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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
InspectionA For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

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) Room/suite

**201 CHURCH AVENUE**

City or town, state or province, country, and ZIP or foreign postal code

**HIGH POINT, NC 27262**F Name and address of principal officer: **BOBBY SMITH****201 CHURCH AVENUE, HIGH POINT, NC 27262**

D Employer identification number

**56-0547486**

E Telephone number

**336-883-4127**G Gross receipts \$ **5,100,744.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **WWW.UNITEDWAYHP.ORG**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ OtherL Year of formation: **1935** M State of legal domicile: **NC****Part I Summary**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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

**3 30**

4 Number of independent voting members of the governing body (Part VI, line 1b)

**4 30**

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)

**5 15**

6 Total number of volunteers (estimate if necessary)

**6 440**

7a Total unrelated business revenue from Part VIII, column (C), line 12

**7a 0.**

b Net unrelated business taxable income from Form 990-T, line 34

**7b 0.**

8 Contributions and grants (Part VIII, line 1h)

Prior Year

**5,217,894.**

Current Year

**4,962,792.**

9 Program service revenue (Part VIII, line 2g)

**0. 0.**

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

**67,709.****100,915.**

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

**69,621.****37,037.**

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

**5,355,224.****5,100,744.**

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

**3,460,922.****3,699,354.**

14 Benefits paid to or for members (Part IX, column (A), line 4)

**0. 0.**

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

**698,124.****715,332.**

16a Professional fundraising fees (Part IX, column (A), line 11e)

**0. 0.**b Total fundraising expenses (Part IX, column (D), line 25) **431,929.**

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

**884,485.****909,513.**

18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)

**5,043,531.****5,324,199.**

19 Revenue less expenses - Subtract line 18 from line 12

**311,693.****<223,455.>**

20 Total assets (Part X, line 16)

Beginning of Current Year

**6,455,370.**

End of Year

**6,628,151.**

21 Total liabilities (Part X, line 26)

**943,910.****1,054,938.**

22 Net assets or fund balances. Subtract line 21 from line 20

**5,511,460.****5,573,213.****Part II Signature Block**

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

Sign Here

Signature of officer

**BETSY LOWDER, CFO**

Type or print name and title

Date

**11/7/14**

Paid

Print/Type preparer's name

**GEORGE H. KNOTSMAN**

Preparer's signature

**George H. Knotsman, Jr.**

Date

**10-24-14**Check if self-employed ☐

PTIN

**P00235890**

Preparer

Firm's name **SHARRARD, MCGEE & CO., P.A.**

Firm's EIN

**56-1146197**

Use Only

Firm's address **P.O. BOX 5869****HIGH POINT, NC 27262**Phone no. (336) **884-0410**

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

☒ Yes ☐ No

332001 10-29-13

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

Form **990** (2013)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

**Part III** Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

**OUR MISSION: WE DEVELOP RESOURCES AND PARTNERSHIPS THAT MAKE A MEASURABLE DIFFERENCE IN PEOPLE'S LIVES.**

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code ) (Expenses \$ **4,197,904.** including grants of \$ **3,699,354.**) (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. BUILDING ON WHAT'S WORKING IN OUR COMMUNITY: MAKING AN IMPACT IN EDUCATION, INCOME AND HEALTH.**

**UNITED WAY IS COMMITTED TO STRENGTHENING OUR COMMUNITY BY IMPROVING PEOPLE'S LIVES. TO DO THAT, WE FOCUS OUR EFFORTS - AND YOUR DONATIONS - ON THE THREE CRITICAL "BUILDING BLOCKS" EACH ONE OF US NEEDS FOR A GOOD LIFE: EDUCATION, INCOME, AND HEALTH. TOWARDS THOSE GOALS, \$3,097,491 WAS INVESTED INTO 74 PROGRAMS AT 28 LOCAL PARTNER AGENCIES IN 2013 - 2014.**

4b (Code ) (Expenses \$ **264,074.** 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 **4,461,978.**

**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>	<b>1</b> X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b>	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>	<b>3</b>	X
4 <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b>	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>	<b>5</b>	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>	<b>6</b>	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>	<b>7</b>	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>	<b>8</b>	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	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>	<b>10</b> 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>	<b>11a</b> 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>	<b>11b</b>	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>	<b>11c</b>	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>	<b>11d</b>	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>	<b>11e</b>	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>	<b>11f</b> X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	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>	<b>14b</b>	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	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>	<b>17</b>	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>	<b>18</b>	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>	<b>19</b>	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	<b>26</b>	X
<b>27</b> 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? If "Yes," complete Schedule L, Part III	<b>27</b>	X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28a</b> X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28b</b>	X
<b>c</b> 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? If "Yes," complete Schedule L, Part IV	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>38</b> X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 5		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		
<b>2a</b> 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	<b>2a</b> 15		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

