yes' to line 5a or 5b, describe in Part III.</p>	5 a	5 b								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If 'Yes' to line 6a or 6b, describe in Part III.</p>	6 a	6 b								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III</p>	7									
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III</p>	8									
<p>9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	(i)	146,370.	4,391.	3,000.	0.	28,407.	182,168.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: **UNITED WAY OF THE MIDLANDS** Employer identification number: **57-0314396**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total ▶ \$ _____											

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

57-0314396

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art.....				
2 Art—Historical treasures.....				
3 Art—Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....				
6 Cars and other vehicles.....				
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities—Publicly traded.....	X	19	130,290	FMV
10 Securities—Closely held stock.....				
11 Securities—Partnership, LLC, or trust interests.....				
12 Securities—Miscellaneous.....				
13 Qualified conservation contribution— Historic structures.....				
14 Qualified conservation contribution—Other.....				
15 Real estate—Residential.....				
16 Real estate—Commercial.....				
17 Real estate—Other.....				
18 Collectibles.....				
19 Food inventory.....				
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ▶ (BILLBOARD AD.....)	X	1	60,000	FMV
26 Other ▶ (NEWSPAPER AD.....)	X	1	100,000	FMV
27 Other ▶ (TELEVISION AD.....)	X	1	40,000	FMV
28 Other ▶ (OTHER.....)	X	4	3,136	FMV

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

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

SEE PART II

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

Schedule M (Form 990) 2010

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES

SEVERAL INVESTMENT COMPANIES ARE USED TO HANDLE THE TRANSFER OF ANY STOCK

CONTRIBUTIONS RECEIVED. THESE COMPANIES SELL THE CONTRIBUTED STOCK IN THE NAME OF

THE ORGANIZATION AND PROVIDE THE FUNDS TO THE ORGANIZATION MINUS A SMALL FEE.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

57-0314396

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

UNITED WAY OF THE MIDLANDS USES THE COMMUNITY IMPACT MODEL TO ADVANCE THE COMMON
GOOD IN THE MIDLANDS' SIX COUNTIES. MORE THAN 150 VOLUNTEERS WORK WITH STAFF TO
IDENTIFY EFFECTIVE PROGRAM STRATEGIES AND OPPORTUNITIES IN THE AREAS OF EDUCATION,
HEALTH, AND FINANCIAL STABILITY.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ORGANIZATIONAL DEVELOPMENT INITIATIVES - UNITED WAY OF THE MIDLANDS IS IN A UNIQUE
POSITION TO HELP BUILD A STRONGER COMMUNITY BY ACTIVATING VOLUNTEERS AND PROVIDING
TRAINING AND TECHNICAL ASSISTANCE TO LOCAL NONPROFITS. UWM'S VOLUNTEER CENTER PLACED
610 VOLUNTEERS FOR A TOTAL OF 2,640 HOURS OF SERVICE. WE SECURED INDIVIDUALS TO
SERVE ONE-YEAR AS AMERICORPS VISTA TO HELP LOCAL NONPROFITS CREATE AND EXPAND
PROGRAMS THAT BRING LOW-INCOME INDIVIDUALS OUT OF POVERTY. OUR PARTNERS IN
COMPASSION INSTITUTE SUPPORTED INCREASED CAPACITY AT 19 ORGANIZATIONS AND PROVIDED
\$180,000 IN FINANCIAL AWARDS.

EDUCATION INITIATIVES - EDUCATION IS THE CORNERSTONE OF INDIVIDUAL AND COMMUNITY
SUCCESS. UNITED WAY OF THE MIDLANDS' SUPPORT OF EDUCATION AND RELATED PROGRAMS
RESULTED IN: DELIVERING 113 STATE APPROVED TRAININGS TO MORE THAN 1,900 CHILD CARE
PROFESSIONALS; MATCHING MORE THAN 200 CHILDREN WITH TUTORS TO IMPROVE READING
SKILLS; CONNECTING MORE THAN 4,500 STUDENTS TO ADULT ROLE MODELS AND MENTORS TO HELP
THEM SUCCEED IN SCHOOL; PROVIDING 3,200 STUDENTS WITH QUALITY AFTER SCHOOL PROGRAMS
SO THAT MORE THAN 90% MAINTAINED OR IMPROVED THEIR GRADES; HELPING MORE THAN 1,800
PARENTS ENGAGE IN ACTIVITIES DESIGNED TO INCREASE THEIR INVOLVEMENT WITH THEIR
CHILDREN'S EDUCATION; PROVIDING LITERACY AND PRE-EMPLOYMENT TRAINING TO 280 ADULTS.

