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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

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial 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)

201 CHURCH AVENUE

Room/suite

City or town, state or country, and ZIP + 4

HIGH POINT, NC 27262**F** Name and address of principal officer: **BOBBY SMITH****201 CHURCH AVENUE, HIGH POINT, NC 27262****D** Employer identification number**56-0547486****E** Telephone number**336-883-4127****G** Gross receipts \$ **4,965,461.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)**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: 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)	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	31
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	15
	6	Total number of volunteers (estimate if necessary)	518
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
	8	Contributions and grants (Part VIII, line 1h)	4,760,897.
	9	Program service revenue (Part VIII, line 2g)	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,777.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,632.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,925,306.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,083,879.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	664,906.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,899,578.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,648,363.
	19	Revenue less expenses. Subtract line 18 from line 12	276,943.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,174,574.
	21	Total liabilities (Part X, line 26)	907,442.
	22	Net assets or fund balances Subtract line 21 from line 20	5,267,132.
			5,121,916.

Part II Signature Block

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

Sign Here ▶ Signature of officer **BETSY LOWDER, CFO** Date **12/3/12**
 Type or print name and title

Paid Preparer Use Only ▶ Print/Type preparer's name **GEORGE H. KNOTSMAN** Preparer's signature **George H. Knostman** Date **11-6-12** Check if self-employed ☐ PTIN **P00235890**
 Firm's name ▶ **SHARRARD, MCGEE & CO., P.A.** Firm's EIN ▶ **56-1146197**
 Firm's address ▶ **P.O. BOX 5869** Phone no. **(336) 884-0410**
HIGH POINT, NC 27262

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

132001 01-23-12

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

917 5

Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

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 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 3,913,506. including grants of \$ 2,178,145.) (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 — 1 IN 3 RESIDENTS OF HIGH POINT, ARCHDALE, TRINITY, AND JAMESTOWN.

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. TOWARDS THOSE GOALS, \$2,829,455 WAS INVESTED INTO 69 PROGRAMS AT 29 LOCAL PARTNER AGENCIES IN 2011 - 2012.

4b (Code _____) (Expenses \$ 262,480. 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 EVERY DAY ACTIVITIES INTO QUALITY EARLY LEARNING OPPORTUNITIES FOR YOUNG CHILDREN. MORE INFORMATION IS AVAILABLE AT WWW.BORNLEARNING.ORG, OR BY CALLING

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 **4,175,986.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	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 ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
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	15	
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 (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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 instructions for 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?		
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).		
7a	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	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds 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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	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:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

☒ X

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	31													
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 in Schedule O.														
b Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?							X							
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

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

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 (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

19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **BETSY LOWDER - 336-849-0875**
201 CHURCH AVENUE, HIGH POINT, NC 27262

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. GRACE TERRELL BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) CHARLES CAIN BOARD CHAIR-ELECT	2.00	X		X				0.	0.	0.
(3) GREG YORK CAMPAIGN CHAIR	2.00	X		X				0.	0.	0.
(4) TIM ILDERTON CAMPAIGN VICE CHAIR	2.00	X		X				0.	0.	0.
(5) VICKI MILLER CHILDREN'S INITIATIVES CHA	1.00	X		X				0.	0.	0.
(6) MARK REDMON COMMUNITY IMPACT CHAIR	1.00	X		X				0.	0.	0.
(7) ANGELA KREINBRINK SECRETARY	1.00	X		X				0.	0.	0.
(8) KEN BOWLING TREASURER/FINANCE CHAIR	1.00	X		X				0.	0.	0.
(9) MARY LOU BLAKENEY DIRECTOR	1.00	X		X				0.	0.	0.
(10) MARK HANSON DIRECTOR	1.00	X						0.	0.	0.
(11) ALAN KARPINSKI DIRECTOR	1.00	X						0.	0.	0.
(12) ANGELO KIDD DIRECTOR	1.00	X						0.	0.	0.
(13) DOUG PAGE DIRECTOR	1.00	X						0.	0.	0.
(14) KATHY STUART DIRECTOR	1.00	X						0.	0.	0.
(15) JAMES LEGRANDE DIRECTOR	1.00	X						0.	0.	0.
(16) LORI NURSE DIRECTOR	1.00	X						0.	0.	0.
(17) DEENA SAMUEL MARKETING & COMM. CHAIR	2.00	X		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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JASON SCOTT DIRECTOR	1.00	X						0.	0.	0.
(19) TEENA SCOTT DIRECTOR	1.00	X						0.	0.	0.
(20) CHERYL STEED DIRECTOR	1.00	X						0.	0.	0.
(21) COY WILLIARD DIRECTOR	1.00	X						0.	0.	0.
(22) DR. CHRISTINE CUGLIARI DIRECTOR	1.00	X						0.	0.	0.
(23) STEVE EARLEY DIRECTOR	1.00	X						0.	0.	0.
(24) BRANDON FLINCHUM DIRECTOR	1.00	X						0.	0.	0.
(25) ANGELA MCGILL DIRECTOR	1.00	X						0.	0.	0.
(26) JOEL MILLS DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								174,841.	0.	26,830.
d Total (add lines 1b and 1c)								174,841.	0.	26,830.