**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 or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	30	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	30	
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?	X	
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</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)		
<b>16a</b> 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>b</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    ☐ Other (explain in Schedule O)

**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 - 336-899-0875**  
**201 CHURCH AVENUE, HIGH POINT, NC 27262**

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

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

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEAH PRICE BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) DARLENE LEONARD BOARD CHAIR-ELECT	2.00	X		X				0.	0.	0.
(3) CHARLES CAIN PAST BOARD CHAIR	2.00	X		X				0.	0.	0.
(4) OWEN BERTSCHI CAMPAIGN CHAIR	2.00	X		X				0.	0.	0.
(5) DOUG WITCHER PAST CAMPAIGN CHAIR	2.00	X		X				0.	0.	0.
(6) VICKI MILLER CHILDREN'S INITIATIVES CHA	1.00	X		X				0.	0.	0.
(7) MARK REDMON COMMUNITY IMPACT CHAIR	1.00	X		X				0.	0.	0.
(8) JULIE SAMUELS HILL SECRETARY	1.00	X		X				0.	0.	0.
(9) BRANDON FLINCHUM TREASURER/FINANCE CHAIR	1.00	X		X				0.	0.	0.
(10) MARY LOU BLAKENEY DIRECTOR	1.00	X						0.	0.	0.
(11) TIM ILDERTON DIRECTOR	1.00	X						0.	0.	0.
(12) ANGELO KIDD DIRECTOR	1.00	X						0.	0.	0.
(13) DR. GRACE TERRELL DIRECTOR	1.00	X						0.	0.	0.
(14) KEN BOWLING DIRECTOR	1.00	X						0.	0.	0.
(15) JODI BROOKSHIRE MARKETING & COMM. CHAIR	2.00	X		X				0.	0.	0.
(16) DEMOND BURNETTE DIRECTOR	1.00	X						0.	0.	0.
(17) AL HEGGINS DIRECTOR	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CARL MICKEY DIRECTOR	1.00	X						0.	0.	0.
(19) DR. CHRISTINE CUGLIARI DIRECTOR	1.00	X						0.	0.	0.
(20) STEVE EARLEY DIRECTOR	1.00	X						0.	0.	0.
(21) ANGELA MCGILL DIRECTOR	1.00	X						0.	0.	0.
(22) JOEL MILLS DIRECTOR	1.00	X						0.	0.	0.
(23) ROYSTER TUCKER DIRECTOR	1.00	X						0.	0.	0.
(24) GREG YORK DIRECTOR	1.00	X						0.	0.	0.
(25) JORDAN BARNES DIRECTOR	1.00	X						0.	0.	0.
(26) TONYA BUCHANAN DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								182,205.	0.	42,288.
<b>d Total (add lines 1b and 1c)</b>								182,205.	0.	42,288.

