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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER HIGH POINT, INC. Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 201 CHURCH AVENUE City or town, state or country, and ZIP + 4 HIGH POINT, NC 27262	D Employer identification number 56-0547486
		E Telephone number 336-883-4127
		G Gross receipts \$ 4,669,674.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYHP.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1935 M State of legal domicile NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EDUCATION, INCOME, HEALTH. FOR EACH OF US, THESE ARE THE BUILDING BLOCKS FOR A GOOD LIFE. UNITED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of employees (Part V, line 2a)	5	15
	6 Total number of volunteers (estimate if necessary)	6	436
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,661,938.	4,515,482.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105,683.	82,719.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,656.	71,473.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,841,277.	4,669,674.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,242,795.	2,139,633.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	712,487.	686,141.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 445,744.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,290,847.	1,917,152.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,246,129.	4,742,926.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	<404,852.>	<73,252.>
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,174,112.	5,534,626.
	22 Net assets or fund balances. Subtract line 21 from line 20	905,920.	944,533.
		4,268,192.	4,590,093.

Part II Signature Block

Sign Here	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.		
	Signature of officer Betsy Lowder, CFO		Date 8/8/11
Preparer's Use Only	Preparer's signature Kenneth B. Fulp		Date 8-5-11
	Firm's name (or yours if self-employed), address, and ZIP + 4 SHARRARD, MCGEE & CO., P.A. P.O. BOX 5869 HIGH POINT, NC 27262		Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) N/A
	EIN ▶		Phone no ▶ (336) 884-0410

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

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

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

- 4a (Code:) (Expenses \$ 3,702,415. including grants of \$ 2,139,633.) (Revenue \$)
 COMMUNITY IMPACT - WITH THE HELP OF HUNDREDS OF COMMUNITY VOLUNTEERS AND THOUSANDS OF DONATIONS, THE UNITED WAY OF GREATER HIGH POINT FUNDS PROGRAMS THAT TOUCH APPROXIMATELY 70,000 PEOPLE EACH YEAR - ONE IN THREE RESIDENTS OF HIGH POINT, ARCHDALE, TRINITY, AND JAMESTOWN.

MAKING AN IMPACT IN EDUCATION, INCOME AND HEALTH - UNITED WAY IS COMMITTED TO STRENGTHENING OUR COMMUNITY BY IMPROVING PEOPLE'S LIVES. TO DO THAT, WE FOCUS OUR EFFORTS-AND YOUR DONATIONS-ON THE THREE CRITICAL "BUILDING BLOCKS" EACH ONE OF US NEEDS FOR A GOOD LIFE: EDUCATION, INCOME AND HEALTH.

INVESTING IN EDUCATION - \$1,360,089 WAS INVESTED IN PROGRAMS AIMED AT

- 4b (Code:) (Expenses \$ 296,242. including grants of \$) (Revenue \$)
 CHILDREN'S INITIATIVES - IMPROVING THE LIVES OF CHILDREN AND FAMILIES IN HIGH POINT THROUGH CHILD CARE, PARENTING EDUCATION AND COMMUNITY AWARENESS OF IMPORTANT ISSUES. THE CHILDREN'S INITIATIVES INCLUDE THE FOLLOWING: BORN LEARNING, HIGH QUALITY CHILD CARE SCHOLARSHIPS, BRIDGES TO SUCCESS, SUCCESS BY 6, STRENGTHENING FAMILIES UNITED, AND LEAD SAFE HIGH POINT.

BORN LEARNING - UNITED WAY CHILDREN'S INITIATIVES CONTINUES TO PROMOTE BORN LEARNING, AN INNOVATIVE NATIONAL PUBLIC ENGAGEMENT INITIATIVE THAT ENCOURAGES PARENTS AND CAREGIVERS TO TURN ACTIVITIES INTO QUALITY EARLY LEARNING FOR YOUNG CHILDREN. MORE INFORMATION IS AVAILABLE AT WWW.BORNLEARNING.ORG, OR BY CALLING 888-6688.

