

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

UNITED WAY OF GREATER HIGH POINT, INC.

EIN or SSN

56-0547486

Name and title of officer or person subject to tax

**BETSY LOWDER
CFO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>4,344,379.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CARR, RIGGS & INGRAM, P.L.L.C. to enter my PIN 81493
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

Signature of officer or person subject to tax

Date 11/09/2023

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.

56612836331

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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 CARR, RIGGS & INGRAM, P.L.L.C.

Date 11/08/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)



November 8, 2023

United Way of Greater High Point, Inc.
815 Phillips Avenue
High Point, NC 27262

United Way of Greater High Point, Inc.:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Lisa Poplin

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

United Way of Greater High Point, Inc.
815 Phillips Avenue
High Point, NC 27262

Prepared By:

Carr, Riggs & Ingram, P.L.L.C.
PO Box 5869
High Point, NC 27262

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office using our secure file transfer website – <https://cricpa.sharefile.com/share/filedrop> . We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER HIGH POINT, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 815 PHILLIPS AVENUE City or town, state or province, country, and ZIP or foreign postal code HIGH POINT, NC 27262 F Name and address of principal officer: JANE LIEBSCHER 815 PHILLIPS AVENUE, HIGH POINT, NC 27262	D Employer identification number 56-0547486 E Telephone number 336-883-4127 G Gross receipts \$ 4,344,379. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.UNITEDWAYHP.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1935 M State of legal domicile: NC

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: UNITED WAY FOCUSES ON MAKING A MEASURABLE IMPACT IN OUR COMMUNITY IN THESE AREAS: EDUCATION,		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	15
	6	Total number of volunteers (estimate if necessary)	6	525
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	4,073,888.	4,150,590.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,125.	113,195.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,811.	80,594.
			4,194,824.	4,344,379.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,582,910.	2,376,517.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	695,068.	755,932.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	549,616.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	958,367.	1,070,995.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,236,345.	4,203,444.
	19	Revenue less expenses. Subtract line 18 from line 12	-41,521.	140,935.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	5,908,480.	6,356,501.
	22	Net assets or fund balances. Subtract line 21 from line 20	543,429.	687,189.
			5,365,051.	5,669,312.

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 BETSY LOWDER, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name LISA POPLIN	Preparer's signature LISA POPLIN
	Firm's name CARR, RIGGS & INGRAM, P.L.L.C.	Date 11/08/23
	Firm's address PO BOX 5869 HIGH POINT, NC 27262	Check if self-employed <input checked="" type="checkbox"/> PTIN P00067260
		Firm's EIN 72-1396621 Phone no. 336.884.0410

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION: WE DEVELOP RESOURCES AND PARTNERSHIPS THAT MAKE A MEASURABLE DIFFERENCE IN PEOPLE'S LIVES.

OUR VISION: UNITED WAY OF GREATER HIGH POINT WILL BE THE RECOGNIZED

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,142,822. including grants of \$ 2,376,517.) (Revenue \$) COMMUNITY IMPACT - WITH THE HELP OF HUNDREDS OF COMMUNITY VOLUNTEERS AND THOUSANDS OF DONATIONS, THE UNITED WAY OF GREATER HIGH POINT FUNDS PROGRAMS THAT TOUCH APPROXIMATELY 70,000 PEOPLE EACH YEAR.

TOWARDS THOSE GOALS, \$2,182,855 WAS ALLOCATED TO 61 PROGRAMS AT 27 LOCAL PARTNER AGENCIES IN 2022 - 2023.

(1) INVESTING IN EDUCATION:

UNITED WAY GOALS: TO PREPARE LOCAL CHILDREN ACADEMICALLY AND SOCIALLY; TO SUPPLY LOCAL PARENTS WITH THE TOOLS TO MEET THE CHALLENGES OF PARENTING HEAD ON. TO PARTNER WITH YOUTH DEVELOPMENT AND MENTORING

4b (Code:) (Expenses \$ 113,658. including grants of \$) (Revenue \$) WOMEN IN MOTION - UNITED WAY OF GREATER HIGH POINT IS A FISCAL SPONSOR FOR THIS COLLABORATION AND IT IS A WOMEN'S INITIATIVE THAT BRINGS AREA WOMEN TOGETHER TO ENCOURAGE EACH OTHER'S LEADERSHIP, PROFESSIONAL SUCCESS, PERSONAL WELLNESS, AND FINANCIAL INDEPENDENCE.

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

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

4e Total program service expenses 3,256,480.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> 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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 27		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 27		
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, 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	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
BETSY LOWDER - 336-883-4127
815 PHILLIPS AVENUE, HIGH POINT, NC 27262