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



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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a 4,871,041.					
	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 91,751.					
	g Noncash contributions included in lines 1a-1f \$	37,751.					
	h <b>Total.</b> Add lines 1a-1f		4,962,792.				
<b>Program Service Revenue</b>	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g <b>Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		100,915.			100,915.	
	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	37,037.			37,037.	
	b						
c							
d All other revenue							
e <b>Total.</b> Add lines 11a-11d		37,037.					
12 <b>Total revenue.</b> See instructions.		5,100,744.	0.	0.	137,952.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,699,354.	3,699,354.		
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	228,936.	34,883.	175,604.	18,449.
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	341,666.	132,637.	44,066.	164,963.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	102,176.	27,249.	38,107.	36,820.
10 Payroll taxes	42,554.	12,349.	16,476.	13,729.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	38,500.		38,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	22,495.	6,658.	3,157.	12,680.
14 Information technology	17,411.	4,682.	6,090.	6,639.
15 Royalties				
16 Occupancy	47,409.	15,023.	13,633.	18,753.
17 Travel	10,982.	4,481.	1,818.	4,683.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,253.	592.	4,661.	
20 Interest				
21 Payments to affiliates	63,552.	16,778.	20,953.	25,821.
22 Depreciation, depletion, and amortization	45,010.	14,253.	13,840.	16,917.
23 Insurance	1,688.		1,688.	
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 <b>ALLOW. UNCOLLECTIBLE PL</b>	287,075.	287,075.		
b <b>PROJECTS</b>	173,609.	173,609.		
c <b>OUTSOURCING</b>	92,666.	23,212.	29,380.	40,074.
d <b>SUPPLIES</b>	37,751.			37,751.
e All other expenses	66,112.	9,143.	22,319.	34,650.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,324,199.	4,461,978.	430,292.	431,929.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	639,207.	2	683,439.
	3 Pledges and grants receivable, net	2,116,601.	3	2,074,287.
	4 Accounts receivable, net	13,928.	4	14,245.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,931.	9	10,736.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 826,299.		
	b Less: accumulated depreciation	10b 477,150.	10c	349,149.
	11 Investments - publicly traded securities	3,274,171.	11	3,496,295.
	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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,455,370.	16	6,628,151.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	13,227.	17	104,784.
	18 Grants payable	930,683.	18	950,154.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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 <b>Total liabilities.</b> Add lines 17 through 25	943,910.	26	1,054,938.
	<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		2,992,629.	27	2,962,890.
28 Temporarily restricted net assets		1,497,263.	28	1,599,168.
29 Permanently restricted net assets		1,021,568.	29	1,011,155.
Organizations that do not follow SFAS 117 (ASC 958), 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 <b>Total net assets or fund balances</b>		5,511,460.	33	5,573,213.
34 <b>Total liabilities and net assets/fund balances</b>	6,455,370.	34	6,628,151.	

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,100,744.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,324,199.
3	Revenue less expenses Subtract line 2 from line 1	3	<223,455.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,511,460.
5	Net unrealized gains (losses) on investments	5	285,208.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,573,213.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 (2013)

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.**  
**▶ Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2013

**Open to Public Inspection**

Name of the organization

UNITED WAY OF GREATER HIGH POINT, INC.

**Employer identification number**  
56-0547486

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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 - Non-functionally integrated

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]**Total**

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

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4515482.	4767397.	4760683.	5114101.	4925041.	24082704.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	4515482.	4767397.	4760683.	5114101.	4925041.	24082704.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						24082704.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4	4515482.	4767397.	4760683.	5114101.	4925041.	24082704.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	82,722.	83,777.	73,698.	67,709.	100,915.	408,821.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	71,473.	74,132.	80,419.	69,621.	37,037.	332,682.
<b>11 Total support.</b> Add lines 7 through 10						24824207.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.01	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	96.82	%
<b>16a 33 1/3% support test - 2013.</b> 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>b 33 1/3% support test - 2012.</b> 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"/>			
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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>b 10% -facts-and-circumstances test - 2012.</b> 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"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013



**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (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** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

## Part IV

**Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12

Also complete this part for any additional information. (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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

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

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

Complete if the organization answered "Yes" 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 XIII, 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 exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

1a Beginning of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	1,011,155.	1,021,568.	1,021,568.	1,021,568.	959,580.
b Contributions					
c Net investment earnings, gains, and losses					61,988.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,011,155.	1,021,568.	1,021,568.	1,021,568.	1,021,568.

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		188,000.		188,000.
b Buildings		374,985.	268,518.	106,467.
c Leasehold improvements				
d Equipment		263,314.	208,632.	54,682.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				349,149.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,813,645.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	285,208.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	285,208.
3	Subtract line 2e from line 1		3	3,528,437.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,572,307.	
c	Add lines 4a and 4b		4c	1,572,307.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,100,744.

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

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

1	Total expenses and losses per audited financial statements		1	3,751,892.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,751,892.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,572,307.	
c	Add lines 4a and 4b		4c	1,572,307.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,324,199.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ENDOWMENT FUND CONSISTS OF ASSETS DESIGNATED BY TWO DONORS AS BEING FOR PERMANENT INVESTMENT. THE EARNINGS ARE TO BE USED FOR "STRENGTHENING INDIVIDUALS AND FAMILIES" AND "IMPROVING LIVES OF CHILDREN AND YOUTH." TWO DESIGNATED DISBURSEMENTS OF UP TO \$20,000 EACH ARE TO BE MADE ANNUALLY TO THE UNITED WAY ANNUAL FUNDRAISING CAMPAIGN.

