Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

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

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

OMB No. 1545-0047

2024

Name of filer: UNITED WAY OF GREATER HIGH POINT, INC.

EIN or SSN: 56-0547486

Name and title of officer or person subject to tax: BETSY LOWDER
CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	☒	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	4,620,065.
2a	**Form 990-EZ** check here	☐	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☐	b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here	☐	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) __________, (EIN) ________ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize TURLINGTON AND COMPANY, L.L.P. to enter my PIN 47486
ERO firm name
Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

✗ Signature of officer or person subject to tax — Date 11/03/2025

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 56845076494
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature — Date 10/29/2025

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

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

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ 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

D Employer identification number
56-0547486

E Telephone number
336-883-4127

G Gross receipts $ 5,559,177.

F Name and address of principal officer: JANE LIEBSCHER
815 PHILLIPS AVENUE, HIGH POINT, NC 27262

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number

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

J Website: WWW.UNITEDWAYHP.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1935 **M** State of legal domicile: NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ☐ 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	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	315
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	5,176,109.	4,184,054.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	134,077.	325,106.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	91,582.	110,905.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,401,768.	4,620,065.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,522,345.	2,517,400.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	861,331.	910,181.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 633,665.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,029,416.	1,067,017.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,413,092.	4,494,598.
	19	Revenue less expenses. Subtract line 18 from line 12	988,676.	125,467.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,379,685.	7,639,660.
	21	Total liabilities (Part X, line 26)	589,630.	508,340.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,790,055.	7,131,320.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer Date
BETSY LOWDER, CFO
Type or print name and title

Paid Preparer Use Only
Preparer's name: DEXTER A. GARNER
Preparer's signature
Date: 11/4/2025
Check ☐ if self-employed
PTIN: P01276494
Firm's name: TURLINGTON AND COMPANY, L.L.P.
Firm's EIN: 56-0817345
Firm's address: 1338 WESTGATE CENTER DRIVE
WINSTON SALEM, NC 27103
Phone no. (336) 765-2410

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 ☒

1 Briefly describe the organization's mission:
OUR MISSION: UNITED WAY OF GREATER HIGH POINT BRINGS TOGETHER PEOPLE, RESOURCES, AND FUNDING TO BUILD STRONG AND VIBRANT COMMUNITIES WHERE EVERYONE HAS THE OPPORTUNITY TO THRIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

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

4 Describe the 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 $ 3,237,029. including grants of $ 2,507,400.) (Revenue $)

COMMUNITY IMPACT - WITH THE HELP OF HUNDREDS OF COMMUNITY VOLUNTEERS AND THOUSANDS OF DONATIONS, THE UNITED WAY OF GREATER HIGH POINT (UWGHP) FUNDS PROGRAMS THAT TOUCH APPROXIMATELY 95,000 PEOPLE EACH YEAR.

TOWARD THOSE GOALS, $2,181,215 WAS ALLOCATED TO 59 PROGRAMS AT 24 LOCAL PARTNER AGENCIES IN 2024-2025.

(1) INVESTING IN EDUCATION:
UNITED WAY GOALS: TO PREPARE LOCAL CHILDREN ACADEMICALLY AND SOCIALLY; TO SUPPLY PARENTS WITH THE TOOLS TO MEET THE CHALLENGES OF PARENTING HEAD ON; TO PARTNER WITH YOUTH DEVELOPMENT AND MENTORING PROGRAMS TO

4b (Code:) (Expenses $ 163,696. including grants of $ 10,000.) (Revenue $)

WOMEN IN MOTION - UNITED WAY OF GREATER HIGH POINT IS A FISCAL SPONSOR FOR THIS INITIATIVE. IT IS A WOMEN'S INITIATIVE THAT BRINGS AREA WOMEN TOGETHER TO ENCOURAGE EACH OTHER'S LEADERSHIP, PROFESSIONAL SUCCESS, PERSONAL WELLNESS, AND FINANCIAL INDEPENDENCE.