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JANE LIEBSCHER PRESIDENT	40.00			X			108,801.	0.	19,942.	
(2) BETSY LOWDER CFO	40.00			X			98,057.	0.	19,482.	
(3) JOANNA NIFONG BOARD CHAIR	2.00	X		X			0.	0.	0.	
(4) TOMMY REID BOARD CHAIR-ELECT	2.00	X		X			0.	0.	0.	
(5) MICHELLE MCNAIR PAST BOARD CHAIR	2.00	X		X			0.	0.	0.	
(6) SUSAN FAGG 2022 CAMPAIGN CHAIR	2.00	X		X			0.	0.	0.	
(7) DR. DAN TARARA COMMUNITY IMPACT CHAIR	2.00	X		X			0.	0.	0.	
(8) PHILIP KURLAND TREASURER	2.00	X		X			0.	0.	0.	
(9) ERICKA BEST-HUNT SECRETARY	2.00	X		X			0.	0.	0.	
(10) CYRIL JEFFERSON DIRECTOR	1.00	X					0.	0.	0.	
(11) FRANK THOMAS DIRECTOR	1.00	X					0.	0.	0.	
(12) CAREN YORK DIRECTOR	1.00	X					0.	0.	0.	
(13) SCOTTI TESCHKE DIRECTOR	1.00	X					0.	0.	0.	
(14) JENNA BEANE DIRECTOR	1.00	X					0.	0.	0.	
(15) PATRICK BUDD DIRECTOR	1.00	X					0.	0.	0.	
(16) KEVIN GRIER DIRECTOR	1.00	X					0.	0.	0.	
(17) ALYCE WARDEN DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARSHALL MORGAN DIRECTOR	1.00	X						0.	0.	0.
(19) DJ SENERES DIRECTOR	1.00	X						0.	0.	0.
(20) CHRIS BRYAN DIRECTOR	1.00	X						0.	0.	0.
(21) JOE FISHER DIRECTOR	1.00	X						0.	0.	0.
(22) BRANDON FLINCHUM DIRECTOR	1.00	X						0.	0.	0.
(23) DAVE TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(24) JUSTIN THOMPSON DIRECTOR	1.00	X						0.	0.	0.
(25) TONY BERTSCHI DIRECTOR	1.00	X						0.	0.	0.
(26) ROB BLAKELY DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								206,858.	0.	39,424.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								206,858.	0.	39,424.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 3,965,343.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 185,247.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 41,589.				
	h	Total. Add lines 1a-1f		4,150,590.			
Program Service Revenue	2 a	_____	Business Code				
	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)		89,324.		89,324.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	0.			
	c	Gain or (loss)	7c	23,871.			
d	Net gain or (loss)		23,871.			23,871.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	Business Code 900099	80,594.		80,594.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		80,594.			
12	Total revenue. See instructions		4,344,379.	0.	0.	193,789.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,376,517.	2,376,517.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	271,454.	45,381.	128,045.	98,028.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	314,790.	103,528.	69,247.	142,015.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	125,270.	25,203.	42,744.	57,323.
10 Payroll taxes	44,418.	11,338.	14,866.	18,214.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	24,900.		19,500.	5,400.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,388.		23,388.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	19,073.	1,515.	13,593.	3,965.
12 Advertising and promotion	7,414.	4,830.	4.	2,580.
13 Office expenses	47,816.	12,311.	3,952.	31,553.
14 Information technology	128,191.	41,710.	31,929.	54,552.
15 Royalties				
16 Occupancy	42,420.	12,961.	10,660.	18,799.
17 Travel	11,111.	2,854.	409.	7,848.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	54,952.	44,426.	2,193.	8,333.
20 Interest	944.	288.	236.	420.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,935.	8,040.	6,484.	11,411.
23 Insurance	5,526.	920.	3,264.	1,342.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ALLOW. UNCOLLECTIBLE PL	249,894.	249,894.		
b SPECIAL PROJECTS	224,911.	224,911.		
c PROCESSING FEES	68,228.	68,225.	3.	
d DUES & SUBSCRIPTIONS	58,447.	12,409.	18,089.	27,949.
e All other expenses	77,845.	9,219.	8,742.	59,884.
25 Total functional expenses. Add lines 1 through 24e	4,203,444.	3,256,480.	397,348.	549,616.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	449,774.	2	380,073.
	3 Pledges and grants receivable, net	1,583,612.	3	1,441,417.
	4 Accounts receivable, net	2,919.	4	200,251.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	191,848.	9	189,548.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 915,224.		
	b Less: accumulated depreciation	10b 241,272.		
	11 Investments - publicly traded securities	686,251.	10c	673,952.
	12 Investments - other securities. See Part IV, line 11	2,994,076.	11	3,436,455.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	0.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,908,480.	15	34,805.	
		16	6,356,501.	
Liabilities	17 Accounts payable and accrued expenses	35,542.	17	28,520.
	18 Grants payable	507,887.	18	429,248.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	229,421.
	26 Total liabilities. Add lines 17 through 25	543,429.	26	687,189.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,725,673.	27	2,884,367.
	28 Net assets with donor restrictions	2,639,378.	28	2,784,945.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,365,051.	32	5,669,312.
	33 Total liabilities and net assets/fund balances	5,908,480.	33	6,356,501.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,344,379.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,203,444.
3	Revenue less expenses. Subtract line 2 from line 1	3	140,935.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,365,051.
5	Net unrealized gains (losses) on investments	5	163,327.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,669,312.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4754272.	5158923.	4384499.	4093438.	4150590.	22541722.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4754272.	5158923.	4384499.	4093438.	4150590.	22541722.
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)						
6 Public support. Subtract line 5 from line 4.						22541722.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4754272.	5158923.	4384499.	4093438.	4150590.	22541722.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50,039.	35,361.	23,757.	41,125.	89,324.	239,606.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	84,229.	80,716.	83,028.	79,811.	80,594.	408,378.
11 Total support. Add lines 7 through 10						23189706.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 2022 (line 6, column (f), divided by line 11, column (f))	14	97.21	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.44	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
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			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number

