

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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 \$ 4,641,684. 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.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	35
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	14
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.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	5,158,923.	4,534,899.
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)	35,328.	23,757.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	88,715.	83,028.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,282,966.	4,641,684.
14	Benefits paid to or for members (Part IX, column (A), line 4)	3,486,259.	2,792,038.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	818,059.	707,830.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 477,577.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,105,657.	1,086,538.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,409,975.	4,586,406.
19	Revenue less expenses. Subtract line 18 from line 12	-127,009.	55,278.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	6,100,277.	6,614,543.
22	Net assets or fund balances. Subtract line 21 from line 20	856,663.	687,626.
22		5,243,614.	5,926,917.

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 ADDISON MAILLE	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00294569
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC Firm's address ▶ P.O. BOX 5869 HIGH POINT, NC 27262	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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,539,294. including grants of \$ 2,792,038.) (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, \$2,572,736 WAS ALLOCATED TO 67 PROGRAMS AT 26 LOCAL PARTNER AGENCIES IN 2020 - 2021.

(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 \$ 135,756. including grants of \$) (Revenue \$) 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 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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ 8,820. including grants of \$) (Revenue \$)

4e Total program service expenses 3,683,870.

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>		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 Revenue Procedure 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>		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 number, Yes, No. Rows 22-38 covering various organizational requirements.

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 number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 35		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 35		
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?		
10b			
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 in 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 in Schedule O how this was done	X	
12c		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		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIM HIMES BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) MICHELLE MCNAIR BOARD CHAIR-ELECT	2.00	X		X				0.	0.	0.
(3) ROBERT ROGERS PAST BOARD CHAIR	2.00	X		X				0.	0.	0.
(4) ROB BLAKELY 2020 CAMPAIGN CHAIR	2.00	X		X				0.	0.	0.
(5) DONNA BLAKELY 2020 CAMPAIGN CHAIR	2.00	X		X				0.	0.	0.
(6) TONY BERTSCHI 2021 CAMPAIGN CHAIR	2.00	X		X				0.	0.	0.
(7) LESLIE GARVIN 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) JENNA BEANE DIRECTOR	1.00	X						0.	0.	0.
(11) PATRICK BUDD DIRECTOR	1.00	X						0.	0.	0.
(12) DAVID FARRELLY DIRECTOR	1.00	X						0.	0.	0.
(13) GLEN FOGLE DIRECTOR	1.00	X						0.	0.	0.
(14) KEVIN GRIER DIRECTOR	1.00	X						0.	0.	0.
(15) ALYCE WARDEN DIRECTOR	1.00	X						0.	0.	0.
(16) JOANNA NIFONG DIRECTOR	1.00	X						0.	0.	0.
(17) MARSHALL MORGAN 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DJ SENERES DIRECTOR	1.00	X						0.	0.	0.
(19) RICK BLAKE DIRECTOR	1.00	X						0.	0.	0.
(20) CALEY EDGERLY DIRECTOR	1.00	X						0.	0.	0.
(21) BARRY KITLEY DIRECTOR	1.00	X						0.	0.	0.
(22) JULIE MESSNER DIRECTOR	1.00	X						0.	0.	0.
(23) KEN SMITH DIRECTOR	1.00	X						0.	0.	0.
(24) MARK HARRIS DIRECTOR	1.00	X						0.	0.	0.
(25) MATT SINK DIRECTOR	1.00	X						0.	0.	0.
(26) WEAVER WALDEN DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								190,619.	0.	41,372.
d Total (add lines 1b and 1c)								190,619.	0.	41,372.

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 **0**

	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	4,124,525.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	150,400.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	259,974.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 25,302.				
	h Total. Add lines 1a-1f			4,534,899.			
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)		23,757.			23,757.	
	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					
	c Gain or (loss)	7c					
d Net gain or (loss)							
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	83,028.		83,028.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			83,028.			
12 Total revenue. See instructions			4,641,684.	0.	0.	106,785.	

