PUBLIC DISCLOSURE COPY

		,	EXTENDED TO SEPTEMBER 15, 20.	23		
	00	n	Return of Organization Exempt From	Income Ta	х	OMB No. 1545-0047
Form	<u>99</u>	U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e)	ccept private found	ations	
Denarte	ent of th	e Treasury	Do not enter social security numbers on this form as it may approximately approximately approxima			Open to Public Inspection
Internal	Revenue	e Treasury Service	Go to www.irs.gov/Form990 for instructions and the later ar year, or tax year beginning NOV 1, 2021 and ending	OCT 31, 20	22	
			organization	D Employer ide	ntifica	ation number
B Che app	icable:	C Ivanie O	organization)			
	Address change	TINU	ED WAY OF WILKES COUNTY, INC.			<i>r</i>
·	Yame change	Doing b	usiness as	56-094		6
	nillai return	Number	and street (or P.O. box if mail is not delivered to street address) Room/sult	E Telephone nu (336)		-7803
راسي	Final return/ termin- ated	ONE	UNITED WAY BUILDING, 910 C STREET	G Gross receipts \$	<u> </u>	327,297.
	ated Amended return	NORT	WILKESBORO, NC 28659	H(a) Is this a gro	up ret	urn
	Applica-	F Name a	nd address of principal officer;WESTLEY WOOD	for subordi	nates?	Yes X No
	pending	ONE U	NITED WAY BUILDING, 910 C BI, NORTH WI			luded? Yes No
I Ta	x-exen	pt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 55			st. See instructions
JW	ebsite	► WWW	UWWILKES.ORG	H(c) Group exer	nption 53 M	State of legal domicile: NC
	A 11 A	NOMENT				
بالمستحسبا		defly deged	he the exceptration's mission or most significant activities: THE MISSI	ON OF THE	UNI	TED WAY OF
Activities & Governance	W	ILKES	COUNTY IS TO INVOLVE THE ENTIRE COMMON	1777 TO TD1	774 7 1	
Lua	2 C	heck this b	bx <> If the organization discontinued its operations or disposed of measurements	ore than 25% of its	net ase	sets. 16
0 0	3 N	umber of vo	oting members of the governing body (Part VI, line 1a)		3	16
ଞ ଅ	4 N	umber of in	dependent voting members of the governing body (Part VI, line 1b)	•••••		2
ties			r of individuals employed in calendar year 2021 (Part V, ilne 2a)			0
Ň	6 T	otal unrelet	ed business revenue from Part VIII, column (C), line 12		7a	0.
¥	h N	let unrelated	I business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year		Current Year 240,366.
g			s and grants (Part VIII, line 1h)	<u>376,1</u> 20,5		8,554.
Revenue	9 F	rogram ser	vice revenue (Part VIII, line 2g)	3,4		11,554.
Re	10 1	nvestment l	ncome (Part VIII, column (A), lines 3, 4, and 7d) 		0.	0.
	11 C	otal revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	400,1		260,474.
	13 (arants and a	similar amounts paid (Part IX, column (A), lines 1-3)	275,1		256,591.
	14' E	Benefits pale	d to or for members (Part IX, column (A), line 4)	76,1	0.	79,255.
ŝ	15 8	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	70,1	<u></u>	0.
Expenses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)			
Ě			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	64,4		52,170.
	18	Total expen	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	415,7		388,016.
	19	Revenue les	s expenses. Subtract line 18 from line 12	-15,6		-127,542.
Less Cess				Beglaning of Curren 598, 3		End of Year 464,940.
sset	20		(Part X, Ilne 16)	17,4		11,578.
Net Assets or Fund Balances	21	Total liabiliti	es (Part X, line 26) or fund balances. Subtract line 21 from line 20	580,9		453,362.
D	ort II	Signatu	ire Block			
Lind	er pena	itles of perjur	y. I declare that I have examined this return, including accompanying schedules and sta	itements, and to the be	st of m	y knowledge and bellef, it is
true	, correc	t, and comply	te. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowled		2/23
		N RIGHT	a L With	Date	2//7	1/22
Sig	1	-	EN WORLEY, TREASURER			
Hei	θ		r print name and litle			
		Print/Type p	reparer's name D. WATT'S, CPA		Check	
Pal	d				elf-employ	P00635088
	parer	Firm's name	DAVIDSON, HOLLAND, WHITESELL & CO., SS P.O. BOX 1489			56-1706742
USE	Only	hirm's addri	MORGANTON, NC 28680-1489	Phone	no.82	8-437-8060
Ma	y the li	RS discuss	this return with the preparer shown above? See instructions			X Yes No
	01 12.0	9-21 LHA	For Paperwork Reduction Act Notice, see the separate instructions.		• • • • • • •	Form 990 (2021)
	S	EE SCH	EDULE O FOR ORGANIZATION MISSION STATE	MENT CONTI	AUM.	T.T.OM