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

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

4e Total program service expenses 3,400,725.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

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 ☐

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	8			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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**	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		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*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		X
b	If "Yes," enter the name of the foreign country See 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?			**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
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?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
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 the 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
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			**17**		

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 — 1a: 20 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.			
b	Enter the number of voting members included on line 1a, above, who are independent — 1b: 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	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?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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*	9		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?	10a		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?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

BETSY LOWDER - 336-883-4127
815 PHILLIPS AVENUE, HIGH POINT, NC 27262

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANE LIEBSCHER PRESIDENT	40.00			X				113,428.	0.	23,456.
(2) BETSY LOWDER CFO	40.00			X				110,072.	0.	23,177.
(3) TOMMY REID PAST BOARD CHAIR	2.00	X		X				0.	0.	0.
(4) JOANNA NIFONG STRATEGIC PLANNING CHAIR	2.00	X		X				0.	0.	0.
(5) BRANDON FLINCHUM BOARD CHAIR	2.00	X		X				0.	0.	0.
(6) CHRIS BRYAN 2025 CAMPAIGN CHAIR	2.00	X		X				0.	0.	0.
(7) KEVIN GRIER COMMUNITY IMPACT CHAIR	2.00	X		X				0.	0.	0.
(8) KEN BOWLING TREASURER	2.00	X		X				0.	0.	0.
(9) SUSAN FAGG DIRECTOR	1.00	X						0.	0.	0.
(10) SCOTTI TESCHKE DIRECTOR	1.00	X						0.	0.	0.
(11) MATT PENLEY DIRECTOR	1.00	X						0.	0.	0.
(12) JOE FISHER DIRECTOR	1.00	X						0.	0.	0.
(13) DAVE TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(14) TONY BERTSCHI DIRECTOR	1.00	X						0.	0.	0.
(15) ROB BLAKELY DIRECTOR	1.00	X						0.	0.	0.
(16) MATT SINK BOARD CHAIR-ELECT	2.00	X		X				0.	0.	0.
(17) WEAVER WALDEN 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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) KATRINA THOMPSON SECRETARY	2.00	X		X				0.	0.	0.
(19) IRINA MALTSEVA DIRECTOR	1.00	X						0.	0.	0.
(20) ADAM HOOVER 2024 CAMPAIGN CHAIR	2.00	X		X				0.	0.	0.
(21) DANA MURDOCK DIRECTOR	1.00	X						0.	0.	0.
(22) MYRA WILLIAMS DIRECTOR	1.00	X						0.	0.	0.

	(D)	(E)	(F)
1b Subtotal	223,500.	0.	46,633.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	223,500.	0.	46,633.

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 2

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

Part VIII Statement of Revenue

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

						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	3,642,309.					
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	194,616.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	347,129.					
	g	Noncash contributions included in lines 1a-1f	1g	$ 32,769.					
	h	**Total.** Add lines 1a-1f				4,184,054.			
Program Service Revenue					Business Code				
	2 a								
	b								
	c								
	d								
	e								
	f	All other program service revenue							
	g	**Total.** Add lines 2a-2f							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				178,561.			178,561.
	4	Income from investment of tax-exempt bond proceeds							
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	c	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
				(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory	7a	1,085,657.					
	b	Less: cost or other basis and sales expenses	7b	939,112.					
	c	Gain or (loss)	7c	146,545.					
	d	Net gain or (loss)				146,545.			146,545.
	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					Business Code				
	11 a	MISCELLANEOUS REVENUE			900099	110,905.			110,905.
	b								
	c								
	d	All other revenue							
	e	**Total.** Add lines 11a-11d				110,905.			
	12	**Total revenue.** See instructions				4,620,065.	0.	0.	436,011.