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

- 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2011)

(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			
(27) JOHN NANCE DIRECTOR	1.00	X						0.	0.	0.
(28) LEAH PRICE DIRECTOR	1.00	X						0.	0.	0.
(29) JULIE SAMUELS DIRECTOR	1.00	X						0.	0.	0.
(30) DAPHNE THOMPSON DIRECTOR	1.00	X						0.	0.	0.
(31) DOUG WITCHER DIRECTOR	1.00	X						0.	0.	0.
(32) MOLLY JORDAN PAST BOARD CHAIR	2.00			X				0.	0.	0.
(33) BOBBY SMITH PRESIDENT	40.00			X				108,105.	0.	15,172.
(34) BETSY LOWDER CFO	40.00			X				66,736.	0.	11,658.
Total to Part VII, Section A, line 1c								174,841.		26,830

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 4,730,280.				
	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 81,064.				
	g Noncash contributions included in lines 1a-1f \$	50,661.				
	h Total. Add lines 1a-1f		4,811,344.			
Program Service Revenue	2 a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		73,698.			73,698.
	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	80,419.			80,419.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		80,419.				
12 Total revenue. See instructions.		4,965,461.	0.	0.	154,117.	

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)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21	2,178,145.	2,178,145.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	220,686.	28,588.	186,844.	5,254.
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	363,626.	136,440.	54,487.	172,699.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	53,032.	17,883.	1,543.	33,606.
10 Payroll taxes	40,093.	11,988.	15,474.	12,631.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	31,000.		31,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,789.	50.		2,739.
12 Advertising and promotion				
13 Office expenses	23,868.	6,009.	2,737.	15,122.
14 Information technology	17,023.	4,952.	5,094.	6,977.
15 Royalties				
16 Occupancy	25,661.	7,442.	7,554.	10,665.
17 Travel	11,930.	4,434.	1,606.	5,890.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,294.	2,093.	10,327.	1,874.
20 Interest				
21 Payments to affiliates	58,483.	16,865.	17,710.	23,908.
22 Depreciation, depletion, and amortization	29,802.	8,642.	8,792.	12,368.
23 Insurance	2,409.		2,409.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>DESIGNATIONS</u>	1,325,514.	1,325,514.		
b <u>ALLOW. UNCOLLECTIBLE PL</u>	233,741.	233,741.		
c <u>PROJECTS</u>	160,455.	160,455.		
d <u>OUTSOURCING</u>	88,246.	21,720.	25,816.	40,710.
e All other expenses	71,047.	11,025.	17,364.	42,658.
25 Total functional expenses. Add lines 1 through 24e	4,951,844.	4,175,986.	388,757.	387,101.
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	832,930.	2	936,234.
	3 Pledges and grants receivable, net	1,960,809.	3	1,911,030.
	4 Accounts receivable, net	15,595.	4	24,953.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,468.	9	12,291.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 791,947.		
	b Less: accumulated depreciation	10b 452,661.	10c 339,286.	
	11 Investments - publicly traded securities	2,993,210.	11	2,908,676.
	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)	6,174,574.	16	6,132,470.	
Liabilities	17 Accounts payable and accrued expenses	33,679.	17	8,209.
	18 Grants payable	873,763.	18	1,002,345.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	907,442.	26	1,010,554.
	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		2,832,079.	27	2,924,705.
28 Temporarily restricted net assets		1,413,485.	28	1,175,643.
29 Permanently restricted net assets		1,021,568.	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		5,267,132.	33	5,121,916.
34 Total liabilities and net assets/fund balances		6,174,574.	34	6,132,470.