**PART X, LINE 2:**

UNITED WAY OF GREATER HIGH POINT, INC. IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE INTERNAL REVENUE SERVICE HAS CLASSIFIED THE CORPORATION AS OTHER THAN A PRIVATE FOUNDATION. CONTRIBUTIONS TO UNITED WAY OF GREATER HIGH POINT,

**Part XIII** Supplemental Information (continued)

INC. QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE INTERNAL REVENUE CODE. AS OF AND DURING THE YEARS ENDED JUNE 30, 2013 AND 2012, THE CORPORATION DID NOT RECOGNIZE A LIABILITY FOR ANY UNCERTAIN TAX POSITIONS. MANAGEMENT'S DETERMINATION REGARDING UNCERTAIN TAX POSITIONS MAY BE SUBJECT TO REVIEW AND ADJUSTMENT AT A LATER DATE BASED ON FACTORS INCLUDING, BUT NOT LIMITED TO, AN ON-GOING ANALYSIS OF TAX LAWS, REGULATIONS AND INTERPRETATIONS THEREOF. NO EXAMINATIONS BY TAXING AUTHORITIES ARE IN PROGRESS. TAX RETURNS FOR THE YEARS AFTER JUNE 30, 2010 REMAIN SUBJECT TO EXAMINATION.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	287,075.
DESIGNATIONS	1,285,232.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,572,307.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES	287,075.
DESIGNATIONS	1,285,232.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,572,307.

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**UNITED WAY OF GREATER HIGH POINT, INC.**

**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. 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
COUNTY OF GUILFORD 300 S. CENTENNIAL STREET HIGH POINT, NC 27260	56-6000305		111,410.	0.			CHILDCARE SCHOLARSHIPS
ALCOHOL AND DRUG SERVICES OF GUILFORD - 119 CHESTNUT DRIVE - HIGH POINT, NC 27262	56-0962164		62,345.	0.			PREVENTION SERVICES BLOOD SERVICES; HEALTH, SAFETY & COMMUNITY SERVICES, EMERGENCY SERVICES; YOUTH AND
AMERICAN RED CROSS GREATER HIGH POINT-DAVIDSON CHAPTER - 815 PHILLIPS AVE. - HIGH POINT, NC 27262	53-0196605		143,425.	0.			ADVOCACY; COMMUNITY OUTREACH; HEALTHY LIVING
ARC OF HIGH POINT 153 E. BELLEVUE HIGH POINT, NC 27265	56-6065287		48,500.	0.			MATCHES; MENTORING CHILDREN OF PRISONERS
BIG BROTHERS BIG SISTERS OF THE CENTRAL PIEDMONT - PO BOX 627 - HIGH POINT, NC 27261	20-4648395		145,500.	0.			SCOUTING
BOY SCOUTS OF AMERICA, OLD NORTH STATE COUNCIL - PO BOX 29046 - GREENSBORO, NC 27429	56-1762001		66,425.	0.			