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	2,792,038.	2,792,038.		
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	255,752.	61,176.	113,029.	81,547.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	286,301.	62,036.	104,975.	119,290.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	124,860.	22,415.	41,801.	60,644.
10 Payroll taxes	40,917.	9,331.	16,476.	15,110.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	25,525.		25,525.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,553.	1,123.	1,703.	2,727.
12 Advertising and promotion	6,394.	334.		6,060.
13 Office expenses	66,601.	9,309.	27,784.	29,508.
14 Information technology	134,891.	32,811.	44,653.	57,427.
15 Royalties				
16 Occupancy	38,867.	10,682.	11,881.	16,304.
17 Travel	2,761.	938.	38.	1,785.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,482.	322.	745.	415.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,087.	9,326.	7,772.	13,989.
23 Insurance	4,447.	516.	2,676.	1,255.
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 SPECIAL PROJECTS	365,590.	365,590.		
b ALLOW. UNCOLLECTIBLE PL	209,341.	209,341.		
c DUES & SUBSCRIPTIONS	85,560.	19,943.	24,949.	40,668.
d MISCELLANEOUS	78,235.	76,370.	11.	1,854.
e All other expenses	30,204.	269.	941.	28,994.
25 Total functional expenses. Add lines 1 through 24e	4,586,406.	3,683,870.	424,959.	477,577.
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 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	549,337.	2	661,216.
	3 Pledges and grants receivable, net	2,022,762.	3	1,658,233.
	4 Accounts receivable, net		4	3,150.
	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	16,827.	9	202,260.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 913,121.		
	b Less: accumulated depreciation	10b 209,544.		
	11 Investments - publicly traded securities	723,200.	10c	703,577.
	12 Investments - other securities. See Part IV, line 11	2,788,151.	11	3,386,107.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,100,277.	15		
		16	6,614,543.	
Liabilities	17 Accounts payable and accrued expenses	35,044.	17	87,282.
	18 Grants payable	671,219.	18	600,344.
	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	150,400.	25	0.
	26 Total liabilities. Add lines 17 through 25	856,663.	26	687,626.
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	2,417,474.	27	2,942,467.
	28 Net assets with donor restrictions	2,826,140.	28	2,984,450.
	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	5,243,614.	32	5,926,917.
33 Total liabilities and net assets/fund balances	6,100,277.	33	6,614,543.	

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	4,641,684.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,586,406.
3	Revenue less expenses. Subtract line 2 from line 1	3	55,278.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,243,614.
5	Net unrealized gains (losses) on investments	5	628,025.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	5,926,917.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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 Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number

56-0547486

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5320074.	4924624.	4754272.	5158923.	4384499.	24542392.
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	5320074.	4924624.	4754272.	5158923.	4384499.	24542392.
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.						24542392.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5320074.	4924624.	4754272.	5158923.	4384499.	24542392.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	68,930.	42,867.	50,039.	35,361.	23,757.	220,954.
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.)	87,625.	90,760.	84,229.	80,716.	83,028.	426,358.
11 Total support. Add lines 7 through 10						25189704.
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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	97.43 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.25 %

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2020. 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

b 10% -facts-and-circumstances test - 2019. 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

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

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

(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

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? 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.		
1		
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? 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.		
2		

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)? 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).		
1		

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?		
1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

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.		Yes	No
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? 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.			
2a			
b Did the activities described in 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? 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.			
2b			
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? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

2020

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, number of easements, acreage, modified easements, states, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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 reporting requirements for art and historical treasures, and amounts for revenue and assets.

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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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.	52,959.	475,544.
c Leasehold improvements				
d Equipment		213,869.	156,585.	57,284.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				703,577.

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)	
(3)	
(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	4,422,213.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 628,024.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	628,024.
3	Subtract line 2e from line 1		3	3,794,189.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 847,495.		
c	Add lines 4a and 4b		4c	847,495.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	4,641,684.