Name of the organization

UNITED WAY OF THE MIDLANDS

Employer identification number

57-0314396

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

DIRECTORS WERE E-MAILED A COPY OF THE RETURN, ASKED TO REVIEW, AND RESPOND WITH ANY QUESTIONS THEY HAD REGARDING THE INFORMATION THEREIN.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS ARE ASKED ANNUALLY TO COMPLETE A CONFLICT OF INTEREST STATEMENT. ALL POTENTIAL CONFLICTS, REGARDLESS OF TYPE AND AMOUNT, WERE REQUIRED TO BE DISCLOSED. ALL BOARD MEMEBERS ARE ALSO REQUIRED TO SIGN A CODE OF ETHICS DOCUMENT. IF A MEMBER IS DEEMED TO HAVE A CONFLICT OF INTEREST, THAT MEMBER WILL REFRAIN FROM VOTING ON THE ISSUE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS PROVIDED WITH A WRITTEN PERFORMANCE REPORT OF THE EXECUTIVE DIRECTOR. THEY ARE ALSO PROVIDED WITH COMPARABLE SALARY INFORMATION FROM UNITED WAY WORLDWIDE. THE EXECUTIVE COMMITTEE MEETS INDEPENDENTLY TO STUDY THE INFORMATION, DISCUSS, AND MAKE A RECOMMENDATION. THE CHAIRMAN OF THE BOARD REVIEWS THE RECOMMENDATION AND RELATED INFORMATION AND THE FULL BOARD OF DIRECTORS VOTES ON WHETHER OR NOT TO APPROVE THE RECOMMENDATION. SUBSTANTIATION OF THE DELIBERATION IS RECORDED IN THE MINUTES OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE AND ARE ALSO PUBLISHED IN LOCAL PAPERS UPON COMPLETION OF THE ORGANIZATION'S ANNUAL AUDIT.

UNITED WAY OF THE MIDLANDS

57-0314396

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.	\$	-5,241.
TOTAL	\$	<u>-5,241.</u>

2010

FEDERAL FILING INSTRUCTIONS

UNITED WAY OF THE MIDLANDS

57-0314396

FORM TO FILE:

FORM 990-T - 2010 EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

SIGNATURE:

SIGN AND DATE FORM 990-T.

PAYMENT:

NO PAYMENT IS REQUIRED.

WHEN TO FILE:

ON OR BEFORE NOVEMBER 15, 2011.

WHERE TO FILE:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2010 or other tax year beginning 7/01, 2010,
and ending 6/30, 2011

2010

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

Open to Public Inspection for
501(c)(3) Organizations Only

A <input checked="" type="checkbox"/> Check box if address changed		<input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number (Employees' trust, see instructions.) 57-0314396
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	UNITED WAY OF THE MIDLANDS 1800 MAIN STREET COLUMBIA, SC 29201		E Unrelated business activity codes (See instructions.)

C Book value of all assets at end of year 12,192,473.	F Group exemption number (See instructions.) ▶	G Check organization type. . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		
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H Describe the organization's primary unrelated business activity.
▶ **RENT OF FLOOR SPACE IN MAIN OFFICE BUILDING**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
If 'Yes,' enter the name and identifying number of the parent corporation. . . ▶