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	2,517,400.	2,517,400.		
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	270,133.	34,564.	123,203.	112,366.
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	461,124.	144,057.	110,949.	206,118.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	126,996.	33,458.	32,821.	60,717.
10 Payroll taxes	51,928.	13,247.	16,083.	22,598.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	20,750.		20,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,679.		28,679.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	14,694.	3,547.	4,900.	6,247.
12 Advertising and promotion	16,459.	12,476.	30.	3,953.
13 Office expenses	50,586.	8,344.	27,063.	15,179.
14 Information technology	146,310.	44,453.	37,517.	64,340.
15 Royalties				
16 Occupancy	60,689.	19,205.	15,590.	25,894.
17 Travel	7,728.	3,464.	270.	3,994.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	87,538.	71,160.	2,104.	14,274.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,427.	10,345.	7,607.	12,475.
23 Insurance	5,469.	741.	3,387.	1,341.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a ALLOW. UNCOLLECTIBLE PL	199,856.	199,856.		
b SPECIAL PROJECTS	195,054.	195,054.		
c PROCESSING FEES	64,599.	64,567.	32.	
d DUES AND SUBSCRIPTIONS	63,103.	15,468.	20,216.	27,419.
e All other expenses	75,076.	9,319.	9,007.	56,750.
25 **Total functional expenses.** Add lines 1 through 24e	4,494,598.	3,400,725.	460,208.	633,665.
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		705,213.	1	417,216.
	2	Savings and temporary cash investments		73,003.	2	68,694.
	3	Pledges and grants receivable, net		2,054,000.	3	1,969,024.
	4	Accounts receivable, net		8,728.	4	7,968.
	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		18,486.	9	20,135.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 934,022.			
	b	Less: accumulated depreciation	10b 282,317.	678,666.	10c	651,705.
	11	Investments - publicly traded securities		3,743,455.	11	4,426,539.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		98,134.	15	78,379.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		7,379,685.	16	7,639,660.
Liabilities	17	Accounts payable and accrued expenses		65,694.	17	23,313.
	18	Grants payable		428,639.	18	409,485.
	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		95,297.	25	75,542.
	26	**Total liabilities.** Add lines 17 through 25		589,630.	26	508,340.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,902,302.	27	3,338,754.
	28	Net assets with donor restrictions		3,887,753.	28	3,792,566.
		Organizations that do not follow FASB ASC 958, check here ☐ 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		6,790,055.	32	7,131,320.
	33	Total liabilities and net assets/fund balances		7,379,685.	33	7,639,660.

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	4,620,065.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,494,598.
3	Revenue less expenses. Subtract line 2 from line 1	3	125,467.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,790,055.
5	Net unrealized gains (losses) on investments	5	159,948.
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	55,850.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,131,320.

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: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		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	3b		

SCHEDULE A
(Form 990)

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
2024
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).)

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 on 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? Yes	No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
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)** 2020	**(b)** 2021	**(c)** 2022	**(d)** 2023	**(e)** 2024	**(f)** Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4384499.	4093438.	4150590.	5057455.	4184054.	21870036.
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	4384499.	4093438.	4150590.	5057455.	4184054.	21870036.
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.						21870036.

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2020	**(b)** 2021	**(c)** 2022	**(d)** 2023	**(e)** 2024	**(f)** Total
7 Amounts from line 4	4384499.	4093438.	4150590.	5057455.	4184054.	21870036.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,757.	41,125.	89,324.	94,599.	178,561.	427,366.
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.)						
11 **Total support.** Add lines 7 through 10						22297402.

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 2024 (line 6, column (f), divided by line 11, column (f)) **14** 98.08 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 **15** 98.77 %

16a **33 1/3% support test - 2024.** 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 - 2023.** 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 - 2024.** 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 - 2023.** 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %

16 Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f)) 17 %

18 Investment income percentage from **2023** Schedule A, Part III, line 17 18 %

19a **33 1/3% support tests - 2024.** 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 - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	**3a**		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	**4b**		
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)? *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.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	**5a**		
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?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
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? *If "Yes," provide detail in* **Part VI.**	**6**		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	**8**		
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))? *If "Yes," provide detail in* **Part VI.**	**9a**		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	**9b**		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	**9c**		
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)? *If "Yes," answer line 10b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	**10b**		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *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 ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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 ☐ 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 2024 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-2024**	**(iii)** **Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

** PUBLIC DISCLOSURE COPY **

Schedule B
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year .... $ ____________

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. **Schedule B (Form 990) (Rev. 12-2024)**

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 87,862.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 145,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 194,616.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number: 56-0547486

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

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

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)
(Rev. December 2024)
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

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ ________
(ii) Assets included in Form 990, Part X $ ________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ ________
b Assets included in Form 990, Part X $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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 in 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?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		170,749.		170,749.
b Buildings		528,503.	110,837.	417,666.
c Leasehold improvements				
d Equipment		234,770.	171,480.	63,290.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				651,705.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))*	

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) OPERATING LEASE LIABILITIES	75,542.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	75,542.