Form	OPO (2021) UNITED WAY OF WILKES COUNTY, INC. 56-0942846 Pa	age 2
Par	III Statement of Program Service Accomplishments	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III	Χ
1	Briefly describe the organization's mission: UNITED WAY OF WILKES COUNTY IS DEDICATED TO IMPROVING THE LIVES OF OU	 R
	CITIZENS BY UNDERWRITING IDENTIFIED PROGRAMS THAT ENHANCE THEIR	
	WELL-BEING THROUGH OUR 21 PARTNER AGENCIES. THE UNITED WAY OF WILKES	
	COUNTY ANNUALLY IMPACTS OVER 32,000 WILKES COUNTY INDIVIDUALS AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		
	f "Yes," describe these new services on Schedule O.	
2		
3		
4	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	
4-	revenue, if any, for each program service reported. (code:) (Expenses \$ 261,858 · including grants of \$ 256,591 ·) (Revenue \$	
4a	(Code:)(Expenses 261,858 including grants of 256,591)(Revenue \$ FUND DISTRIBUTION: THIS PROGRAM HANDLES ALL EXPENSES RELATED TO THE)
	DISTRIBUTION OF FUNDS TO OVER 17 OTHER NON-PROFIT AGENCIES, INCLUDING	
	RECRUITING AND TRAINING OF VOLUNTEERS AND RELATED MEETINGS. THE	
	PROGRAM PAYS AMOUNTS ALLOCATED AND PROCESSES, TRACKS AND PAYS AMOUNTS	
	DESIGNATED. IN ADDITION, THE PROGRAM ASSISTS AGENCIES WITH THEIR	
	OUTCOMES BASED MANAGEMENT PROCESS.	
	COTCOMED DADED MANAGEMENT INCCEDD.	
4b	Code:)(Expenses 7,613. including grants of \$)(Revenue \$	
	WAS SOLD DURING FIE 10/31/22.	
4c	(Code:) (Expenses \$ 14,260. including grants of \$) (Revenue \$)
	COMMUNITY PROBLEM SOLVING: PARTICIPATES IN HUMAN SERVICE INITIATIVES	ĪN
	THE COMMUNITY; FOR EXAMPLE, ATTEMPTING TO START AN AGENCY OR ESTABLIS	H
	COLLABORATION AMONG AGENCIES TO MEET A COMMUNITY NEED. THIS PROGRAM	
	ALSO HANDLES ALL EXPENSES FOR THE FEDERAL EMERGENCY MANAGEMENT AGENCY	
	PROCESS, COMMUNITY NEEDS ASSESSMENT PROCESS, PARTICIPATING IN THE	
	VOLUNTEER COALITION, INFORMATION AND REFERRAL, AND MAINTAINING THE IR	IS
	(INFORMATION AND REFERRAL SOFTWARE) DATABASE.	
4d	Other program services (Describe on Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 283,731.	
	Form 990 (2021)
132002	12-09-21	