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

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

(Expenses \$) including grants of \$) (Revenue \$)

- 4e Total program service expenses ► \$ 3,998,657.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	31	
b Enter the number of voting members that are independent	31	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 BETSY LOWDER - 336-883-0875
 201 CHURCH AVENUE, HIGH POINT, NC 27262

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAMELA PALMER BOARD CHAIR	2.00	X		X				0.	0.	0.
MOLLY JORDAN BOARD CHAIR-ELECT	2.00	X		X				0.	0.	0.
PETE CROSS PAST BOARD CHAIR	2.00	X		X				0.	0.	0.
LEAH PRICE PAST CAMPAIGN CHAIR	2.00	X		X				0.	0.	0.
VICKI MILLER CHILDREN'S INITIATIVES CHAIR	2.00	X		X				0.	0.	0.
GENE BOHI MARKETING AND COMMUNICATIONS CHAIR	2.00	X		X				0.	0.	0.
LORI NURSE TREASURER/FINANCE CHAIR	2.00	X		X				0.	0.	0.
TERESA HUFFMAN SECRETARY	2.00	X		X				0.	0.	0.
ANGELA KREINBRINK DIRECTOR	1.00	X						0.	0.	0.
JAMES LEGRANDE DIRECTOR	1.00	X						0.	0.	0.
JASON SCOTT DIRECTOR	1.00	X						0.	0.	0.
TEENA SCOTT DIRECTOR	1.00	X						0.	0.	0.
CHERYL STEED DIRECTOR	1.00	X						0.	0.	0.
VINCE WHEELER DIRECTOR	1.00	X						0.	0.	0.
JIM WHITE DIRECTOR	1.00	X						0.	0.	0.
COY WILLIARD DIRECTOR	1.00	X						0.	0.	0.
CARMEN DABIERO 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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOEL MILLS DIRECTOR	1.00	X						0.	0.	0.
DARNELL SHARPLESS DIRECTOR	1.00	X						0.	0.	0.
DR. GRACE TERRELL DIRECTOR	1.00	X						0.	0.	0.
PAUL BENZ DIRECTOR	1.00	X						0.	0.	0.
MARY LOU BLAKENEY DIRECTOR	1.00	X						0.	0.	0.
CHARLES CAIN DIRECTOR	1.00	X						0.	0.	0.
MARK HANSON DIRECTOR	1.00	X						0.	0.	0.
STEVE HOLCOMBE DIRECTOR	1.00	X						0.	0.	0.
ALAN KARPINSKI DIRECTOR	1.00	X						0.	0.	0.
ANGELO KIDD DIRECTOR	1.00	X						0.	0.	0.
1b Total								177,715.	0.	38,173.

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

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
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. **NONE**

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

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 4,390,545.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 124,937.					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f	4,515,482.					
	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)		82,719.			82,719.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
		9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses		b				
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances		a				
		b Less: cost of goods sold	b				
		c Net income or (loss) from sales of inventory					
		Miscellaneous Revenue		Business Code			
	11 a MISCELLANEOUS REVENUE	900099	71,473.			71,473.	
	b						
c							
d All other revenue							
e Total. Add lines 11a-11d		71,473.					
12 Total revenue. See instructions		4,669,674.	0.	0.	154,192.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,139,633.	2,139,633.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	215,027.	45,008.	112,321.	57,698.
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	376,156.	133,624.	61,074.	181,458.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	53,099.	14,171.	11,785.	27,143.
10 Payroll taxes	41,859.	13,054.	11,857.	16,948.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	26,900.		26,900.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	7,688.	6,395.		1,293.
12 Advertising and promotion				
13 Office expenses	26,327.	12,616.	3,238.	10,473.
14 Information technology	16,265.	4,628.	4,350.	7,287.
15 Royalties				
16 Occupancy	21,000.	6,124.	5,146.	9,730.
17 Travel	9,708.	2,350.	2,792.	4,566.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,248.	55.	1,924.	7,269.
20 Interest				
21 Payments to affiliates	60,993.	16,828.	15,517.	28,648.
22 Depreciation, depletion, and amortization	28,711.	8,183.	7,194.	13,334.
23 Insurance	1,559.		1,559.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DESIGNATIONS	1,160,645.	1,160,645.		
b ALLOW. UNCOLLECTIBLE PL	217,884.	217,884.		
c PROJECTS	183,774.	183,357.		417.
d OUTSOURCING	73,378.	18,764.	17,842.	36,772.
e PRINTING	33,118.	2,743.	108.	30,267.
f All other expenses	39,954.	12,595.	14,918.	12,441.
25 Total functional expenses. Add lines 1 through 24f	4,742,926.	3,998,657.	298,525.	445,744.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	629,996.	2	451,075.
	3 Pledges and grants receivable, net	1,596,655.	3	1,719,776.
	4 Accounts receivable, net	50,873.	4	19,457.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,424.	9	17,020.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 787,151.		
	b Less: accumulated depreciation	10b 412,106.		
		375,013.	10c	375,045.
	11 Investments - publicly traded securities	2,508,151.	11	2,952,253.
	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		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,174,112.	16	5,534,626.	
Liabilities	17 Accounts payable and accrued expenses	26,703.	17	51,626.
	18 Grants payable	879,217.	18	881,307.
	19 Deferred revenue		19	11,600.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	905,920.	26	944,533.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		2,431,300.	27	2,568,687.
28 Temporarily restricted net assets		877,312.	28	999,838.
29 Permanently restricted net assets		959,580.	29	1,021,568.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		4,268,192.	33	4,590,093.
34 Total liabilities and net assets/fund balances		5,174,112.	34	5,534,626.