56-0547486

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization UNITED WAY OF GREATER HIGH POINT, INC.	Employer identification number 56-0547486
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>CROSS COMPANY</u> <u>4400 PIEDMONT PARKWAY</u> <u>GREENSBORO, NC 27410</u>	\$ <u>85,251.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>HIGH POINT UNIVERSITY</u> <u>1 N UNIVERSITY PKWY</u> <u>HIGH POINT, NC 27268</u>	\$ <u>140,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>MARSH FURNITURE</u> <u>1001 S. CENTENNIAL STREET</u> <u>HIGH POINT, NC 27260</u>	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF GREATER HIGH POINT, INC.	Employer identification number 56-0547486
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNITED WAY OF GREATER HIGH POINT, INC.	Employer identification number 56-0547486
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization UNITED WAY OF GREATER HIGH POINT, INC. Employer identification number 56-0547486

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on 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, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,000,000.	1,000,000.	1,000,000.	1,000,000.	1,000,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,000,000.	1,000,000.	1,000,000.	1,000,000.	1,000,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		170,749.		170,749.
b Buildings		528,503.	81,898.	446,605.
c Leasehold improvements				
d Equipment		215,972.	159,374.	56,598.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				673,952.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES - ERC	194,616.
(3) OPERATIONG LEASE LIABILITIES	34,805.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,751,077.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	163,327.	
b	Donated services and use of facilities	2b	12,200.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		175,527.
3	Subtract line 2e from line 1	3		3,575,550.
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	23,388.	
b	Other (Describe in Part XIII.)	4b	745,441.	
c	Add lines 4a and 4b	4c		768,829.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		4,344,379.

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

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

1	Total expenses and losses per audited financial statements		1	3,446,815.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	12,200.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		12,200.
3	Subtract line 2e from line 1	3		3,434,615.
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	23,388.	
b	Other (Describe in Part XIII.)	4b	745,441.	
c	Add lines 4a and 4b	4c		768,829.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		4,203,444.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUND CONSISTS OF ASSETS DESIGNATED BY TWO DONORS AS BEING FOR PERMANENT INVESTMENT. THE EARNINGS ARE TO BE USED FOR "STRENGTHENING INDIVIDUALS AND FAMILIES" AND "IMPROVING LIVES OF CHILDREN AND YOUTH." TWO DESIGNATED DISBURSEMENTS UP TO THE SPENDING LIMIT OF EACH ENDOWMENT ARE TO BE MADE ANNUALLY TO THE UNITED WAY ANNUAL FUNDRAISING CAMPAIGN.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	249,894.
DESIGNATIONS	495,547.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	745,441.

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES 249,894.

DESIGNATIONS 495,547.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 745,441.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF GREATER HIGH POINT, INC.** Employer identification number **56-0547486**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COUNTY OF GUILFORD 300 S. CENTENNIAL STREET HIGH POINT, NC 27260	56-6000305		79,615.	0.			CHILDCARE SCHOLARSHIPS
ALCOHOL AND DRUG SERVICES OF GUILFORD - 119 CHESTNUT DRIVE - HIGH POINT, NC 27262	56-0962164		33,127.	0.			PREVENTION SERVICES AND DESIGNATIONS
AMERICAN RED CROSS GREATER HIGH POINT-DAVIDSON CHAPTER - 815 PHILLIPS AVE. - HIGH POINT, NC 27262	53-0196605		32,832.	0.			EMERGENCY SERVICES AND DESIGNATIONS
ARC OF HIGH POINT 153 E. BELLEVUE HIGH POINT, NC 27265	56-6065287		30,294.	0.			ADVOCACY; COMMUNITY OUTREACH; HEALTHY LIVING AND DESIGNATIONS
BIG BROTHERS BIG SISTERS OF THE CENTRAL PIEDMONT - PO BOX 627 - HIGH POINT, NC 27261	20-4648395		115,190.	0.			MATCHES; MENTORING CHILDREN OF PRISONERS AND DESIGNATIONS
BOY SCOUTS OF AMERICA, OLD NORTH STATE COUNCIL - PO BOX 29046 - GREENSBORO, NC 27429	56-1762001		37,457.	0.			SCOUTING AND DESIGNATIONS