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	3,738,911.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,738,911.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 847,495.		
c	Add lines 4a and 4b		4c	847,495.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,586,406.

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	209,341.
DESIGNATIONS	638,154.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	847,495.

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES 209,341.

DESIGNATIONS 638,154.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 847,495.

Multiple horizontal lines for additional entries.

**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

2020

**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 non-cash 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		99,358.	0.			CHILDCARE SCHOLARSHIPS
ALCOHOL AND DRUG SERVICES OF GUILFORD - 119 CHESTNUT DRIVE - HIGH POINT, NC 27262	56-0962164		50,552.	0.			PREVENTION SERVICES AND DESIGNATIONS
AMERICAN RED CROSS GREATER HIGH POINT-DAVIDSON CHAPTER - 815 PHILLIPS AVE. - HIGH POINT, NC 27262	53-0196605		51,389.	0.			EMERGENCY SERVICES AND DESIGNATIONS
ARC OF HIGH POINT 153 E. BELLEVUE HIGH POINT, NC 27265	56-6065287		45,524.	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		142,184.	0.			MATCHES; MENTORING CHILDREN OF PRISONERS AND DESIGNATIONS
BOY SCOUTS OF AMERICA, OLD NORTH STATE COUNCIL - PO BOX 29046 - GREENSBORO, NC 27429	56-1762001		54,421.	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) 2020

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 non-cash 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		228,525.	0.			EDUCATION & CAREER DEVELOPMENT; HEALTH & LIFE SKILLS AND DESIGNATIONS
COMMUNITIES IN SCHOOLS - HIGH POINT - PO BOX 6735 - HIGH POINT, NC 27262	56-1610073		121,774.	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		45,522.	0.			PERFORMING ARTS PROGRAM; MENTORING/TUTORING; TRANSITIONS AND DESIGNATIONS
COMMUNITY CLINIC OF HIGH POINT PO BOX 5607 HIGH POINT, NC 27262	56-1795022		86,268.	0.			INDIGENT CARE AND DESIGNATIONS
FAMILY CRISIS CENTER RANDOLPH COUNTY - PO BOX 2161 - ASHEBORO, NC 27204	56-1240921		36,875.	0.			CHILD ADVOCACY, EMMY'S HOUSE AND DESIGNATIONS
FAMILY SERVICE OF THE PIEDMONT 902 BONNER DRIVE JAMESTOWN, NC 27282	56-2061741		235,824.	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		36,837.	0.			SCOUTING AND DESIGNATIONS
MENTAL HEALTH ASSOCIATES OF THE TRIAD - PO BOX 5693 - HIGH POINT, NC 27262	56-1058200		69,377.	0.			OUTPATIENT MENTAL HEALTH SERVICES; DESTINY HOUSE AND DESIGNATIONS
ONE STEP FURTHER 623 EUGENE COURT GREENSBORO, NC 27401	58-1484818		22,116.	0.			COMMUNITY SERVICE RESTITUTION; GUILFORD COUNTY TEEN COURT; MEDIATION SERVICES;