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	4,165,140.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	159,948.		
b	Donated services and use of facilities	2b	2,808.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	162,756.
3	Subtract line 2e from line 1			3	4,002,384.
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	28,679.		
b	Other (Describe in Part XIII.)	4b	589,002.		
c	Add lines 4a and 4b			4c	617,681.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	4,620,065.

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	3,823,875.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	2,808.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	2,808.
3	Subtract line 2e from line 1			3	3,821,067.
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	28,679.		
b	Other (Describe in Part XIII.)	4b	644,852.		
c	Add lines 4a and 4b			4c	673,531.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	4,494,598.

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 X, LINE 2:

THE ORGANIZATION HAS DETERMINED THAT IT HAS NO UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30, 2025 AND 2024. ALSO, THE ORGANIZATION DOES NOT ANTICIPATE ANY INCREASE OR DECREASE IN UNRECOGNIZED TAX BENEFITS DURING THE NEXT TWELVE MONTHS THAT WOULD RESULT IN A MATERIAL CHANGE TO ITS FINANCIAL POSITION. THE ORGANIZATION FILES INFORMATION RETURNS ONLY, AND ITS RETURNS FOR YEARS ENDED, JUNE 30, 2022 REMAIN OPEN FOR EXAMINATION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	199,856.
DESIGNATIONS	444,996.
CHANGE IN PRESENT VALUE DISCOUNT	-55,850.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	589,002.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	199,856.
DESIGNATIONS	444,996.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	644,852.

Part XIII **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 56-0547486

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALCOHOL AND DRUG SERVICES OF GUILFORD - 119 CHESTNUT DRIVE - HIGH POINT, NC 27262	56-0962164		45,631.	0.			PREVENTION SERVICES AND DESIGNATIONS
AMERICAN RED CROSS GREATER HIGH POINT-DAVIDSON CHAPTER - 1501 YANCEYVILLE ST - GREENSBORO, NC 27405	53-0196605		51,276.	0.			EMERGENCY SERVICES AND DESIGNATIONS
ARC OF HIGH POINT 153 E. BELLEVUE HIGH POINT, NC 27265	56-6065287		52,434.	0.			ADVOCACY, COMMUNITY OUTREACH, HEALTH LIVING, AND DESIGNATIONS
BIG BROTHERS BIG SISTERS OF THE CENTRAL PIEDMONT - PO BOX 627 - HIGH POINT, NC 27261	20-4648395		142,553.	0.			MATCHES, MENTORYING CHILDREN OF PRISONERS, AND DESIGNATIONS
BOYS SCOUTS OF AMERICA, OLD NORTH STATE COUNCIL - PO BOX 29046 - GREENSBORO, NC 29046	56-1762001		47,982.	0.			SCOUTING AND DESIGNATIONS
BOYS & GIRLS CLUBS OF GREATER HIGH POINT - PO BOX 2834 - HIGH POINT, NC 27261	56-2094591		151,679.	0.			EDUCATION & CAREER DEVELOPMENT, HEALTH & LIFE SKILLS, 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 432101 01-02-25