Form	990	(2021)

Form 990 (2021) UNITED WAY OF WILKES COUNTY, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14 -	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
		 2 	<u> </u>	1

Form **990** (2021)

Form	990	(2021)
	000	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b				
с	Sec			
	(gambling) winnings to prize winners?	1c		

Form 990	
Part V	Sta

UNITED WAY OF WILKES COUNTY, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return 2a 2											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			37								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x								
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a										
D	b If "Yes," enter the name of the foreign country ►											
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
	 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 											
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
u	any contributions that were not tax deductible as charitable contributions?	6a		x								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
-	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7c		X								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.											
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10b 10b10b 10b 10b10b 10b10b10b10b10b10b10b10b											
11 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:											
	Gross income from members or shareholders 11a											
	Gross income from other sources. (Do not net amounts due or paid to other sources against											
~	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans 13b											
	Enter the amount of reserves on hand											
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v								
	excess parachute payment(s) during the year?	15		X								
40	If "Yes," see the instructions and file Form 4720, Schedule N.	10		v								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
47	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an avoing tax under spectron 4951, 4952 or 49532	17										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17										

UNITED WAY OF WILKES COUNTY, INC.

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

X

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

Image: The the number of voting members of the governing body at the end of the tax year 1a 1a Image: The the number of voting members of the governing body, or the governing body or the governing the differ, director, trustee, or key employees have a family relationship or a business relationship with any other differ, director, trustee, or key employees to a management company or other person? 2 X 3 Did the organization disegate control over management duties customarily performed by or under the direct supervision of the organization have any supervision of a significant diversion of the organization sester? 5 X 4 Did the organization have members, stockholders? 6 X 7 Did the organization have members, stockholders? 6 X 8 Did the organization have members, stockholders? 7 X 9 Did the organization have members, stockholders? 7 X 9 Did the organization have members, stockholders? 7 X 9 Did the organization have members, stockholders? 7 X 9 Did the organization have members, stockholders? 7 X 9 Did the organization name any stockholders? 7 X 9 Did the organization name any stockholders? 6 X <tr< th=""><th><u>Sec</u></th><th>tion A. Governing Body and Management</th><th></th><th></th><th></th></tr<>	<u>Sec</u>	tion A. Governing Body and Management											
If there are material differences in voting rights among members of the governing body, or if the governing body Image: Control of the control of voting members included on line 1a, above, who are independent Image: Control of voting members included on line 1a, above, who are independent Image: Control of voting members included on line 1a, above, who are independent Image: Control of voting members included on line 1a, above, who are independent Image: Control of voting members included on line 1a, above, who are independent Image: Control of voting members included on line 1a, above, who are independent Image: Control of voting members included on line 1a, above, who are independent Image: Control of voting members included on line 1a, above, who are independent Image: Control of voting members included on line 1a, above, who are independent Image: Control of voting members Image: Control of voting members <td< th=""><th></th><th></th><th>_</th><th>Yes</th><th>No</th></td<>			_	Yes	No								
between the number of voting members included 0. Ib 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management dutes customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management dutes customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management dutes customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management dutes customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management dutes customarily performed by or under the direct supervision of the organization have members or stockholders? 2 X 3 Did the organization have members or stockholders? 5 X 4 Did the organization have members or stockholders? 7a X 5 Did the organization categorizonabusy document this meetings held or written actions undertaken during the year by the tollowing: 7a X 6 Did the organization categorizonabusy document the meetings held or written actions undertaken during the year by the tollowing: 7a X 7b Did the organization categorizonabusy document the meetings held or written actives of such chapters, affiliates, and branchorthy to act on bahalf of the governing body? 8a X 8a X <td< th=""><th>1a</th><th></th><th>6</th><th></th><th></th></td<>	1a		6										
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c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done				Х									
 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 (1024 or 1024A, 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. X Own website X Another's website X Upon request C Check conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CLARA HICKMAN - (336) 651-7803 	с												
 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Jit X 14 Jit X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 (1024 or 1024A, 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. X Own website X Another's website X Upon request C Other (explain on Schedule O) 19 Describe on Schedule to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records CLARA HICKMAN - (336) 651-7803 		on Schedule O how this was done	12c	X									
14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 X 15a X 15a X 15a X 15a X 15b X 15a X 15a X 15a X 15a X 15b X 15a	13		13	Х									
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 150 15a X a The organization's CEO, Executive Director, or top management official 15b X 15b X b Other officers or key employees of the organization 15b X 15b X 15b X 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b 16b 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 16a X 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan= Colspan="2">Colspan= Colspan="2">Colspan= Colspan="2">Colspan= Colspan= Cols	14			Х									
a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16b X 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a X Section C. Disclosure 16b 16b 16b 16b 17 List the states with which a copy of this Form 990 is required to be filed NONE 16a NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024.A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. Image: Check all that apply. Image: Check all that apply. Image: Check all that apply. Image: Check all that apply. Image: Check all that apply. Image: Check all that apply. Image: Check all that apply. Image: Check all that apply. <	15	Did the process for determining compensation of the following persons include a review and approval by independent											
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If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a X Section C. Disclosure 16b 16b 16b 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE NONE 16b	а	The organization's CEO, Executive Director, or top management official	15a										
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Image: Section 1 = 10 = 10 = 10 = 10 = 10 = 10 = 10 =	b	Other officers or key employees of the organization	15b	Х									
taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16a X Section C. Disclosure 16b 16		If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CLARA HICKMAN - (336) 651-7803 	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		taxable entity during the year?	16a		X								
exempt status with respect to such arrangements? 16b Section C. Disclosure 17 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Image: Check all that apply. I9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CLARA HICKMAN - (336) 651-7803	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CLARA HICKMAN - (336) 651-7803 			16b										
 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► CLARA HICKMAN - (336) 651-7803 	Sec												
 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ► CLARA HICKMAN - (336) 651-7803 			-)										
 X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ► CLARA HICKMAN - (336) 651-7803 	18		3)s only	r) avail	able								
 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶													
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20 State the name, address, and telephone number of the person who possesses the organization's books and records ►	19		and tina	ncial									
CLARA HICKMAN - (336) 651-7803	00												
	20												
			8659										