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

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF GREATER HIGH POINT - PO BOX 2834 - HIGH POINT, NC 27261	56-2094591		162,256.	0.			EDUCATION & CAREER DEVELOPMENT; HEALTH & LIFE SKILLS AND DESIGNATIONS
COMMUNITIES IN SCHOOLS - HIGH POINT - PO BOX 6735 - HIGH POINT, NC 27262	56-1610073		81,763.	0.			21ST CENTURY SCHOLARS; GRAND PALS; VOLUNTEERS/JUMP START READING AND DESIGNATIONS
COMMUNITIES IN SCHOOLS - RANDOLPH COUNTY - 1011 SUNSET AVE. - ASHEBORO, NC 27203	56-2034974		35,142.	0.			PERFORMING ARTS PROGRAM; MENTORING/TUTORING; TRANSITIONS AND DESIGNATIONS
COMMUNITY CLINIC OF HIGH POINT PO BOX 5607 HIGH POINT, NC 27262	56-1795022		74,595.	0.			INDIGENT CARE AND DESIGNATIONS
FAMILY SERVICE OF THE PIEDMONT 902 BONNER DRIVE JAMESTOWN, NC 27282	56-2061741		206,633.	0.			CHILDHOOD ENHANCEMENT; CONSUMER CREDIT COUNSELING; CRISIS SERVICES INTEGRATED DUAL
GIRL SCOUTS, CAROLINA, PEAKS TO PIEDMONT - 8818 WEST MARKET STREET - COLFAX, NC 27235	57-0577629		26,691.	0.			SCOUTING AND DESIGNATIONS
MENTAL HEALTH ASSOCIATES OF THE TRIAD - PO BOX 5693 - HIGH POINT, NC 27262	56-1058200		54,415.	0.			OUTPATIENT MENTAL HEALTH SERVICES; DESTINY HOUSE AND DESIGNATIONS
ONE STEP FURTHER 623 EUGENE COURT GREENSBORO, NC 27401	58-1484818		15,971.	0.			COMMUNITY SERVICE RESTITUTION; GUILFORD COUNTY TEEN COURT; MEDIATION SERVICES;
OPEN DOOR MINISTRIES PO BOX 1528 HIGH POINT, NC 27261	56-1576543		35,920.	0.			ARTHUR CASSELL HOUSE; EMERGENCY ASSISTANCE; EMERGENCY SHELTER; FATHER'S TABLE; PERMANENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIEDMONT HEALTH SERVICES AND SICKLE CELL AGENCY - PO BOX 20964 - GREENSBORO, NC 27420	23-7362747		61,960.	0.			SCOPE HIV/AIDS OUTREACH; LEARNING TO BE HEALTHY, SICKLE CELL SERVICES AND DESIGNATIONS
RANDOLPH SENIOR ADULTS ASSOCIATION PO BOX 1852 ASHEBORO, NC 27204	58-0002531		19,315.	0.			LUNCH PROGRAM; MOBILE MEALS AND DESIGNATIONS
THE SALVATION ARMY BOYS & GIRLS CLUBS - 121 SW CLOVERLEAF PLACE - HIGH POINT, NC 27263	58-0660607		40,306.	0.			HEALTH & LIFE SKILLS; EDUCATION AND CHARACTER DEVELOPMENT AND DESIGNATIONS
THE SALVATION ARMY PO BOX 300 HIGH POINT, NC 27261	56-0660607		162,354.	0.			EMERGENCY ASSISTANCE; EMERGENCY SHELTER; SHELTER AND TRANSITIONAL HOUSING AND DESIGNATIONS
SENIOR RESOURCES OF GUILFORD COUNTY - PO BOX 21993 - GREENSBORO, NC 27420	56-1181577		76,970.	0.			ACCESS TO SERVICES; COMMUNITY BASED SERVICES; VOLUNTEER SERVICES AND DESIGNATIONS
TRIAD HEALTH PROJECT PO BOX 5716 GREENSBORO, NC 27435	58-1705502		47,383.	0.			HIV PREVENTION & CARE AND DESIGNATIONS
YMCA OF GREATER HIGH POINT PO BOX 6258 HIGH POINT, NC 27262	56-0530014		162,497.	0.			YOUTH PROGRAM SCHOLARSHIPS: AFTERSCHOOL/SUMMER PROGRAMS; CHILDCARE AND
YOUTH UNLIMITED PO BOX 485 HIGH POINT, NC 27261	56-0904267		30,959.	0.			RESIDENTIAL PROGRAMS AND DESIGNATIONS
YWCA OF HIGH POINT 112 GATEWOOD AVE. HIGH POINT, NC 27262	56-0579600		201,318.	0.			AQUATICS & WELLNESS; ADOLESCENT PARENTING PROGRAM; YOUTH SERVICES; WOMEN'S RESOURCE CENTER;

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

PATRIOT ACT FORMS

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE OF THE PIEDMONT

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDHOOD ENHANCEMENT; CONSUMER

CREDIT COUNSELING; CRISIS SERVICES INTEGRATED DUAL DIAGNOIS AND

DESIGNATIONS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ONE STEP FURTHER

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY SERVICE RESTITUTION;
GUILFORD COUNTY TEEN COURT; MEDIATION SERVICES; COMMUNITY SUPPORT &
NUTRITION; SCHOOL BASED JUVENILE RESTORATIVE SERVICES AND DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: OPEN DOOR MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: ARTHUR CASSELL HOUSE; EMERGENCY
ASSISTANCE; EMERGENCY SHELTER; FATHER'S TABLE; PERMANENT SUPPORTIVE
HOUSING AND DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF GREATER HIGH POINT

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH PROGRAM SCHOLARSHIPS:
AFTERSCHOOL/SUMMER PROGRAMS; CHILDCARE AND DESIGNATIONS; CAMP; MINORITY
ACHIEVERS/TEEN PROGRAM; MEMBERSHIP SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF HIGH POINT