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITIES IN SCHOOLS - HIGH POINT - PO BOX 6735 - HIGH POINT, NC 27262	56-1610073		76,720.	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		45,793.	0.			PERFORMING ARTS PROGRAM, MENTORING/TUTORING, TRANSITIONS, AND DEISGNATIONS
COMMUNITY CLINIC OF HIGH POINT PO BOX 5607 HIGH POINT, NC 27262	56-1795022		95,753.	0.			INDIGENT CARE AND DESIGNATIONS
COUNTY OF GUILFORD 300 S. CENTENNIAL STREET HIGH POINT, NC 27260	56-6000305		88,409.	0.			CHILDCARE SCHOLARSHIPS
FAMILY SERVICE OF THE PIEDMONT 902 BONNER DRIVE JAMESTOWN, NC 27282	56-2061741		228,957.	0.			CHILDHOOD ENHANCEMENT, CONSUMER CREDIT COUNSELING, CRISIS SERVICES INTEGRATED DUAL
GREATER HIGH POINT FOOD ALLIANCE 815 PHILLIPS AVE HIGH POINT, NC 27262	83-3310391		6,727.	0.			DESIGNATIONS
HELPING HANDS MINISTRY 2301 S.MAIN ST. HIGH POINT, NC 27263	27-4328095		68,000.	0.			BACKPACK FOOD, EMERGENCY ASSISTANCE
HOSPICE OF DAVIDSON COUNTY 200 HOSPICE WAY LEXINGTON, NC 27292	58-1592138		6,399.	0.			DESIGNATIONS
HOSPICE OF THE PIEDMONT 1801 WESTCHESTER DR HIGH POINT, NC 27262	58-1453827		87,311.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MENTAL HEALTH ASSOCIATES OF THE TRIAD - PO BOX 5693 - HIGH POINT, NC 27262	56-1058200		61,893.	0.			OUTPATIENT MENTAL HEALTH SERVICES, DESTINY HOUSE, AND DESIGNATIONS
ONE STEP FURTHER 623 EUGENE COURT GREENSBORO, NC 27401	58-1484818		25,728.	0.			COMMUNITY SERVICE RESTITUTION, GUILFORD COUNTY TEEN COURT, MEDIATION SERVICES,
OPEN DOOR MINISTRIES PO BOX 1528 HIGH POINT, NC 27261	56-1576543		49,675.	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		64,953.	0.			SCOPE HIV/AIDS OUTREACH, LEARNING TO BE HEALTHY, SICKLE CELL SERVICES, AND DESIGNATIONS
RANDOLPH COUNTY PARTNERSHIP FOR CHILDREN - 349 SUNSET AVE - ASHEBORO, NC 27203	31-1612024		25,508.	0.			CHILDCARE SCHOLARSHIPS
RANDOLPH SENIOR ADULTS ASSOCIATION PO BOX 1852 ASHEBORO, NC 27204	58-0002531		47,652.	0.			LUNCH PROGRAM, MOBILE MEALS, AND DESIGNATIONS
SENIOR RESOURCES OF GUILFORD PO BOX 21993 GREENSBORO, NC 27420	56-1181577		85,922.	0.			ACCESS TO SERVICES, COMMUNITY BASED SERVICES, VOLUNTEER SERVICES, AND DESIGNATIONS
THE SALVATION ARMY OF HIGH POINT PO BOX 300 HIGH POINT, NC 27261	56-0660607		163,765.	0.			EMERGENCY ASSISTANCE, EMERGENCY SHELTER, SHELTER AND TRANSITIONAL HOUSING, AND DESIGNATIONS
TRIAD FOOD PANTRY 1311 JOHNSON STREET HIGH POINT, NC 27262	86-2066110		34,245.	0.			BACKPACK FOOD

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRIAD HEALTH PROJECT PO BOX 5716 GREENSBORO, NC 27435	58-1705502		55,106.	0.			HIV PREVENTION & CARE AND DESIGNATIONS
UNITED WAY OF DAVIDSON COUNTY PO BOX 492 LEXINGTON, NC 27293	56-1847133		7,369.	0.			DESIGNATIONS
UNITED WAY OF FORSYTH COUNTY 301 NORTH MAIN STREET SUITE 1700 WINSTON-SALEM, NC 27101	23-7357234		7,610.	0.			DESIGNATIONS
UNITED WAY OF GREATER GREENSBORO 1500 YNACEYVILLE STREET GREENSBORO, NC 27405	56-0668555		19,864.	0.			DESIGNATIONS
WEST END MINISTRIES 903 WEST ENGLISH ROAD HIGH POINT, NC 27262	56-2273642		31,000.	0.			BACKPACK FOOD, FREE COUNSELING FOR WOMEN, EMERGENCY ASSISTANCE
YMCA OF GREATER HIGH POINT PO BOX 6258 HIGH POINT, NC 27262	56-0530014		208,032.	0.			YOUTH PROGRAM SCHOLARSHIPS, AFTERSCHOOL/SUMMER PROGRAMS, CHILDCARE,
YOUTH UNLIMITED PO BOX 485 HIGH POINT, NC 27261	56-0904267		34,703.	0.			RESIDENTIAL PROGRAMS AND DESIGNATIONS
YWCA OF HIGH POINT 112 GATEWOOD AVE. HIGH POINT, NC 27262	56-0579600		263,590.	0.			AQUATICS & WELLNESS, ADOLESCENT PARENTING PROGRAM, YOUTH SERVICES, WOMEN'S RESOURCE CENTER,
SISTERS OF HOPE NC, INC. PO BOX 2232 THOMASVILLE, NC 27361	99-0520288		10,000.	0.			SUPPORT WOMEN IN WHOLE-LIFE RECOVERY THROUGH COACHING, MENTORSHIP, AND WORKSHOPS