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,965,461.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,951,844.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,617.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,267,132.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<158,833.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,121,916.

Part XII Financial Statements and Reporting

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

☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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 separate basis, consolidated 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 (2011)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

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 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975
See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4951305.	4661938.	4515482.	4767397.	4760683.	23656805.
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	4951305.	4661938.	4515482.	4767397.	4760683.	23656805.
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						23656805.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4951305.	4661938.	4515482.	4767397.	4760683.	23656805.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141,172.	105,683.	82,722.	83,777.	73,698.	487,052.
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)	73,789.	73,656.	71,473.	74,132.	80,419.	373,469.
11 Total support. Add lines 7 through 10						24517326.
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	96.49	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	96.09	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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"/>			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 education)	<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, 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, 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 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) 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 (ASC 958) 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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Otherc ☐ Preservation for future generations

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 the 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:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,021,568.	1,021,568.	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.	1,021,568.	1,021,568.	959,580.	

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 Temporarily restricted endowment ► _____ %

The percentages in 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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment. 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		188,000.		188,000.
b Buildings		374,985.	243,421.	131,564.
c Leasehold improvements				
d Equipment		228,962.	209,240.	19,722.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				339,286.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. 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)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,965,461.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,951,844.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,617.
4	Net unrealized gains (losses) on investments	4	<108,172.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<50,661.>
9	Total adjustments (net). Add lines 4 through 8	9	<158,833.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<145,216.>

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	3,298,034.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,298,034.
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	1,667,427.
c	Add lines 4a and 4b	4c	1,667,427.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,965,461.

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

1	Total expenses and losses per audited financial statements	1	3,443,250.
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	50,661.
e	Add lines 2a through 2d	2e	50,661.
3	Subtract line 2e from line 1	3	3,392,589.
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	1,559,255.
c	Add lines 4a and 4b	4c	1,559,255.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,951,844.

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 UP TO \$20,000 EACH ARE TO BE MADE ANNUALLY TO THE UNITED WAY ANNUAL FUNDRAISING CAMPAIGN.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

IN KIND CONTRIBUTIONS

-50,661.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	233,741.
-------------------------------------	----------

DESIGNATIONS	1,325,514.
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NET UNREALIZED LOSS ON INVESTMENTS	108,172.
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TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,667,427.
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PART XIII, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND DONATIONS	50,661.
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PART XIII, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	233,741.
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DESIGNATIONS	1,325,514.
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TOTAL TO SCHEDULE D, PART XIII, LINE 4B 1,559,255.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPARTMENT OF SOCIAL SERVICES 300 S. CENTENNIAL STREET HIGH POINT, NC 27260			96,439.	0.			CHILDCARE SCHOLARSHIPS

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

Department of the Treasury
Internal Revenue Service

► 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

2011

**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

[illegible]

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

▶ \$ _____
 ▶ \$ _____

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

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

**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	17,278.	
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	4	435.	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>ADVERTISING</u>)	X	3	21,130.	
26 Other ► (<u>TAPING & EDIT</u>)	X	1	7,500.	
27 Other ► (<u>HOST ADT SUMM</u>)	X	1	2,883.	
28 Other ► (<u>GIFT CARDS</u>)	X	14	820.	

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2011)

Part II **Supplemental Information.** Complete this part to 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

PART I, OTHER TYPES OF PROPERTY:**COSMETIC & FRAGRANCES**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 250.

(D) METHOD OF DETERMINING REVENUE:

TIME/SKILL TO UPDATE ADT PLEDGE CARD

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 250.

(D) METHOD OF DETERMINING REVENUE:

NC POTTERY

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 65.

(D) METHOD OF DETERMINING REVENUE:

GOLF UMBRELLAS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 50.

(D) METHOD OF DETERMINING REVENUE:

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

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 2011-2012 THE UNITED WAY OF GREATER HIGH POINT
FUNDED 69 PROGRAMS AT 29 PARTNER AGENCIES, SERVING HIGH POINT,
ARCHDALE, TRINITY, AND JAMESTOWN. THESE UNITED WAY-FUNDED PROGRAMS HELP
CHILDREN LEARN AND HELP 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, COAST
2 COAST PRESCRIPTION DRUG DISCOUNT PROGRAM, GIFTS FOR HOMELESS KIDS,
PROJECT BOARD DEVELOPMENT, AND NUMEROUS OTHERS.