(H) PURPOSE OF GRANT OR ASSISTANCE: AQUATICS & WELLNESS; ADOLESCENT
PARENTING PROGRAM; YOUTH SERVICES; WOMEN'S RESOURCE CENTER; TEACHING
KITCHEN; LATINO FAMILY RESOURCE CENTER AND DESIGNATIONS; HERMANOS &
HERMANAS; EL PUEBLO: COMMUNITY ACCESS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **UNITED WAY OF GREATER HIGH POINT, INC.**
Employer identification number: **56-0547486**

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	X	1	22,213.	FAIR VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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 (<u>PRINT ADS AND V</u>)	X	0	16,500.	FAIR VALUE
26 Other (<u>MISCELLANEOUS</u>)	X	0	2,876.	FAIR VALUE
27 Other (_____)				
28 Other (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number

56-0547486

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

FINANCIAL STABILITY, HEALTH. THANKS TO YOUR DONATIONS, IN 2022-2023 THE UNITED WAY OF GREATER HIGH POINT FUNDED 61 PROGRAMS AT 27 PARTNER AGENCIES, SERVING THE HIGH POINT, ARCHDALE, TRINITY, AND JAMESTOWN COMMUNITIES. THESE UNITED WAY-FUNDED PROGRAMS HELP CHILDREN LEARN AND HELP FAMILIES THRIVE, BUILD STRENGTH AND SAFETY WITHIN OUR NEIGHBORHOODS, AND IMPROVE THE HEALTH OF OUR COMMUNITIES THROUGHOUT GREATER HIGH POINT.

IN ADDITION, THE UNITED WAY OF GREATER HIGH POINT WORKS HAND-IN-HAND WITH NUMEROUS COMMUNITY PARTNERSHIPS AND INITIATIVES INCLUDING THE GREATER HIGH POINT FOOD ALLIANCE, PARTNERS ENDING HOMELESSNESS, THE AFRICAN AMERICAN INITIATIVE, PROJECT BOARD DEVELOPMENT, WOMEN IN MOTION, AND THE UNITED WAY OF GREATER HIGH POINT'S OWN BACKPACK PROGRAM.

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

COMMUNITY CATALYST IN MAKING CHILDREN AND YOUTH SUCCESSFUL, FAMILIES STRONGER, AND NEIGHBORHOODS MORE VITAL.

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

PROGRAMS TO ENSURE AT-RISK YOUTH MEET THEIR FULL POTENTIAL.

49% OF ALLOCATED DOLLARS WERE INVESTED IN PROGRAMS AIMED AT PROMOTING EDUCATION/THRIVING CHILDREN AND FAMILIES IN 2022 - 2023.

Name of the organization UNITED WAY OF GREATER HIGH POINT, INC.	Employer identification number 56-0547486
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(2) FOCUS ON FINANCIAL STABILITY:

UNITED WAY GOALS: TO ENSURE COMMUNITY MEMBERS IN CRISIS OR TRANSITION, SUCCESSFULLY ACCESS THE RESOURCES AVAILABLE IN THEIR TIME OF NEED. TO SUPPORT THOSE FACING LIFE CHALLENGES INCLUDING UNEMPLOYMENT; DISABILITIES AND HOMELESSNESS HAVE THE POTENTIAL TO LIVE AS INDEPENDENTLY AS POSSIBLE THROUGH PROGRAMS FUNDED BY UNITED WAY OF GREATER HIGH POINT DONATIONS.

26% OF ALLOCATED DOLLARS WERE INVESTED IN PROGRAMS FOR INCOME/INDEPENDENT AND SELF-SUFFICIENT PEOPLE AND SAFE NEIGHBORHOODS IN 2022 - 2023 .

(3) PROVIDING PROGRAMS THAT ENCOURAGE HEALTH:

UNITED WAY GOALS: TO ENCOURAGE ALL COMMUNITY MEMBERS TO BE PHYSICALLY, MENTALLY AND EMOTIONALLY WELL.

25% OF ALLOCATED DOLLARS WERE INVESTED IN PROGRAMS FALLING UNDER THE HEALTHY PEOPLE IMPACT AREA SUPPORTED BY UNITED WAY IN 2022-2023.

COMMUNITY IMPACT PROGRAMS INCLUDE THE FOLLOWING: PARTNERS ENDING HOMELESSNESS, GREATER HIGH POINT FOOD ALLIANCE, THE BACKPACK PROGRAM, CAMPAIGN FOOD DRIVE, 2-1-1 NEED HELP? WANT TO GIVE HELP?, PROJECT BOARD DEVELOPMENT, THE AFRICAN AMERICAN INITIATIVE, WOMEN IN MOTION, AND THE BOB BROWN UNITED WAY SCHOLARSHIP.