Schedule I (Form 990) UNITED WAY OF GREATER HIGH POINT, INC. 56-0547486

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WARD STREET COMMUNITY RESOURCES, INC. - PO BOX 1906 - HIGH POINT, NC 27261	30-0333962		17,000.	0.			EMERGENCY ASSISTANCE
UNITED WAY OF RANDOLPH COUNTY 363 S COX STREET ASHEBORO, NC 27203	56-6017883		6,413.	0.			DESIGNATIONS
OPEN DOOR MINISTRIES FOUNDATION 908 FOREST HILL DRIVE HIGH POINT, NC 27262	81-2890842		20,000.	0.			DESIGNATIONS
AMERICAN RED CROSS DISASTER RELIEF PO BOX 37243 WASHINGTON, DC 20013	53-0196605		8,860.	0.			DESIGNATIONS
HIGH POINT CITIZEN'S POLICE ACADEMY ALUMNI ASSOCATION - 1730 WESTCHESTER DRIVE - HIGH POINT, NC 27262	65-1260722		11,107.	0.			DESIGNATIONS
HOSPICE & PALLIATIVE CARECENTER 101 HOSPICE LANE WINSTON-SALEM, NC 27103	58-1343313		9,428.	0.			DESIGNATIONS
GREENSBORO CEREBRAL PALSY ASSOCIATION - 3205 E WENDOVER AVE - GREENSBORO, NC 27405	56-0591312		6,760.	0.			DESIGNATIONS

Schedule I (Form 990)

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

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

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

PART I, LINE 2:
PATRIOT ACT FORMS

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE OF THE PIEDMONT
(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDHOOD ENHANCEMENT, CONSUMER CREDIT COUNSELING, CRISIS SERVICES INTEGRATED DUAL DIAGNOSIS, AND DESIGNATIONS

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF GREATER HIGH POINT
(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH PROGRAM SCHOLARSHIPS, AFTERSCHOOL/SUMMER PROGRAMS, CHILDCARE, CAMP, MINORITY ACHIEVERS/TEEN PROGRAM, MEMBERSHIP SCHOLARSHIPS, AND DESIGNATIONS

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, HERMANOS & HERMANAS, EL PUEBLO, COMMUNITY ACCESS, AND DESIGNATIONS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

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	24,683.	FAIR VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (MISCELLANEOUS)	X	5	8,086.	FAIR VALUE
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		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?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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:

UNITED WAY OF GREATER HIGH POINT UNITES PEOPLE, RESOURCES, AND FUNDING TO BUILD STRONG, VIBRANT COMMUNITIES ACROSS HIGH POINT, ARCHDALE, TRINITY, AND JAMESTOWN. THROUGH PARTNERSHIPS WITH 25 LOCAL AGENCIES, UWGHP SUPPORTS PROGRAMS IN FOUR PRIORITY AREAS-HEALTHY COMMUNITY, YOUTH OPPORTUNITY, FINANCIAL SECURITY, AND COMMUNITY RESILIENCY-WITH THE GOAL OF CREATING SUSTAINABLE, MEASURABLE CHANGE FOR INDIVIDUALS AND FAMILIES.

INITIATIVES INCLUDE CANPAIGN, AFRICAN AMERICAN INITIATIVE, MINDFULNESS MATTERS, LITTLE FREE LIBRARIES, GIFT OF WARMTH, FANS FOR SENIORS, AND SMART MONEY.

UNITED WAY OF GREATER HIGH POINT WORKS WITH A VARIETY OF COMMUNITY ORGANIZATIONS INCLUDING GREATER HIGH POINT FOOD ALLIANCE, PARTNERS ENDING HOMELESSNESS AND WOMEN IN MOTION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUR VISION: UNITED WAY OF GREATER HIGH POINT WILL BE THE RECOGNIZED COMMUNITY CATALYST IN MAKING CHILDREN AND YOUTH SUCCESSFUL, FAMILIES STRONGER, AND NEIGHBORHOODS MORE VITAL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ENSURE AT-RISK YOUTH MEET THEIR FULL POTENTIAL.