**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.

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

Schedule I (Form 990) (2013)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF GREATER HIGH POINT - PO BOX 2834 - HIGH POINT, NC 27261	56-2094591		279,000.	0.			EDUCATION & CAREER DEVELOPMENT; HEALTH & LIFE SKILLS
COMMUNITIES IN SCHOOLS - HIGH POINT - PO BOX 6735 - HIGH POINT, NC 27262	56-1610073		140,948.	0.			21ST CENTURY SCHOLARS; GRAND PALS; VOLUNTEERS/JUMP START READING
COMMUNITIES IN SCHOOLS - RANDOLPH COUNTY - 1011 SUNSET AVE. - ASHEBORO, NC 27203	56-2034974		55,000.	0.			PERFORMING ARTS PROGRAM; MENTORING/TUTORING; TRANSITIONS
COMMUNITY CLINIC OF HIGH POINT PO BOX 5607 HIGH POINT, NC 27262	56-1795022		86,708.	0.			INDIGENT CARE
FAMILY SERVICE OF THE PIEDMONT 902 BONNER DRIVE JAMESTOWN, NC 27282	56-2061741		241,605.	0.			CHILDHOOD ENHANCEMENT; COUNSELING; CONSUMER CREDIT COUNSELING; CRISIS SERVICES
GIRL SCOUTS, CAROLINA, PEAKS TO PIEDMONT - 8818 WEST MARKET STREET - COLFAX, NC 27235	57-0577629		50,000.	0.			SCOUTING
HOSPICE OF THE PIEDMONT 1801 WESTCHESTER DRIVE HIGH POINT, NC 27262	58-1453827		163,980.	0.			DESIGNATIONS
LATINO FAMILY CENTER PO BOX 1129 HIGH POINT, NC 27261	27-1829679		60,500.	0.			BROTHERS/HERMANOS; SISTERS/HERMANAS; EL PUEBLO - COMMUNITY ACCESS
MENTAL HEALTH ASSOCIATES OF THE TRIAD - PO BOX 5693 - HIGH POINT, NC 27262	56-1058200		82,200.	0.			ELECTRONIC RECORDS MANAGEMENT SYSTEM; DESTINY HOUSE; SUPPORT GROUPS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE STEP FURTHER 623 EUGENE COURT GREENSBORO, NC 27401	58-1484818		25,000.	0.			COMMUNITY SERVICE RESTITUTION; GUILFORD COUNTY TEEN COURT; KEEP IT REAL YOUTH/PARENTS;
OPEN DOOR MINISTRIES PO BOX 1528 HIGH POINT, NC 27261	56-1576543		97,865.	0.			ARTHUR CASSELL HOUSE; EMERGENCY ASSISTANCE; EMERGENCY SHELTER; FATHER'S TABLE; PERMANENT
PIEDMONT HEALTH SERVICES AND SICKLE CELL AGENCY - PO BOX 20964 - GREENSBORO, NC 27420	23-7362747		104,000.	0.			NEW PHONE SYSTEM; SCOPE HIV/AIDS OUTREACH; LEARNING TO BE HEALTHY, SICKLE CELL SERVICES
RANDOLPH COUNTY FAMILY CRISIS CENTER - PO BOX 2161 - ARCHDALE, NC 27263	56-1240921		48,000.	0.			ARCHDALE EMERGENCY SHELTER; FAMILY CRISIS CENTER
RANDOLPH COUNTY SENIOR ADULTS ASSOCIATION - PO BOX 1852 - ASHEBORO, NC 27204	58-0002531		61,193.	0.			LUNCH PROGRAM; MOBILE MEALS
THE SALVATION ARMY BOYS AND GIRLS CLUBS - 121 SW CLOVERLEAF PLACE - HIGH POINT, NC 27263	58-0660607		75,000.	0.			HEALTH & LIFE SKILLS; EDUCATION AND CHARACTER DEVELOPMENT
THE SALVATION ARMY PO BOX 300 HIGH POINT, NC 27261	56-0660607		227,400.	0.			EMERGENCY ASSISTANCE; EMERGENCY SHELTER; SHELTER AND TRANSITIONAL HOUSING
SENIOR RESOURCES OF GUILFORD COUNTY - PO BOX 21993 - GREENSBORO, NC 27420	56-1181577		113,929.	0.			ACCESS TO SERVICES; COMMUNITY BASED SERVICES; VOLUNTEER SERVICES
TRIAD HEALTH PROJECT PO BOX 5716 GREENSBORO, NC 27435	58-1705502		69,101.	0.			DIRECT CLIENT ASSISTANCE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER HIGH POINT PO BOX 6258 HIGH POINT, NC 27262	56-0530014		206,907.	0.			YOUTH PROGRAM SCHOLARSHIPS; AFTERSCHOOL/SUMMER PROGRAMS; CHILDCARE;
YOUTH FOCUS 715 NORTH EUGENE STREET GREENSBORO, NC 27401	23-7378057		59,722.	0.			TRANSITIONAL LIVING; COUNSELING
YOUTH UNLIMITED PO BOX 485 HIGH POINT, NC 27261	56-0904267		46,000.	0.			BOY'S RESIDENTIAL HOME AQUATICS & WELLNESS; ADOLESCENT PARENTING PROGRAM; YOUTH SERVICES; WOMEN'S RESOURCE CENTER
YWCA OF HIGH POINT 112 GATEWOOD AVE. HIGH POINT, NC 27262	56-0579600		194,391.	0.			
UNITED WAY OF ALAMANCE COUNTY PO BOX 1268 BURLINGTON, NC 27216	56-0599239		11,193.	0.			DESIGNATIONS
UNITED WAY OF FORSYTH COUNTY 301 NORTH MAIN STREET, STE. 1700 WINSTON SALEM, NC 27101	23-7357234		31,426.	0.			DESIGNATIONS
UNITED WAY OF RANDOLPH COUNTY PO BOX 597 ASHEBORO, NC 27204	56-6017883		27,988.	0.			DESIGNATIONS
UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	56-0668555		57,005.	0.			DESIGNATIONS
UNITED WAY OF DAVIDSON COUNTY PO BOX 492 LEXINGTON, NC 27293	56-1847133		58,293.	0.			DESIGNATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ROCKINGHAM COUNTY PO BOX 317 WENTWORTH, NC 27375	56-0649247		7,891.	0.			DESIGNATIONS
ROSEMARY FLANAGAN PATIENT & FAMILY EMRG FUND AT ADVANCED HOME CARE - 4001 PIEDMONT PARKWAY - HIGH POINT, NC 27265	56-1844651		5,410.	0.			
COMMUNITY OUTREACH ARCHDALE TRINITY (COAT) - PO BOX 4574 - ARCHDALE, NC 27263	02-0652402		14,379.	0.			
RANDOLPH COUNTY PARTNERSHIP FOR CHILDREN - 349 SUNSET AVE - ASHEBORO, NC 27203	31-1612024		15,800.	0.			
PARTNERS ENDING HOMELESSNESS 201 CHURCH AVE HIGH POINT, NC 27262	20-1798198		5,072.	0.			
HORSEPOWER INC 8001 LEABOURNE RD COLFAX, NC 27235	56-1907424		6,278.	0.			
OUT OF THE GARDEN PROJECT PO BOX 4331 GREENSBORO, NC 27404	27-2772988		10,841.	0.			
HIGH POINT COMMUNITY AGAINST VIOLENCE - 729 NORTH MAIN STREET - HIGH POINT, NC 27262	20-0599204		8,250.	0.			
READING CONNECTIONS INC 122 N. ELM STREET, STE 920 GREENSBORO, NC 27401	56-1726754		10,084.	0.			