PARTNERS ENDING HOMELESSNESS - THE UNITED WAY OF GREATER HIGH POINT IS A PROUD PARTNER IN THE IMPLEMENTATION OF PARTNERS ENDING HOMELESSNESS

Name of the organization UNITED WAY OF GREATER HIGH POINT, INC.	Employer identification number 56-0547486
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IN GUILFORD COUNTY. PARTNERS ENDING HOMELESSNESS HAS A VISION OF A COMMUNITY COURAGEOUSLY DEDICATED TO ENDING HOMELESSNESS IN GUILFORD COUNTY. THE PEH MISSION IS TO ENGAGE CRITICAL STAKE HOLDERS TO BRING ABOUT EFFECTIVE SOLUTIONS THROUGH COLLABORATIONS, ADVOCACY, AND RESOURCES. ALL OF THIS IS DRIVEN BY THE VALUES OF VISION - SEEKING GREATER PERSPECTIVE AND DEEPER UNDERSTANDING OF THE COMMUNITY'S NEEDS; STEWARDSHIP - ACCOUNTABILITY OF THE HIGHEST STANDARDS FOR THE RESOURCES IN PEH'S CARE THAT BENEFIT THE COMMUNITY SERVED; PARTNERSHIP - BUILDING COLLABORATIVE RELATIONSHIPS WITH A NETWORK OF PROVIDERS, FUNDERS, AND COMMUNITY STAKEHOLDERS; INTEGRITY - DEDICATION TO EXCELLENCE IN WORK AND COMMIT TO UNWAVERING TRANSPARENCY IN ALL THAT IS DONE; ADVOCACY - CHAMPIONING THE COMMUNITY'S SOLUTIONS TO END HOMELESSNESS.

GREATER HIGH POINT FOOD ALLIANCE - THE UNITED WAY OF GREATER HIGH POINT PARTNERS WITH THE GREATER HIGH POINT FOOD ALLIANCE TO WORK TOWARDS A MORE FOOD-SECURE COMMUNITY. THE GREATER HIGH POINT FOOD ALLIANCES' MISSION IS TO COORDINATE AND IMPROVE THE EFFECTIVENESS OF ENTITIES IN GREATER HIGH POINT FOCUSED ON ALLEVIATING HUNGER BY CREATING AND EXECUTING CITYWIDE AND NEIGHBORHOOD-FOCUSED INITIATIVES TO DEVELOP MORE JUST AND SUSTAINABLE FOOD SYSTEMS.

THE BACKPACK PROGRAM - STUDIES SHOW THAT SCHOOL-AGED CHILDREN DO NOT LEARN AS EFFECTIVELY ON AN EMPTY STOMACH. HUNGER CAN AFFECT CHILDREN'S ACADEMIC PERFORMANCE, RELATIONSHIP BUILDING SKILLS AND THEIR OVERALL SELF-ESTEEM. THE BACKPACK PROGRAM AIMS TO ADDRESS CHILDHOOD HUNGER BY PROVIDING SCHOOL AGED CHILDREN, WHO ARE AT RISK OF HUNGER, WITH BACKPACKS FILLED WITH NUTRITIOUS, KID-FRIENDLY SNACKS TO TAKE HOME OVER THE WEEKENDS DURING THE SCHOOL YEAR AND SUMMER MONTHS.

Name of the organization UNITED WAY OF GREATER HIGH POINT, INC.	Employer identification number 56-0547486
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THE PROGRAM CURRENTLY SERVES 1,900 STUDENTS IN THE GREATER HIGH POINT AREA USING 24 DISTRIBUTION SITES THAT INCLUDE MANY SCHOOLS AND NON-PROFITS THAT SERVE STUDENTS

NEED HELP? WANT TO GIVE HELP? - THOUSANDS OF CALLS FROM THE GREATER HIGH POINT AREA CONTINUE TO BE MADE TO "2-1-1," THE THREE DIGIT PHONE NUMBER FOR HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL IN THE TRIAD. MORE INFORMATION IS AVAILABLE AT WWW.NC211.ORG.

CANPAIGN FOOD DRIVE - THE CANPAIGN KICKOFF FOOD DRIVE OCCURS EACH SEPTEMBER AND SERVES AS THE KICKOFF FOR THE ANNUAL UNITED WAY OF GREATER HIGH POINT CAMPAIGN. FOR 14 YEARS ROUGHLY 40 LOCAL ORGANIZATIONS CONDUCT FOOD DRIVES, AND VOLUNTEERS COLLECT ENOUGH FOOD FOR 17 PANTRIES. THIS EVENT IS A WEEK-LONG EVENT WHERE PEOPLE DROP FOOD OFF AT OUR BUILDING AND VARIOUS FOOD PANTRIES COME BY TO PICK THE FOOD UP AND SELECT THE FOOD THEY ARE LOW ON IN THEIR PANTRY.

PROJECT BOARD DEVELOPMENT - OVER THE PAST 22 YEARS, CLOSE TO 400 PROFESSIONALS HAVE GRADUATED FROM UNITED WAY OF GREATER HIGH POINT'S "PROJECT BOARD DEVELOPMENT," A LEADERSHIP DEVELOPMENT PROGRAM DEVELOPED BY UNITED WAY OF GREATER HIGH POINT'S AFRICAN AMERICAN INITIATIVE. PROJECT BOARD DEVELOPMENT IS DESIGNED TO IDENTIFY, RECRUIT, AND TRAIN MULTI-CULTURAL CANDIDATES FOR REFERRAL TO SERVE ON COMMITTEES AND GOVERNING BOARDS OF LOCAL ORGANIZATIONS. THROUGH A STRUCTURED CURRICULUM, PARTICIPANTS ATTEND SEVEN WEEKLY SESSIONS TO DEVELOP SKILLS FOCUSED ON STRATEGIC PLANNING, MARKETING, FINANCE, PARLIAMENTARY PROCEDURES AND FUNDRAISING.