48% OF ALLOCATED DOLLARS WERE INVESTED IN PROGRAMS AIMED AT PROMOTING EDUCATION/THRIVING CHILDREN AND FAMILIES IN 2024-2025.

(2) FOCUS ON FINANCIAL STABILITY:
UNITED WAY GOALS: TO ENSURE COMMUNITY MEMBERS IN CRISIS OR TRANSITION, SUCCESSFULLY THE RESOURCES AVAILABLE IN THEIR TIME OF NEED. TO SUPPORT THOSE FACING LIFE CHALLENGES INCLUDING UNEMPLOYMENT, DISABILITIES, AND HOMELESSNESS CAN LIVE AS INDEPENDENTLY AS POSSIBLE THROUGH PROGRAMS FUNDED BY UWGHP DONATIONS.

28% OF ALLOCATED DOLLARS WERE INVESTED IN PROGRAMS FOR INCOME/INDEPENDENT AND SELF-SUFFICIENT PEOPLE AND SAFE NEIGHBORHOODS IN 2024-2025.

(3) PROVIDING PROGRAMS THAT ENCOURAGE HEALTH:
UNITED WAY GOALS: TO ENCOURAGE ALL COMMUNITY MEMBERS TO BE PHYSICALLY, MENTALLY, AND EMOTIONALLY WELL.

24% OF ALLOCATED DOLLARS WERE INVESTED IN PROGRAMS FALLING UNDER THE HEALTHY PEOPLE IMPACT AREA SUPPORTED BY UNITED WAY IN 2024-2025.

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.

Name of the organization
UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number
56-0547486

PARTNERS ENDING HOMELESSNESS - UWGHP IS A PROUD PARTNER IN THE IMPLEMENTATION OF PARTNERS ENDING HOMELESSNESS (PEH) IN GUILFORD COUNTY. PEH HAS A VISION OF A COMMUNITY COURAGEOUSLY DEDICATED TO ENDING HOMELESSNESS IN GUILFORD COUNTY. THE PEH MISSION IS TO ENGAGE CRITICAL STAKEHOLDERS TO BRING ABOUT EFFECTIVE SOLUTIONS THROUGH COLLABORATION, 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 - UWGHP PARTNERS WITH THE GREATER HIGH POINT FOOD ALLIANCE TO WORK TOWARDS A MORE FOOD-SECURE COMMUNITY. THE GREATER HIGH POINT FOOD ALLIANCES' MISSION IS TO COORDINATE AND IMPROVE THE EFFECTIVENESS OF ENTITIES IN GREATER HIGH POINT FOCUSED ON ALLEVIATING HUNGER BY CREATING AND EXECUTING CITYWIDE AND NEIGHBORHOOD-FOCUSED INITIATIVES TO DEVELOP MORE JUST AND SUSTAINABLE FOOD SYSTEMS.

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

THE PROGRAM CURRENTLY SERVES 2,000 STUDENTS IN THE GREATER HIGH POINT AREA USING 24 DISTRIBUTION SITES THAT INCLUDE MANY SCHOOLS AND NON-PROFITS THAT SERVE STUDENTS.

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

CANPAIGN FOOD DRIVE - THE CANPAIGN KICKOFF FOOD DRIVE OCCURS EACH SEPTEMBER. FOR 16 YEARS, 40 LOCAL ORGANIZATIONS HAVE CONDUCTED FOOD DRIVES, AND VOLUNTEERS COLLECT ENOUGH FOOD FOR 19 PANTRIES. THIS EVENT IS A WEEK-LONG EVENT WHERE PEOPLE DROP FOOD OFF AT OUR BUILDING AND THE VARIOUS FOOD PANTRIES COME BY TO PICK THE FOOD UP AND SELECT THE FOOD THEY ARE LOW ON IN THEIR PANTRY AFTER ALL THE FOOD HAS BEEN SORTED.