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:

(1) INVESTING IN EDUCATION:

UNITED WAY GOALS: CHILDREN ARE PREPARED FOR SUCCESS IN SCHOOL AND IN
LIFE. FAMILIES HAVE THE TOOLS THEY NEED TO SUCCESSFULLY MEET THE
CHALLENGES OF PARENTING. HIGH QUALITY YOUTH DEVELOPMENT AND MENTORING
PROGRAMS ARE AVAILABLE TO KEEP AT-RISK KIDS ON TRACK TO HIGH SCHOOL
GRADUATION - AND BEYOND.

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number

56-0547486

\$1,333,917 WAS INVESTED IN PROGRAMS AIMED AT PROMOTING
EDUCATION/THRIVING CHILDREN AND FAMILIES IN 2011 - 2012.

(2) FOCUS ON INCOME:

UNITED WAY GOALS: PEOPLE IN CRISIS OR TRANSITION SUCCESSFULLY ACCESS
THE COMMUNITY RESOURCES THEY NEED. INDIVIDUALS - INCLUDING OLDER ADULTS
AND PEOPLE WITH DISABILITIES - AS WELL AS THOSE WHO STRUGGLE WITH
UNEMPLOYMENT, UNDER-EMPLOYMENT, AND HOMELESSNESS - HAVE THE POTENTIAL
TO LIVE AS INDEPENDENTLY AS POSSIBLE, THROUGH PROGRAMS FUNDED BY YOUR
DONATIONS TO UNITED WAY.

\$525,610 SUPPORTED PROGRAMS FOR INCOME/INDEPENDENT AND SELF-SUFFICIENT
PEOPLE AND SAFE NEIGHBORHOODS IN 2011 - 2012.

(3) PROVIDING PROGRAMS THAT ENCOURAGE HEALTH:

UNITED WAY GOALS: AN INDIVIDUAL'S POTENTIAL TO BE PHYSICALLY, MENTALLY,
AND EMOTIONALLY WELL IS FULLY-REALIZED. FAMILIES ARE STRENGTHENED AND
CASES OF CHILD ABUSE AND NEGLECT ARE REDUCED.

\$969,928 WAS INVESTED IN PROGRAMS FALLING UNDER THE HEALTH/HEALTHY
PEOPLE IMPACT AREA SUPPORTED BY UNITED WAY IN 2011 - 2012.

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

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number

56-0547486

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. THANKS TO PARTNERSHIPS AND YOUR SUPPORT, THE NUMBER OF INDIVIDUALS WHO ARE CHRONICALLY HOMELESS HAS BEEN REDUCED BY 50% SINCE THE IMPLEMENTATION OF THE TEN YEAR PLAN.

THE BACKPACK PROGRAM - KIDS CANNOT LEARN WHEN THEY ARE HUNGRY. HUNGER AFFECTS THEIR GRADES, THEIR RELATIONSHIPS, THEIR SELF-ESTEEM. THE BACKPACK PROGRAM, A PROGRAM OF FEEDING AMERICA, SECOND HARVEST FOOD 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.

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 PROGRAM GREW IN 2011 AND 2012 AND NOW SERVES 350 KIDS IN THE GREATER HIGH POINT AREA.

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.

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

Employer identification number

56-0547486

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 FAMILYWIZE (WWW.FAMILYWIZE.COM) AND CAREMARK (WWW.CAREMARK.COM/NACO), WHICH PROVIDE ON AVERAGE A 20% DISCOUNT ON ALL PRESCRIPTION PURCHASES FOR INDIVIDUALS WITHOUT PRESCRIPTION DRUG COVERAGE. APPROXIMATELY 4,000 PEOPLE IN THE GREATER HIGH POINT AREA HAVE SAVED OVER \$60,000 IN MEDICATION COSTS OVER THE PAST FOUR YEARS USING THIS CARD.

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 2012, A RECORD-BREAKING 50,000+ POUNDS OF FOOD WERE COLLECTED BY LOCAL LETTER CARRIERS TO BENEFIT THE FOOD PANTRIES AT FIFTEEN LOCAL AGENCIES - AN INCREASE THAT HELPED FEED MANY ADDITIONAL HUNGRY FOLKS IN OUR COMMUNITY.