Name of the organization UNITED WAY OF GREATER HIGH POINT, INC.	Employer identification number 56-0547486
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THE AFRICAN AMERICAN INITIATIVE - THIS PROGRAM SUPPORTS AND STRENGTHENS AFRICAN-AMERICANS, OTHER MINORITIES, AND UNDERSERVED CITIZENS BY ENCOURAGING SERVICE, INVOLVEMENT AND PHILANTHROPY IN THE GREATER HIGH POINT COMMUNITY.

BOB BROWN UNITED WAY SCHOLARSHIP - THE UNITED WAY OF GREATER HIGH POINT IS HONORED TO PARTNER WITH HIGH POINT UNIVERSITY TO PROMOTE THE BOB BROWN UNITED WAY SCHOLARSHIP. ESTABLISHED BY HIGH POINT UNIVERSITY IN 2006 TO RECOGNIZE THE LIFE AND SERVICE OF HIGH POINT LEADER BOB BROWN, THE SCHOLARSHIP IS SPECIFICALLY DESIGNATED FOR STUDENTS WHO ARE IMPACTED BY A UNITED WAY PARTNER AGENCY. THE \$5,000 ANNUAL SCHOLARSHIP IS RENEWABLE FOR FIVE CONSECUTIVE YEARS FOR A TOTAL OF \$25,000.

\$SMART MONEY MAKE YOUR MONEY WORK FOR YOU! IN COLLABORATION WITH FAMILY SERVICE OF THE PIEDMONT AND COMMUNITY RESOURCE NETWORK, \$SMART MONEY IS A SERIES OF FINANCIAL LITERACY AND COACHING CLASSES DESIGNED TO EQUIP ATTENDEES WITH THE TOOLS NEEDED FOR FINANCIAL SUCCESS. THANKS TO GRANTS FROM WELLS FARGO, TRUIST, AND THE FOUNDATION FOR A HEALTHY HIGH POINT, THERE IS NO FEE TO ATTEND.

CHILDREN'S INITIATIVES - IMPROVING THE LIVES OF CHILDREN AND FAMILIES IN HIGH POINT THROUGH CHILD CARE, PARENTING EDUCATION AND COMMUNITY AWARENESS OF IMPORTANT ISSUES.

SUCCESS BY 6 - SUCCESS BY 6 IS AN EARLY CHILDHOOD MOVEMENT LED BY UNITED WAY IN OVER 300 CITIES, COUNTIES, AND STATES IN AMERICA AND CANADA. IT IS A COMMUNITY-BASED, PUBLIC-PRIVATE PARTNERSHIP OF

Name of the organization UNITED WAY OF GREATER HIGH POINT, INC.	Employer identification number 56-0547486
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INDIVIDUALS AND ORGANIZATIONS THAT SHARE A COMMON VISION-CHILDREN READY TO SUCCEED WHEN THEY ENTER SCHOOL. SUCCESS BY 6 IS NOT A PROGRAM - IT IS A COMMUNITY-WIDE INITIATIVE, THAT DEPENDS ON PEOPLE IN OUR COMMUNITY TO DEVELOP STRATEGIES BASED ON LOCAL NEEDS TO ENSURE CHILDREN ARE READY TO LEARN WHEN THEY ENTER SCHOOL. CHILDREN LEARN BEST WHEN THEY HAVE PROPER HEALTH AND NUTRITION, A SAFE AND STABLE FAMILY AND HOME LIFE, AND ACTIVITIES THAT STIMULATE CREATIVITY, CURIOSITY, AND ALL THE SKILLS THEY WILL NEED TO SUCCEED IN SCHOOL AND LIFE.

LITTLE FREE LIBRARIES - WE ARE THRILLED TO BE GROWING LITTLE FREE LIBRARY (LFL) SITES IN OUR COMMUNITY WITH THE ONGOING GENEROUS SUPPORT OF THE WELLS FARGO FOUNDATION, THOMAS BUILT BUSES, HIGH POINT ENTERPRISE, AND PUBLIX. WE CURRENTLY SPONSOR 16 LFL LOCAL SITES. LITTLE FREE LIBRARY IS A FREE BOOK EXCHANGE PROGRAM AS COMMUNITY MEMBERS CAN "TAKE A BOOK, RETURN A BOOK OR BRING A BOOK TO SHARE".

UWGHP CHILDREN'S INITIATIVES AWARDED \$103,396 IN 2022/2023 IN HIGH QUALITY EARLY CARE AND EDUCATION SCHOLARSHIPS TO FAMILIES LIVING IN THE GREATER HIGH POINT AREA AND ELIGIBLE THROUGH DEPARTMENT OF SOCIAL SERVICES. HIGH QUALITY EARLY CARE AND EDUCATION SETS THE STAGE FOR SCHOOL READINESS, IMPROVED GRADUATION RATES, LONG TERM SUCCESS IN LIFE AND PREVENTS COSTLY INTERVENTIONS FOR OUR MOST VULNERABLE CHILDREN AND FAMILIES.