PROJECT BOARD DEVELOPMENT - OVER THE PAST 23 YEARS, CLOSE TO 450 PROFESSIONALS HAVE GRADUATED FROM UWGHP'S "PROJECT BOARD DEVELOPMENT," A LEADERSHIP DEVELOPMENT PROGRAM DEVELOPED BY UWGHP'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

Name of the organization UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number 56-0547486

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.

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

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

FANS FOR SENIORS (IN COLLABORATION WITH SENIOR RESOURCES OF GUILFORD) - THIS PROGRAM HELPS SERVE SENIORS AND DISABLED ADULTS IN OUR COMMUNITY WHO HAVE NO ACCESS TO CENTRAL AIR CONDITIONING DURING THE SUMMER. DONORS CAN DONATE EITHER FANS OR MONEY TO PURCHASE FANS. THE FANS ARE GIVEN AWAY AT VARIOUS EVENTS THROUGHOUT THE SUMMER WITH SENIOR RESOURCES OF GUILFORD.

GIFT OF WARMTH - THIS PROGRAM ASSISTS THOSE FACING HEATING EMERGENCIES DURING THE COLD WINTER MONTHS. DONORS CAN DONATE EITHER HEATERS OR MONEY TO PURCHASE HEATERS. UWGHP GIVES THESE HEATERS OUT AT VARIOUS EVENTS THROUGHOUT THE WINTER.

CHILDREN'S INITIATIVES - IMPROVING THE LIVES OF CHILDREN AND FAMILIES IN HIGH POINT THROUGH CHILDCARE, PARENTING EDUCATION AND COMMUNITY AWARENESS OF CRITICAL 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 PROPER HEALTH AND NUTRITION, A SAFE AND STABLE FAMILY AND HOME LIFE, AND ACTIVITIES THAT STIMULATE CREATIVITY, CURIOSITY, AND ALL THE SKILLS THEY WILL NEED TO SUCCEED IN SCHOOL AND LIFE.

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

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

UWGHP CHILDREN'S INITIATIVES AWARDED $109,600 IN 2024-2025 IN HIGH QUALITY EARLY CARE AND EDUCATION SCHOLARSHIPS TO FAMILIES LIVING IN THE GREATER HIGH POINT AREA AND ELIGIBLE THROUGH DEPARTMENT OF SOCIAL SERVICES. HIGH QUALITY EARLY CARE AND EDUCATION SETS THE STAGE FOR SCHOOL READINESS, IMPROVED GRADUATION RATES, LONG-TERM SUCCESS IN LIFE AND PREVENTS COSTLY INTERVENTIONS FOR OUR MOST VULNERABLE CHILDREN AND FAMILIES.

MINDFULNESS MATTERS - UWGHP PRESENTS MINDFULNESS MATTERS, A GUIDE FOR YOUTH SELF-CARE AND MENTAL WELLNESS. THE GOAL IS TO PROMOTE YOUTH MENTAL WELLNESS BY PROVIDING MINDFULNESS AND MENTAL WELLNESS CLASSES TO YOUTH AND YOUTH CAREGIVERS. CLASSES WILL FOCUS ON MINDFULNESS PRACTICES THAT ENHANCE PHYSICAL, MENTAL, AND EMOTIONAL HEALTH, FOSTERING HEALTHIER, HAPPIER YOUNG INDIVIDUALS.

FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS ONE CLASS OF MEMBERS, CALLED DIRECTORS, WHO COMPRISE THE GORVERNING BODY AS A BOARD OF DIRECTORS. THESE ARE THE ONLY MEMBERS OF THE ORGANIZATION, AND THESE MEMBERS MAKE THE SIGNIFICANT DECISIONS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS WILL REVIEW EITHER A PAPER OR AN ELECTRONIC COPY OF THE 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE STAFF AND THE BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT EVERY YEAR.

IN ORDER TO AVOID A CONFLICT WHEN GOING THROUGH THE ALLOCATION 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 A 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 USED 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 XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN PRESENT VALUE DISCOUNT ON MULTI-YEAR PLEDGES	55,850.

FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED.

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number

56-0547486

SCHEDULE R
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 56-0547486

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

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

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

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

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

Schedule R (Form 990) (Rev. 1-2025)

LHA 432161 10-23-24

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.

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

Part VII Supplemental Information

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