Part VII	Co	mpensation o	f Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate	ed
	' Em	ployees, and	Independe	ent Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)			
Name and title	Average	e Position (do not check more than one					one	Reportable	Estimated				
	hours per	box, unless person officer and a direct				is bot	h an	compensation	compensation	amount of			
	week					or/trus	tee)	from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation			
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization			
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related			
	below	d ual t	Institutional trustee	L	Key employee	est col	L.	10001120)		organizations			
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former						
(1) CLARA HICKMAN	40.00												
EXECUTIVE DIRECTOR				X				55,900.	0.	0.			
(2) GREG EDWARDS	1.00												
DIRECTOR		Х						0.	0.	0.			
(3) MICHELLE BARE	1.00												
ASST TREASURER		Х		X				0.	0.	0.			
(4) KAREN WORLEY	4.00												
TREASURER		Х		Х				0.	0.	0.			
(5) LEE BENTLEY	1.00												
DIRECTOR		Х						0.	0.	0.			
(6) PETEY HORTON	1.00												
DIRECTOR		Х						0.	0.	0.			
(7) ARNOLD LAKEY	1.00												
DIRECTOR		Х						0.	0.	0.			
(8) GERALD LANKFORD	1.00												
DIRECTOR		Х						0.	0.	0.			
(9) CRAIG LANGSTON	1.00												
PAST PRESIDENT		Х						0.	0.	0.			
(10) BETSY WELBORN	1.00												
DIRECTOR		Х						0.	0.	0.			
(11) DEANA BILLINGS	1.00												
DIRECTOR		Х						0.	0.	0.			
(12) EVAN HANDY	1.00									_			
DIRECTOR		Х						0.	0.	0.			
(13) ERICA HARPER	1.00									_			
DIRECTOR		Х						0.	0.	0.			
(14) JENNY MORGAN	1.00									_			
DIRECTOR		Х						0.	0.	0.			
(15) PAT OSBORNE	1.00									_			
DIRECTOR		Х						0.	0.	0.			
(16) JOYCE TRIPLETT	1.00												
DIRECTOR		X						0.	0.	0.			
(17) WESTLEY WOOD	1.00									<u> </u>			
PRESDIENT		X						0.	0.	0.			