Schedule I (Form 990)

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

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

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information**PART I, LINE 2:****PATRIOT ACT FORMS****PART II, LINE 1, COLUMN (H):****NAME OF ORGANIZATION OR GOVERNMENT:**

AMERICAN RED CROSS GREATER HIGH POINT-DAVIDSON CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: BLOOD SERVICES; HEALTH, SAFETY &amp;

COMMUNITY SERVICES, EMERGENCY SERVICES; YOUTH AND VOLUNTEER SERVICES

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ONE STEP FURTHER

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY SERVICE RESTITUTION;  
GUILFORD COUNTY TEEN COURT; KEEP IT REAL YOUTH/PARENTS; MEDIATION  
SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: OPEN DOOR MINISTRIES

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

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF GREATER HIGH POINT

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH PROGRAM SCHOLARSHIPS;  
AFTERSCHOOL/SUMMER PROGRAMS; CHILDCARE; MINORITY ACHIEVERS; SUMMER (CAMP  
PIONEER); SCHOLARSHIP MEMBERSHIP; CHILDHOOD SEX ABUSE PREVENTION TRAINING

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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**2013**

Open To Public  
Inspection

Name of the organization

**UNITED WAY OF GREATER HIGH POINT, INC.**

Employer identification number

**56-0547486**

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

▶ \$

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

▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total

▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LEAH PRICE	DIRECTOR	0.	BANKER		X
BRANDON FLINCHUM	DIRECTOR	0.	DIRECTOR OF		X
DAVID MILLER	DIRECTOR	0.	DIRECTOR OF		X
VICKI MILLER	DIRECTOR	0.	DIRECTOR OF		X
JULIE SAMUELS HILL	DIRECTOR	0.	DIRECTOR OF		X
DR. GRACE TERRELL	DIRECTOR	0.	DIRECTOR OF		X
DOUG WITCHER	DIRECTOR	0.	INSURANCE A		X
ROYSTER TUCKER	DIRECTOR	0.	TELEPHONE S		X
DEMOND BURNETTE	DIRECTOR	0.	INVESTMENT		X
AL HEGGINS	DIRECTOR	0.	UTILITIES		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: BRANDON FLINCHUM