Form 990 (2009)

Part XI Financial Statements and Reporting

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 in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4568556.	4426037.	4951305.	4661938.	4515482.	23123318.
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	4568556.	4426037.	4951305.	4661938.	4515482.	23123318.
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						23123318.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4568556.	4426037.	4951305.	4661938.	4515482.	23123318.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	101,024.	147,756.	141,172.	105,683.	82,722.	578,357.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	57,234.	94,991.	73,789.	73,656.	71,473.	371,143.
11 Total support. Add lines 7 through 10						24072818.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.06	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.16	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$
- (ii) Assets included in Form 990, Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

1a Beginning of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	959,580.	1,021,568.			
b Contributions					
c Net investment earnings, gains, and losses	61,988.	<61,988.>			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,021,568.	959,580.			

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

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		188,000.		188,000.
b Buildings		374,985.	218,092.	156,893.
c Leasehold improvements				
d Equipment		224,166.	194,014.	30,152.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				375,045.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,669,674.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,742,926.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<73,252.>
4	Net unrealized gains (losses) on investments	4	373,284.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	21,869.
9	Total adjustments (net). Add lines 4 through 8	9	395,153.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	321,901.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,798,151.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	373,284.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	133,722.
e	Add lines 2a through 2d	2e	507,006.
3	Subtract line 2e from line 1	3	3,291,145.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,378,529.
c	Add lines 4a and 4b	4c	1,378,529.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,669,674.

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

1	Total expenses and losses per audited financial statements	1	3,476,250.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	111,853.
e	Add lines 2a through 2d	2e	111,853.
3	Subtract line 2e from line 1	3	3,364,397.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,378,529.
c	Add lines 4a and 4b	4c	1,378,529.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,742,926.

Part XIV Supplemental Information

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

PART V, LINE 4: 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 OF \$10,000 EACH ARE TO BE MADE ANNUALLY TO THE UNITED WAY ANNUAL FUNDRAISING CAMPAIGN.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ITEMS CAPITALIZED: 21869.

Part XIV Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND DONATIONS: 133722.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES: 217884.

DESIGNATIONS: 1160645.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND DONATIONS: 111853.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES: 217884.

DESIGNATIONS: 1160645.

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

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

Employer identification number
56-0547486

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed.

recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

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

SCHEDULE I, PART I, LINE 2: PATRIOT ACT FORMS

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the instructions for Form 990.

Open to Public Inspection

Employer Identification number
56-0547486

(F)
Estimated
amount of
other
compensation
from the
organization
and related
organizations

0.

0.

0.

22,549.

15,624.

0.

0.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number
56-0547486

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total					▶ \$					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PAUL BENZ	DIRECTOR	0.	BANKER		X
MARK HANSON	DIRECTOR	0.	BANKER		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

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:

WAY FOCUSES ON MAKING A MEASURABLE IMPACT IN THESE THREE AREAS. THANKS
TO YOUR DONATIONS, IN 2009-2010 THE UNITED WAY OF GREATER HIGH POINT
FUNDED 70 PROGRAMS AT 29 PARTNER AGENCIES, SERVING HIGH POINT,
ARCHDALE, TRINITY, AND JAMESTOWN. THESE UNITED WAY-FUNDED PROGRAMS HELP
CHILDREN LEARN AND FAMILIES THRIVE, BUILD THE STRENGTH AND SAFETY OF
OUR NEIGHBORHOODS, AND IMPROVE THE HEALTH OF OUR COMMUNITIES THROUGHOUT
GREATER HIGH POINT.