MINDFULNESS MATTERS: UNITED WAY OF GREATER HIGH POINT PRESENTS MINDFULNESS MATTERS, A GUIDE FOR YOUTH SELFCARE AND MENTAL WELLNESS. THE GOAL IS TO PROMOTE YOUTH MENTAL WELLNESS BY PROVIDING MINDFULNESS AND MENTAL WELLNESS CLASSES TO YOUTH AND YOUTH CAREGIVERS. CLASSES WILL

Name of the organization UNITED WAY OF GREATER HIGH POINT, INC.	Employer identification number 56-0547486
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FOCUS ON MINDFULNESS PRACTICES THAT ENHANCE PHYSICAL, MENTAL, AND
EMOTIONAL HEALTH, ULTIMATELY FOSTERING HEALTHIER, HAPPIER YOUNG
INDIVIDUALS

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE CLASS OF MEMBERS, CALLED DIRECTORS, WHO COMPRISE
THE GOVERNING BODY AS A BOARD OF DIRECTORS. THESE ARE THE ONLY MEMBERS OF
THE ORGANIZATION, AND THESE MEMBERS MAKE THE SIGNIFICANT DECISIONS OF THE
ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS WILL REVIEW EITHER A PAPER OR AN ELECTRONIC COPY OF
THE 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE STAFF AND THE BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE AND SIGN A
CONFLICT OF INTEREST STATEMENT EVERY YEAR.

IN ORDER TO AVOID A CONFLICT WHEN GOING THROUGH THE ALLOCATIONS PROCESS WE
FOLLOW THESE PROCEDURES: EMPLOYEES OF PARTNER AGENCIES ARE NOT PERMITTED TO
VOLUNTEER ON ANY OF THE PROGRAM REVIEW TEAMS. SEVERAL TIMES THROUGHOUT THE
ALLOCATION PROCESS (VOLUNTEER TRAINING, SITE VISITS, INTRODUCTIONS AND
DELIBERATIONS) VOLUNTEERS ARE ASKED TO SELF DISCLOSE IF THEY SIT ON THE
BOARD OF NON-PROFIT THAT IS CURRENTLY BEING DISCUSSED. IF SO, THE VOLUNTEER
IS ASKED TO REFRAIN FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE FOR THE CEO.

Name of the organization UNITED WAY OF GREATER HIGH POINT, INC.	Employer identification number 56-0547486
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THE EXECUTIVE COMMITTEE MEETS ONCE A YEAR TO DISCUSS THE PERFORMANCE OF THE CEO AND TO DETERMINE IF AN INCREASE IN SALARY IS APPROPRIATE. THESE REVIEWS CAN INCLUDE A BLIND SURVEY OF EMPLOYEES, DONORS, BOARD MEMBERS, AND AGENCY EXECUTIVES. THE EXECUTIVE COMMITTEE ALSO USES UNITED WAY WORLDWIDE'S ANNUAL SALARY SURVEY FOR GUIDANCE ON WHAT OTHER UNITED WAYS OUR SIZE EXECUTIVES ARE RECEIVING IN COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES PUBLIC ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY VIA THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **UNITED WAY OF GREATER HIGH POINT, INC.** Employer identification number **56-0547486**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UPIC SOLUTIONS, INC. - 61-1386122 2146 CHAMBER CENTER DRIVE FORT MITCHELL, KY 41017	UNITED WAY PROCESSING AND INFORMATION CENTER	KENTUCKY	501(C)(3)	11A	N/A		X

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

Schedule R (Form 990) 2022

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

SIGNATURE CERTIFICATE



REFERENCE NUMBER

05C6D11C-40E9-435D-A57F-4D1FB365AB13

TRANSACTION DETAILS

Reference Number

05C6D11C-40E9-435D-A57F-4D1FB365AB13

Transaction Type

Packager

Sent At

11/08/2023 16:07 EST

Executed At

11/09/2023 08:26 EST

Identity Method

email

Distribution Method

email

Signed Checksum

5b47ce3bce202745ca4491e006f6a4168e98808d8e9bdf8c9511559bf09e65c9


Signer Sequencing

Disabled

Document Passcode

Disabled

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<p>Name Betsy Lowder</p> <p>Email betsy.lowder@unitedwayhp.org</p> <p>Components 2</p>	<p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum 71f0566d08c8bf481cd6feef4a9e33a4d70546d1cf2939902e09a38b5828b6a2</p> <p>IP Address 75.177.8.206</p> <p>Device Firefox via Windows</p> <p>Drawn Signature </p> <p>Signature Reference ID D78D60EF</p> <p>Signature Biometric Count 4</p>	<p>Viewed At 11/09/2023 08:25 EST</p> <p>Identity Authenticated At 11/09/2023 08:26 EST</p> <p>Signed At 11/09/2023 08:26 EST</p>

AUDITS

TIMESTAMP	AUDIT
11/08/2023 16:07 EST	Catherine White (cjwhite@cricpa.com) created document '2022_United_Way_of_Greater_High_Point_Form_990.pdf' on Chrome via Windows from 4.28.77.231.
11/08/2023 16:07 EST	Betsy Lowder (betsy.lowder@unitedwayhp.org) was emailed a link to sign.
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