(D) DESCRIPTION OF TRANSACTION: DIRECTOR OF OTHER ORGANIZATION

(A) NAME OF PERSON: DAVID MILLER

(D) DESCRIPTION OF TRANSACTION: DIRECTOR OF OTHER ORGANIZATION

(A) NAME OF PERSON: VICKI MILLER

(D) DESCRIPTION OF TRANSACTION: DIRECTOR OF OTHER ORGANIZATION

(A) NAME OF PERSON: JULIE SAMUELS HILL

(D) DESCRIPTION OF TRANSACTION: DIRECTOR OF OTHER ORGANIZATION

(A) NAME OF PERSON: DR. GRACE TERRELL

(D) DESCRIPTION OF TRANSACTION: DIRECTOR OF OTHER ORGANIZATION

(A) NAME OF PERSON: DOUG WITCHER

(D) DESCRIPTION OF TRANSACTION: INSURANCE AGENT

(A) NAME OF PERSON: ROYSTER TUCKER



**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(D) DESCRIPTION OF TRANSACTION: TELEPHONE SERVICES

(A) NAME OF PERSON: DEMOND BURNETTE

(D) DESCRIPTION OF TRANSACTION: INVESTMENT MANAGER

(A) NAME OF PERSON: MARY LOU BLAKENEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: DIRECTOR OF OTHER ORGANIZATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DR. CHRISTINE CUGLIARI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: DIRECTOR OF OTHER ORGANIZATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DARLENE LEONARD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

(D) DESCRIPTION OF TRANSACTION: DIRECTOR OF OTHER ORGANIZATION

(E) SHARING OF ORGANIZATION REVENUES? = NO

**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.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013**

**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	<b>X</b>	<b>1</b>	<b>17,938.</b>	
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>ADVERTISING</u> )	<b>X</b>	<b>1</b>	<b>12,231.</b>	
26 Other ▶ ( <u>LEADERSHIP UM</u> )	<b>X</b>	<b>170</b>	<b>1,703.</b>	
27 Other ▶ ( <u>LAMPS</u> )	<b>X</b>	<b>5</b>	<b>1,697.</b>	
28 Other ▶ ( <u>PRINTING</u> )	<b>X</b>	<b>1</b>	<b>900.</b>	

**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**

<b>30a</b>		<b>X</b>
<b>31</b>	<b>X</b>	
<b>32a</b>		<b>X</b>

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

Schedule M (Form 990) (2013)

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

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 20

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 700.

(D) METHOD OF DETERMINING REVENUE:

**T-SHIRT**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 150

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 540.

(D) METHOD OF DETERMINING REVENUE:

**KITCHEN TABLE & FOUR CHAIRS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 5

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 450.

(D) METHOD OF DETERMINING REVENUE:

**TABLE**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 350.

(D) METHOD OF DETERMINING REVENUE:

**SCREENPRINTING FOR T-SHIRTS**

(A) CHECK IF APPLICABLE = X

**Part II**

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

(B) NUMBER OF CONTRIBUTIONS = 150

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 266.

(D) METHOD OF DETERMINING REVENUE:

**YMCA MEMBERSHIP**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

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

(D) METHOD OF DETERMINING REVENUE:

**6 MONTH POOL MEMBERSHIP**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 200.

(D) METHOD OF DETERMINING REVENUE:

**BAGELS/BREAD FOR A YEAR**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 200.

(D) METHOD OF DETERMINING REVENUE:

**WINE BASKET**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 101.

(D) METHOD OF DETERMINING REVENUE:

**Part II**

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

**FACIAL GIFT CERT.**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 75.

(D) METHOD OF DETERMINING REVENUE:

**HAIRCUT/COLOR**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 60.

(D) METHOD OF DETERMINING REVENUE:

**PEDICURE GIFT CERT.**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 30.

(D) METHOD OF DETERMINING REVENUE:

**PAINT SUPPLIES**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 30.

(D) METHOD OF DETERMINING REVENUE:

**GIFT CERT.**

(A) CHECK IF APPLICABLE = X

**Part II**

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

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 30.

(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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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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 2013-2014 THE UNITED WAY OF GREATER HIGH POINT  
FUNDED 74 PROGRAMS AT 28 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 UWGHP BACKPACK PROGRAM,  
COAST 2 COAST PRESCRIPTION DRUG DISCOUNT PROGRAM, 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

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GRADUATION - AND BEYOND.

48% WAS INVESTED IN PROGRAMS AIMED AT PROMOTING EDUCATION/THRIVING CHILDREN AND FAMILIES IN 2013 - 2014.

(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.

27% SUPPORTED PROGRAMS FOR INCOME/INDEPENDENT AND SELF-SUFFICIENT PEOPLE AND SAFE NEIGHBORHOODS IN 2013 - 2014.

(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.

25% WAS INVESTED IN PROGRAMS FALLING UNDER THE HEALTH/HEALTHY PEOPLE IMPACT AREA SUPPORTED BY UNITED WAY IN 2013 - 2014.