J The books are in care of. ▶ **RICHARD BUTCHER** Telephone number ▶ **803-758-6995**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales.				
b Less returns and allowances. c Balance ▶	1 c			
2 Cost of goods sold (Schedule A, line 7).	2			
3 Gross profit. Subtract line 2 from line 1c.	3			
4 a Capital gain net income (attach Schedule D).	4 a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	4 b			
c Capital loss deduction for trusts.	4 c			
5 Income (loss) from partnerships and S corporations (attach statement).	5			
6 Rent income (Schedule C).	6	87,275.	87,339.	-64.
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach schedule.)	12			
13 Total. Combine lines 3 through 12.	13	87,275.	87,339.	-64.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K).	14			
15 Salaries and wages	15			
16 Repairs and maintenance.	16			
17 Bad debts	17			
18 Interest (attach schedule).	18			
19 Taxes and licenses.	19			
20 Charitable contributions (See instructions for limitation rules.)	20			
21 Depreciation (attach Form 4562).	21	6,334.		
22 Less depreciation claimed on Schedule A and elsewhere on return.	22 a	6,334.	22 b	
23 Depletion	23			
24 Contributions to deferred compensation plans.	24			
25 Employee benefit programs.	25			
26 Excess exempt expenses (Schedule I).	26			
27 Excess readership costs (Schedule J)	27			
28 Other deductions (attach schedule).	28			
29 Total deductions. Add lines 14 through 28.	29			
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30			-64.
31 Net operating loss deduction (limited to the amount on line 30)	31			
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.	32			-64.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions).	33			
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34			-64.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here . See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 **35 c** 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax. **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40 a**

b Other credits (see instructions) **40 b**

c General business credit. Attach Form 3800 **40 c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40 d**

e Total credits. Add lines 40a through 40d **40 e** 0.

41 Subtract line 40e from line 39 **41** 0.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
 Other (attach schedule) **42**

43 Total tax. Add lines 41 and 42 **43** 0.

44 a Payments: A 2009 overpayment credited to 2010 **44 a**

b 2010 estimated tax payments **44 b**

c Tax deposited with Form 8868 **44 c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44 d**

e Backup withholding (see instructions) **44 e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44 f**

g Other credits and payments: Form 2439 _____
 Form 4136 _____ Other _____ Total **44 g**

45 Total payments. Add lines 44a through 44g **45** 0.

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48**

49 Enter the amount of line 48 you want: **Credited to 2011 estimated tax** ▶ **Refunded** ▶ **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0. **Yes** **No**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year 1	6 Inventory at end of year 6
2 Purchases 2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7
3 Cost of labor 3	
4 a Additional section 263A costs (attach schedule) 4 a	
b Other costs (attach sch) 4 b	
5 Total. Add lines 1 through 4b 5	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer _____ Date _____ **CFO** Title _____
 May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name: **CHANDA D. HORNE, CPA** Preparer's signature: *Chanda D. Horne, CPA* Date: **11.15.11**
 Firm's name: **MOORE BEAUSTON & WOODHAM LLP** Check if self-employed PTIN: **P00850102**
 Firm's address: **150 N NINTH STREET WEST COLUMBIA, SC 29169** Firm's EIN: **57-0966291**
 Phone no.: **(803) 791-7472**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property

(1) BUILDING - 1800 MAIN ST. COLUMBIA, SC		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 1
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	87,275.	87,339.
(2)		
(3)		
(4)		
Total	Total 87,275.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		87,275.
		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
		87,339.

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of Controlled Organization		Exempt Controlled Organizations			
		2 Employer Identification Number	3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A)	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14.			

UNITED WAY OF THE MIDLANDS

57-0314396

STATEMENT 1
FORM 990-T, SCHEDULE C, LINE 3
DEDUCTIONS DIRECTLY CONNECTED WITH INCOME

BUILDING - 1800 MAIN ST. COLUMBIA, SC

DEPRECIATION	\$	6,334.
INSURANCE		470.
LEGAL AND PROFESSIONAL FEES		3,951.
REPAIRS		1,742.
SUPPLIES		3,325.
TAXES		4,549.
TELEPHONE		865.
WAGES AND SALARIES		43,061.
BENEFITS		11,183.
POSTAGE		345.
OCCUPANCY		7,088.
PRINTING		158.
STAFF DEVELOPMENT		1,493.
MEMBERSHIP DUES		92.
EQUIPMENT/BUILDING		190.
OTHER		2,493.
TOTAL	\$	<u>87,339.</u>

UNITED WAY OF THE MIDLANDS

**INSTRUCTIONS FOR FILING
STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

Sign and date the Form 990, and mail by November 15, 2011 to:

*SECRETARY OF STATE
ATTN: DIVISION OF PUBLIC CHARITIES
P.O. BOX 11350
COLUMBIA, SC 29211*

We recommend that you mail the form "CERTIFIED - RETURN RECEIPT REQUESTED."