IN ADDITION, THE UNITED WAY OF GREATER HIGH POINT IS INVOLVED IN A
NUMBER OF COMMUNITY PARTNERSHIPS AND INITIATIVES THAT INCLUDE PARTNERS
ENDING HOMELESSNESS, LEAD SAFE HIGH POINT, THE BACKPACK PROGRAM,
STRENGTHENING FAMILIES UNITED, GIFTS FOR HOMELESS KIDS, PROJECT BOARD
DEVELOPMENT, AND NUMEROUS OTHERS. WE HOPE YOU WILL READ ON FOR MORE
DETAILS!

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

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

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

PROMOTING EDUCATION/THRIVING CHILDREN AND FAMILIES IN 2009-2010.

FOCUS ON INCOME - \$758,066 SUPPORTED PROGRAMS FOR INCOME/INDEPENDENT
SELF-SUFFICIENT PEOPLE AND SAFE NEIGHBORHOOD IN 2009-2010.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number

56-0547486

PROVIDING PROGRAMS THAT ENCOURAGE HEALTH - \$734,050 WAS INVESTED IN
PROGRAMS FALLING UNDER THE HEALTH/HEALTHY PEOPLE IMPACT AREA SUPPORTED
BY UNITED WAY IN 2009-2010.

COMMUNITY IMPACT PROGRAMS INCLUDE THE FOLLOWING: PARTNERS ENDING
HOMELESSNESS, THE BACKPACK PROGRAM, VOLUNTEER INCOME TAX ASSISTANCE
PROGRAM, PRESCRIPTION DRUG DISCOUNT CARDS, GIFTS FOR HOMELESS KIDS,
STAMP OUT HUNGER, NEED HELP? WANT TO GIVE HELP? (2-1-1 REFERRAL LINE),
PROJECT BOARD DEVELOPMENT, AND THE BOB BROWN UNITED WAY SCHOLARSHIP.

PARTNERS ENDING HOMELESSNESS - THE UNITED WAY OF GREATER HIGH POINT IS
A PROUD PARTNER IN THE IMPLEMENTATION OF THE TEN YEAR PLAN TO END
CHRONIC HOMELESSNESS. WELL AHEAD OF ITS TIMELINE, OVER 100
CHRONICALLY-HOMELESS PEOPLE IN GUILFORD COUNTY HAVE BEEN TRANSITIONED
TO PERMANENT HOUSING SO FAR, THANKS TO PARTNERSHIPS AND YOUR SUPPORT!

THE BACKPACK PROGRAM - KIDS CANNOT LEARN WHEN THEY ARE HUNGRY. HUNGER
AFFECTS THEIR GRADES, THEIR RELATIONSHIPS, THEIR SELF-ESTEEM. ON APRIL
16, 2010, SECOND HARVEST FOOD BANK OF NORTHWEST NC AND THE UNITED WAY
OF GREATER HIGH POINT (IN PARTNERSHIP WITH THE HIGH POINT COMMUNITY
FOUNDATION, THE BOYS AND GIRLS CLUBS OF GREATER HIGH POINT, THE
SALVATION ARMY BOYS AND GIRLS CLUBS, CARL CHAVIS YMCA AND COMMUNITY
OUTREACH OF ARCHDALE-TRINITY) LAUNCHED THE FIRST BACKPACK PROGRAM IN
HIGH POINT.

THE BACKPACK PROGRAM, A PROGRAM OF FEEDING AMERICA, SECOND HARVEST FOOD

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number
56-0547486

BANK'S NATIONAL NETWORK, AIMS TO ADDRESS CHILDHOOD HUNGER BY PROVIDING
ELEMENTARY SCHOOL CHILDREN AT RISK OF HUNGER WITH BACKPACKS FULL OF
NUTRITIOUS, KID-FRIENDLY FOODS TO TAKE HOME OVER THE WEEKENDS DURING
THE SCHOOL YEAR.

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.

VITA (VOLUNTEER INCOME TAX ASSISTANCE) PROGRAM - UNITED WAY OF GREATER
HIGH POINT AND THE CITY OF HIGH POINT PARTNERED TO OFFER THE VITA
PROGRAM, WHICH PROVIDES FREE TAX PREPARATION BY LOCAL VOLUNTEERS TO LOW
AND MODERATE INCOME INDIVIDUALS. VITA ENCOURAGES ELIGIBLE TAXPAYERS TO
TAKE ADVANTAGE OF HELPFUL TAX CREDITS SUCH AS THE EARNED INCOME TAX
CREDIT (EITC) AND THE CHILD TAX CREDIT. IT IS ESTIMATED THAT THE EITC
HELPS LIFT FIVE MILLION FAMILIES OUT OF POVERTY NATIONWIDE EACH YEAR.