	<u>990 (2021)</u> UNITED WA	AY OF W	ГLI	KES	5 (COI	נאנ	ΓY	<u>, INC.</u>	56-09	428	46	Page	8
Par	VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	vees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B) (C)							(D)	(E)	(F)			
	Name and title	Average Position (do not check more than one							Reportable	Reportable		Estimated		
		hours per	box	, unles	ss pe	rson	is both an			compensation		amou	unt of	
		week	offi	cer an	d a d	irecto	or/trus	tee)	from	from related		ot	her	
		(list any	ctor						the	organizations		compe	nsation	
		hours for	r dire				ted		organization	(W-2/1099-MISC	;/	from	n the	
		related	stee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)		organ	ization	
		organizations	ul trus	nal tr		oyee	duo		1099-NEC)			and r	elated	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	zations	
		line)	Indi	Inst	Offi	Key	emi	For						
														_
											+			
											+			—
											-+			
											\rightarrow			
1b	Subtotal								55,900.		0.		0	•
	Total from continuation sheets to Part VI								0.		0.		0	•
	Total (add lines 1b and 1c)								55,900.		0.		0	•
2	Total number of individuals (including but no									.000 of reportable				-
-	compensation from the organization						.,			,				0
												Y	es No	
3	Did the organization list any former officer,	director trust	ا مم		mn	امريم		- hic	nhest compensated emr	lovee on				
3	. .											3	x	
	line 1a? If "Yes," complete Schedule J for su										··· -	3		_
4	For any individual listed on line 1a, is the su	-		-					-	the organization			x	
_	and related organizations greater than \$150											4		_
5	Did any person listed on line 1a receive or a	-				-			-			_	v	
	rendered to the organization? If "Yes," com	olete Schedul	e J f	or su	ıch	pers	son .					5	X	
Sec	ion B. Independent Contractors													
1	Complete this table for your five highest con	-	-								ensat	tion fro	m	
	the organization. Report compensation for t	he calendar y	ear	endiı	ng v	vith	or w	ithir	n the organization's tax	/ear.				
	(A)								(B)		_	(C)		
	Name and business	address	N	ONE	3				Description of s	ervices	Co	mpensa	ation	
														-
								-						
	Tabal sounds on affin days and a final sound of the state	a alu alim au l'	a t 1'		al ±	1 /-	• c			ana dha a				
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		IUT II	nite	u 10		se lis D	siec	a above) who received fr	lore man				
	THUR HUU OF COMPENSATION FROM THE ORGANIZ	adon 🗩												