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR MINISTRIES PO BOX 1528 HIGH POINT, NC 27261	56-1576543		98,057.	0.			ARTHUR CASSELL HOUSE; EMERGENCY ASSISTANCE; EMERGENCY SHELTER; FATHER'S TABLE; PERMANENT
PIEDMONT HEALTH SERVICES AND SICKLE CELL AGENCY - PO BOX 20964 - GREENSBORO, NC 27420	23-7362747		86,530.	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		43,763.	0.			LUNCH PROGRAM; MOBILE MEALS AND DESIGNATIONS
THE SALVATION ARMY BOYS & GIRLS CLUBS - 121 SW CLOVERLEAF PLACE - HIGH POINT, NC 27263	58-0660607		61,001.	0.			HEALTH & LIFE SKILLS; EDUCATION AND CHARACTER DEVELOPMENT AND DESIGNATIONS
THE SALVATION ARMY PO BOX 300 HIGH POINT, NC 27261	56-0660607		194,531.	0.			EMERGENCY ASSISTANCE; EMERGENCY SHELTER; SHELTER AND TRANSITIONAL HOUSING AND DESIGNATIONS
SENIOR RESOURCES OF GUILFORD COUNTY - PO BOX 21993 - GREENSBORO, NC 27420	56-1181577		95,590.	0.			ACCESS TO SERVICES; COMMUNITY BASED SERVICES; VOLUNTEER SERVICES AND DESIGNATIONS
TRIAD HEALTH PROJECT PO BOX 5716 GREENSBORO, NC 27435	58-1705502		60,089.	0.			HIV PREVENTION & CARE AND DESIGNATIONS
YMCA OF GREATER HIGH POINT PO BOX 6258 HIGH POINT, NC 27262	56-0530014		186,347.	0.			YOUTH PROGRAM SCHOLARSHIPS: AFTERSCHOOL/SUMMER PROGRAMS; CHILDCARE AND
YOUTH UNLIMITED PO BOX 485 HIGH POINT, NC 27261	56-0904267		37,687.	0.			RESIDENTIAL PROGRAMS AND DESIGNATIONS

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF HIGH POINT 112 GATEWOOD AVE. HIGH POINT, NC 27262	56-0579600		229,516.	0.			AQUATICS & WELLNESS; ADOLESCENT PARENTING PROGRAM; YOUTH SERVICES; WOMEN'S RESOURCE CENTER;
UNITED WAY OF FORSYTH COUNTY 301 NORTH MAIN STREET, STE. 1700 WINSTON SALEM, NC 27101	23-7357234		13,158.	0.			DESIGNATIONS
UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	56-0668555		25,678.	0.			DESIGNATIONS
UNITED WAY OF DAVIDSON COUNTY PO BOX 492 LEXINGTON, NC 27293	56-1847133		9,289.	0.			DESIGNATIONS
UNITED WAY OF RANDOLPH COUNTY PO BOX 597 ASHEBORO, NC 27203	56-6017883		9,928.	0.			DESIGNATIONS
HOSPICE OF DAVIDSON COUNTY 200 HOSPICE WAY LEXINGTON, NC 27292	58-1592138		7,758.	0.			DESIGNATIONS
RANDOLPH COUNTY PARTNERSHIP FOR CHILDREN - 349 SUNSET AVE - ASHEBORO, NC 27203	31-1612024		27,814.	0.			CHILDCARE SCHOLARSHIPS
HOSPICE OF THE PIEDMONT 1801 WESTCHESTER DRIVE HIGH POINT, NC 27262	58-1453827		131,506.	0.			DESIGNATIONS
HOSPICE OF GREATER GREENSBORO 2500 SUMMIT AVE GREENSBORO, NC 27405	47-1169471		4,501.	0.			DESIGNATIONS

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	19,003.	
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	X	1	3,000.	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (MEDIA)	X	1	3,000.	
26 Other (PALLET JACK)	X	1	299.	
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 three 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.		

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

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

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 2020-2021 THE UNITED WAY OF GREATER HIGH POINT FUNDED 67 PROGRAMS AT 26 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.

48.5% WAS INVESTED IN PROGRAMS AIMED AT PROMOTING EDUCATION/THRIVING CHILDREN AND FAMILIES IN 2020 - 2021.

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number

56-0547486

(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.

25.8% OF ALLOCATED DOLLARS WERE INVESTED IN PROGRAMS FOR
INCOME/INDEPENDENT AND SELF-SUFFICIENT PEOPLE AND SAFE NEIGHBORHOODS IN
2020 - 2021 .