COMMUNITY IMPACT PROGRAMS INCLUDE THE FOLLOWING: PARTNERS ENDING HOMELESSNESS, THE BACKPACK 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



Name of the organization

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VENTURE GRANTS.

PARTNERS ENDING HOMELESSNESS - THE UNITED WAY OF GREATER HIGH POINT IS A PROUD PARTNER WITH PARTNERS ENDING HOMELESSNESS IN GUILFORD COUNTY. PARTNERS ENDING HOMELESSNESS LEADS A STRONG, COLLABORATIVE NETWORK THAT INCLUDES OVER 80 COMMUNITY PARTNERS WORKING TOGETHER TO EFFECTIVELY ADDRESS INDIVIDUAL AND FAMILY HOMELESSNESS THROUGH THE SYSTEM OF CARE IN OUR COMMUNITY.

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.

THE PROGRAM SERVED IN THE 2013-2014 SCHOOL YEAR 350 KIDS IN THE GREATER HIGH POINT AREA THROUGH THE FOLLOWING SCHOOLS AND OTHER DISTRIBUTION SITES: FAIRVIEW ELEMENTARY, KIRKMAN PARK ELEMENTARY, OAKVIEW ELEMENTARY, BOYS AND GIRLS CLUBS OF GREATER HIGH POINT, THE SALVATION ARMY BOYS AND GIRLS CLUB, CARL CHAVIS YMCA AND COMMUNITY OUTREACH OF ARCHDALE-TRINITY.

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](http://WWW.NC211.ORG).

Name of the organization

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PRESCRIPTION DRUG DISCOUNT CARDS - UNITED WAY OF NORTH CAROLINA AND COAST2COAST RX ARE OFFERING A NEW PROGRAM TO OFFER SAVINGS ON PRESCRIPTION DRUGS TO RESIDENTS WHO DO NOT HAVE HEALTH INSURANCE, A TRADITIONAL BENEFITS PLAN OR WHO HAVE PRESCRIPTIONS THAT ARE NOT COVERED BY INSURANCE. THE COAST2COAST DISCOUNT CARD IS FREE TO ALL NORTH CAROLINA RESIDENTS, REGARDLESS OF AGE, INCOME OR EXISTING HEALTH INSURANCE. BY USING THIS CARD, YOU MAY RECEIVE UP TO 75% OFF THE REGULAR RETAIL PRICE OF PRESCRIPTION DRUGS AT PARTICIPATING PHARMACIES

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 2014, A RECORD-BREAKING 75,000+ 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 EIGHT YEARS, OVER 275 PEOPLE HAVE GRADUATED FROM UNITED WAY OF GREATER HIGH POINT'S "PROJECT BOARD DEVELOPMENT," A LEADERSHIP DEVELOPMENT PROGRAM DEVELOPED BY UNITED WAY OF GREATER HIGH POINT'S AFRICAN-AMERICAN INITIATIVE. PROJECT BOARD DEVELOPMENT IS DESIGNED TO IDENTIFY, RECRUIT, AND TRAIN MULTI-CULTURAL CANDIDATES FOR REFERRAL TO SERVE ON COMMITTEES, AND GOVERNING BOARDS OF LOCAL 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,

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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 FIVE CONSECUTIVE YEARS FOR A TOTAL OF \$25,000.

VENTURE GRANTS-THE UNITED WAY OF GREATER HIGH POINT AWARDED \$43,458 IN 2014 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.

\$140,000 IN CHILD CARE SCHOLARSHIPS WAS AWARDED THROUGH UNITED WAY CHILDREN'S INITIATIVES TO LOWER INCOME WORKING PARENTS. HIGH QUALITY CHILD CARE SETS THE STAGE FOR LONG-TERM SUCCESS, MAY PREVENT COSTLY INTERVENTIONS FOR OUR MOST VULNERABLE CHILDREN, AND IMPROVE GRADUATION RATES.

SUCCESS BY 6 - CHILDREN'S INITIATIVES PROMOTES SUCCESS BY 6, A

COMMUNITY-WIDE COLLABORATIVE EFFORT CREATED TO ENSURE THAT ALL HIGH

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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.

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

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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 XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

## Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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UNITED WAY OF GREATER HIGH POINT, INC.

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

[illegible]

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

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

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

Schedule R (Form 990) 2013

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

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

[illegible]

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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





## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Provide additional information or responses to questions on Scenario A (see instructions).