PRESCRIPTION DRUG DISCOUNT CARDS - IN PARTNERSHIP WITH GUILFORD COUNTY
GOVERNMENT, UNITED WAY DISTRIBUTED HUNDREDS OF PRESCRIPTION DRUG CARDS
FROM FAMILYWISE AND CAREMARK WHICH PROVIDE ON AVERAGE A 20% DISCOUNT ON
ALL PRESCRIPTION PURCHASES FOR INDIVIDUALS WITHOUT PRESCRIPTION DRUG
COVERAGE.

GIFTS FOR HOMELESS KIDS - OVER 50 CHILDREN LIVING IN TRANSITIONAL
HOUSING AT THE SALVATION ARMY SHELTER AND THE INTERFAITH HOSPITALITY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number

56-0547486

NETWORK, AS WELL AS KIDS LIVING IN FOSTER CARE THROUGH YOUTH UNLIMITED,
RECEIVED NEW TOYS AND BOOKS AT UNITED WAY'S FOURTH ANNUAL "GIFTS FOR
HOMELESS KIDS" TOY DRIVE IN AUGUST, 2009.

STAMP OUT HUNGER! - UNITED WAY OF GREATER HIGH POINT CONTINUES TO BE A
PROUD PARTNER WITH THE UNITED STATES POSTAL SERVICE, COLLABORATING WITH
THEM TO "STAMP OUT HUNGER" THROUGH THE ANNUAL LETTER CARRIER'S FOOD
DRIVE. IN MAY 2010, A RECORD-BREAKING 36,030 POUNDS OF FOOD WERE
COLLECTED BY LOCAL LETTER CARRIERS TO BENEFIT THE FOOD PANTRIES AT
TWELVE LOCAL AGENCIES - A 25% INCREASE THAT HELPED FEED MANY ADDITIONAL
HUNGRY FOLKS IN OUR COMMUNITY.

PROJECT BOARD DEVELOPMENT - OVER THE PAST FOUR YEARS, 140 PEOPLE HAVE
NOW GRADUATED FROM UNITED WAY OF GREATER HIGH POINT'S "PROJECT BOARD
DEVELOPMENT," A LEADERSHIP DEVELOPMENT PROGRAM DEVELOPED BY UNITED WAY
OF GREATER HIGH POINT'S AFRICAN-AMERICAN INITIATIVE. PROJECT BOARD
DEVELOPMENT IS DESIGNED TO IDENTIFY, RECRUIT, AND TRAIN MULTI-CULTURAL
CANDIDATES FOR REFERRAL TO SERVE ON COMMITTEES, AND GOVERNING BOARDS OF
LOCAL HEALTH AND HUMAN SERVICE ORGANIZATIONS, INCLUDING THOSE
AFFILIATED WITH THE UNITED WAY OF GREATER HIGH POINT.

BOB BROWN UNITED WAY SCHOLARSHIP - THE UNITED WAY OF GREATER HIGH POINT
IS HONORED TO PARTNER WITH HIGH POINT UNIVERSITY TO PROMOTE THE BOB
BROWN UNITED WAY SCHOLARSHIP, ESTABLISHED BY HPU IN 2006 TO RECOGNIZE
THE LIFE AND SERVICE OF HIGH POINT LEADER BOB BROWN. THE SCHOLARSHIP
IS SPECIFICALLY DESIGNATED FOR STUDENTS WHO ARE INVOLVED WITH A UNITED

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number

56-0547486

WAY AGENCY EITHER AS A VOLUNTEER OR AS A CLIENT. THE \$5,000 ANNUAL
SCHOLARSHIP IS RENEWABLE FOR FOUR CONSECUTIVE YEARS FOR A TOTAL OF
\$20,000.