(3) PROVIDING PROGRAMS THAT ENCOURAGE HEALTH:

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

25.7% OF ALLOCATED DOLLARS WERE INVESTED IN PROGRAMS FALLING UNDER THE
HEALTHY PEOPLE IMPACT AREA SUPPORTED BY UNITED WAY IN 2020-2021.

COMMUNITY IMPACT PROGRAMS INCLUDE THE FOLLOWING: PARTNERS ENDING
HOMELESSNESS, GREATER HIGH POINT FOOD ALLIANCE, THE BACKPACK PROGRAM,
CANPAIGN 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

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 ELEMENTARY-AGED SCHOOL 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.

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THE PROGRAM CURRENTLY SERVES 1,900 STUDENTS IN THE GREATER HIGH POINT AREA THROUGH THE FOLLOWING SCHOOLS AND OTHER DISTRIBUTION SITES: BOYS & GIRLS CLUB OF GREATER HIGH POINT (3 LOCATIONS), CARL CHAVIS MEMORIAL BRANCH YMCA, COMMUNITY OUTREACH OF ARCHDALE & TRINITY, D-UP AFTER SCHOOL PROGRAM, FAIRVIEW ELEMENTARY SCHOOL, HELPING HANDS MINISTRY, HIGH POINT HOUSING AUTHORITY SITES (3 LOCATIONS), HIGH POINT LEAP PROGRAM SITES (2 LOCATIONS), KIRKMAN PARK ELEMENTARY SCHOOL, MACEDONIA FAMILY RESOURCE CENTER, OAKVIEW ELEMENTARY SCHOOL, OPERATION XCEL, EXODUS UNITED HOLY CHURCH, THE SALVATION ARMY BOYS & GIRLS CLUB, TRIAD FOOD PANTRY, WEST END MINISTRY AND THE YWCA OF HIGH POINT.

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 10 YEARS MORE THAN 50 LOCAL ORGANIZATIONS CONDUCT FOOD DRIVES, AND VOLUNTEERS COLLECT OVER 100,000 POUNDS OF FOOD. IN A ONE DAY BLITZ THANKS TO NUMEROUS COMMUNITY PARTNERSHIPS, THE FOOD IS OFFLOADED INTO THE TRUCKS OF 14+ LOCAL FOOD PANTRIES WHO WILL SERVE OUR FELLOW NEIGHBORS IN NEED. FOR OUR 11TH ANNUAL FOOD DRIVE, DUE TO COVID19 WE SWITCHED THIS EVENT TO A WEEK LONG EVENT WHERE PEOPLE DROPPED FOOD OFF AT OUR BUILDING AND THE VARIOUS FOOD PANTRIES CAME BY TO PICK THE FOOD UP IN A MORE SOCIALLY DISTANCED EVENT.

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

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PROJECT BOARD DEVELOPMENT - OVER THE PAST 16 YEARS, CLOSE TO 300 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.

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.

WOMEN IN MOTION OF HIGH POINT IS A WOMEN'S INITIATIVE THAT ADDRESSES THE CRITICAL NEEDS OF WOMEN LIVING IN THE GREATER HIGH POINT COMMUNITY, INCLUDING ARCHDALE, TRINITY, THOMASVILLE, AND JAMESTOWN, BY PROMOTING LEADERSHIP, PROFESSIONAL SUCCESS, PERSONAL WELLNESS, AND FINANCIAL INDEPENDENCE OF WOMEN.

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

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

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IMPACTED BY A UNITED WAY PARTNER AGENCY. THE \$5,000 ANNUAL SCHOLARSHIP IS RENEWABLE FOR FIVE CONSECUTIVE YEARS FOR A TOTAL OF \$25,000.

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

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.

UWGHP CHILDREN'S INITIATIVES AWARDED \$120,930 IN 2020/2021 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.

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

WOMEN IN MOTION

EXPENSES \$ 8,820. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

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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. 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

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.

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, 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 VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

032164 10-28-20

Part VII Supplemental Information

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

Lined area for supplemental information.