PROJECT BOARD DEVELOPMENT - OVER THE PAST SIX YEARS, OVER 200 PEOPLE HAVE GRADUATED FROM UNITED WAY OF GREATER HIGH POINT'S "PROJECT BOARD DEVELOPMENT," A LEADERSHIP DEVELOPMENT PROGRAM DEVELOPED BY UNITED WAY

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

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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. PARTICIPANTS ATTEND SEVEN TRAINING SESSIONS, WITH A STRUCTURED CURRICULUM THAT INCLUDES INSTRUCTION IN STRATEGIC PLANNING, MARKETING, FINANCE, PARLIAMENTARY PROCEDURE, AND FUND-RAISING.

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 WAY PARTNER 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.

VENTURE GRANTS-THE UNITED WAY OF GREATER HIGH POINT AWARDED \$46,825 IN VENTURE GRANTS. THESE ARE SMALL GRANTS AWARDED TO QUALIFIED LOCAL NON-PROFIT ORGANIZATIONS AND ARE DESIGNED TO HELP MEET EMERGING AND UNMET NEEDS. THEY CAN BE USED TO HELP GET A NEW PROGRAM STARTED, OR HELP AN EXISTING PROGRAM PURCHASE NEEDED EQUIPMENT OR SUPPLIES.

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

336-888-6688.

HIGH QUALITY CHILD CARE SCHOLARSHIPS - WE KNOW THAT HIGH QUALITY CHILD

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CARE SETS THE STAGE FOR LONG-TERM SUCCESS, MAY PREVENT COSTLY INTERVENTIONS FOR OUR MOST VULNERABLE CHILDREN, AND IMPROVES GRADUATION RATES. IN 2011 - 2012, \$100,000 WAS INVESTED IN EARLY CARE SCHOLARSHIPS FOR CHILDREN BIRTH THROUGH AGE 3 ENROLLED IN HIGH QUALITY CHILD CARE FACILITIES IN HIGH POINT. \$30,000 WAS INVESTED IN ARCHDALE/TRINITY. THESE SCHOLARSHIPS WERE AWARDED THROUGH UNITED WAY CHILDREN'S INITIATIVES TO THE CHILDREN OF LOWER-INCOME, WORKING PARENTS.

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

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.

Name of the organization

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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.

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

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE FOR THE CEO. THE EXECUTIVE COMMITTEE MEETS ONCE A YEAR TO DISCUSS THE PERFORMANCE OF THE CEO AND TO DETERMINE IF AN INCREASE IN SALARY IS APPROPRIATE. THE MOST RECENT REVIEW INCLUDED A BLIND SURVEY OF EMPLOYEES, DONORS, BOARD MEMBERS, AND AGENCY EXECUTIVES. THE EXECUTIVE COMMITTEE ALSO USES UNITED WAY WORLDWIDE'S ANNUAL SALARY SURVEY FOR GUIDANCE ON WHAT OTHER 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 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-108,172.

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IN KIND CONTRIBUTIONS

-50,661.

TOTAL TO FORM 990, PART XI, LINE 5

-158,833.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

2011
Open to Public
Inspection

Name of the organization

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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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UPIC SOLUTIONS, INC. - 61-1386122 2146 CHAMBER CENTER DRIVE FORT MITCHELL, KY 41017	UNITED WAY PROCESSING AND INFORMATION CENTER	KENTUCKY	501(C)(3)	11A	N/A		X

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

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Sale of assets to related organization(s)**g** Purchase of assets from related organization(s)**h** Exchange of assets with related organization(s)**i** Lease of facilities, equipment, or other assets to related organization(s)**j** Lease of facilities, equipment, or other assets from related organization(s)**k** Performance of services or membership or fundraising solicitations for related organization(s)**l** Performance of services or membership or fundraising solicitations by related organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**n** Sharing of paid employees with related organization(s)**o** Reimbursement paid to related organization(s) for expenses**p** Reimbursement paid by related organization(s) for expenses**q** Other transfer of cash or property to related organization(s)**r** Other transfer of cash or property from related 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Yes No	
					1a	1b
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

Part VII	Supplemental Information
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

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