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

HIGH QUALITY CHILD CARE SCHOLARSHIPS - WE KNOW THAT HIGH QUALITY CHILD
CARE SETS THE STAGE FOR LONG-TERM SUCCESS, MAY PREVENT COSTLY
INTERVENTIONS FOR OUR MOST VULNERABLE CHILDREN, AND IMPROVES GRADUATION
RATES. IN 2010, 121 CHILD CARE SCHOLARSHIPS WERE AWARDED THROUGH
UNITED WAY CHILDREN'S INITIATIVES TO LOWER-INCOME, WORKING PARENTS, AND
99 SCHOLARSHIPS WERE GIVEN AT THE CARL CHAVIS YMCA.

BRIDGES TO SUCCESS - UNITED WAY OF GREATER HIGH POINT'S CHILDREN'S
INITIATIVES WORKS WITH GUILFORD COUNTY SCHOOLS, PARTNER AGENCIES,
COMMUNITY ORGANIZATIONS, AND VOLUNTEERS IN TARGETED ELEMENTARY SCHOOLS
TO PROVIDE ENHANCED AFTER-SCHOOL ENRICHMENT ACTIVITIES THROUGH BRIDGES
TO SUCCESS.

SUCCESS BY 6 - CHILDREN'S INITIATIVES PROMOTES SUCCESS BY 6, A
COMMUNITY-WIDE COLLABORATIVE CREATED TO ENSURE THAT ALL HIGH POINT
CHILDREN ENTER SCHOOL MENTALLY, PHYSICALLY, AND EMOTIONALLY READY TO
LEARN.

STRENGTHENING FAMILIES UNITED - YOUR UNITED WAY IS ONE OF ONLY SIX
ORGANIZATIONS IN THE US TO RECEIVE A "STRENGTHENING FAMILIES UNITED"

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number
56-0547486

GRANT, WHICH STRIVES TO IMPLEMENT FIVE STRENGTHS-BASED "PROTECTIVE FACTORS" INTO THE INFRASTRUCTURE OF COMMUNITY SERVICES IN GREATER HIGH POINT. THESE FACTORS, WHICH INCLUDE NURTURING AND ATTACHMENT, PARENTING SKILLS, AND KNOWLEDGE OF CHILD AND YOUTH DEVELOPMENT, PROVIDE SUPPORT FOR AT-RISK FAMILIES, AND HAVE BEEN SHOWN TO HELP LOWER RATES OF CHILD ABUSE AND NEGLECT.

LEAD SAFE HIGH POINT - YOUR UNITED WAY IS PARTNERING WITH THE CITY OF HIGH POINT TO DEVELOP AND IMPLEMENT A MARKETING CAMPAIGN ON THE SERIOUS DANGERS OF LEAD-BASED PAINT FOUND IN OLDER HOMES AND BUILDINGS BUILT PRIOR TO 1978. THE RISK OF SERIOUS HEALTH EFFECTS IN CHILDREN EXPOSED TO LEAD IS GREATER, AS THEIR BRAINS AND NERVOUS SYSTEMS ARE MORE SENSITIVE, AND THEIR GROWING BODIES ABSORB MORE LEAD THAN ADULTS.

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

FORM 990, PART VI, SECTION B, LINE 11: 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 BOTH REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT EVERY YEAR.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number
56-0547486

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. THE MOST RECENT REVIEW INCLUDED A BLIND
SURVEY OF EMPLOYEES, DONORS, BOARD MEMBERS, AND AGENCY EXECUTIVES. THE
EXECUTIVE COMMITTEE ALSO USES UNITED WAY OF AMERICA'S ANNUAL SURVEY FOR
GUIDANCE ON WHAT OTHER METRO II 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 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART V, LINE 2B

THE FORM 990 IS BEING AMENDED TO CORRECTLY ANSWER THIS QUESTION AS YES
INSTEAD OF NO AS INDICATED ON THE ORIGINAL FORM 990.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

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" to Form 990, Part IV, line 33.)

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
UPIC SOLUTIONS, INC. - 61-1386122 2146 CHAMBER CENTER DRIVE FORT MITCHELL, KY 41017	UNITED WAY PROCESSING AND INFORMATION CENTER	KENTUCKY	501(C)(3)	11A	N/A

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

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
	UNITED WAY OF GREATER HIGH POINT, INC.	56-0547486
	Number, street, and room or suite no. If a P.O. box, see instructions. 201 CHURCH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HIGH POINT, NC 27262	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BETSY LOWDER

- The books are in the care of ► 201 CHURCH AVENUE - HIGH POINT, NC 27262

Telephone No. ► 336-883-0875

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)