		(2021)				OF	WILKES	COUNTY,	IN	iC.	56-0942	846 F	Page 9
Ра	rt VI		ent of Re				or poto to opy li	na in thia Dart V					
		Check If S	chequie O (contai	ns a respo	onse	or note to any i	(A)	···	(B)	(C)	(D)	
								Total revenu	le	Related or exempt function revenue	Unrelated		ınder
s s	_											sections 512	2 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated can						-					
ŋ,		 Membership d Fundraising ev 			·····			-					
ifts ar A		Brelated organ						-					
s, Bils		Government g						-					
Si		All other contrib	-										
but		similar amounts					240,366.						
d DT	9	Noncash contributi	ons included in	lines 1	a-1f 1g	6							
aSu	ł	Total. Add line	es 1a-1f				►	240,36	56.				
							Business Code		-				
e	2 a	RENT FROM UW BLDG			531120	8,55	54.	8,554.		ļ			
ervi	ł	D											
n S /eni	Ċ	÷											
graı Rev	C	d k											
Program Service Revenue	e												
-		All other progr						8,5	54				
	3	Total. Add line Investment inc						0,5					_
	3	other similar a						83	32.			8	32.
	4	Income from in											
	5	Royalties			-								
		,			(i) Rea		(ii) Personal						
	6 a	Gross rents		6a									
	ł	Less: rental ex	penses	6b									
	Ċ	Rental income	or (loss)	6c									
		Net rental inco)									
	7 a	Gross amount fr			(i) Securit		(ii) Other	-					
		assets other tha	-	7a	77,54	ŧ٥.		-					
Ð	k	Less: cost or of and calca average		_	66,82	22							
venue		and sales expen Gain or (loss)		70 7c	10,72			-					
۵U		Net gain or (loss)					•	10,72	22.			10,7	22.
Other R		Gross income fr										/ .	
đ													
		contributions i											
		Part IV, line 18	3			8a							
		Less: direct ex				8b							
		Net income or	. ,		•		🕨						
	9 a	Gross income											
		Part IV, line 19				9a		-					
		Less: direct ex				9b	⊾						
		Net income or Gross sales of				s	····· ►						
	10 6	and allowance				10a							
	ŀ	Less: cost of g				10a							
		Net income or											
s						,	Business Code						
Miscellaneous Revenue	11 a	a											
lane enu	ł)											
Sevel	(
Mis		All other reven											
		Total. Add line)	260 45	7 /	8,554.		11 -	54
	12	Total revenue.	See instructio	JULS				260,41	/4•	0,004.	0.	11,5	104.

UNITED WAY OF WILKES COUNTY, INC.

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 respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Bb, 9b, and 10b of Part VIII.		ĕxpenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	256,591.	256,591.		
0	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	230,391.	230,391.		
2					
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	57,952.	11,005.	23,142.	23,805
6	Compensation not included above to disqualified	0,70020			20,000
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,344.		4,172.	4,172
8	Pension plan accruals and contributions (include	-,		_,	- , - , -
2	section 401(k) and 403(b) employer contributions)	5,301.	880.	2,184.	2,237
9	Other employee benefits	2,514.	417.	1,036.	2,237 1,061
10	Payroll taxes	5,144.	854.	2,119.	2,171
11	Fees for services (nonemployees):	,		,	,
	Management	1,295.			1,295
	Legal				
	Accounting	6,500.		6,500.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	12,002.	1,405.	2,572.	8,025
14	Information technology	7,143.	4,011.	1,225.	1,907
15	Royalties				
16	Occupancy	3,601.	2,798.	630.	173
17	Travel	380.	66.	126.	188
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,097.	191.	363.	543
20	Interest				
21	Payments to affiliates	5,186.	161.	4,566.	459
22	Depreciation, depletion, and amortization	4,709.	2,790.	1,049.	870
23	Insurance	4,222.	2,562.	925.	735
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	· / F				
b					
с					
d					
е	All other expenses	6,035.		571.	5,464
25	Total functional expenses. Add lines 1 through 24e	388,016.	283,731.	51,180.	53,105
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

33

UNITED	WAY	OF	WILKES	COUNTY,	INC.
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56-0942846 Page 11

		Check if Schedule O contains a response or note to any line in this Part X		
			(A)	
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	28. 1	48.
	2	Savings and temporary cash investments	328,989. 2	160,109.
	3	Pledges and grants receivable, net	37,505. 3	34,016.
	4	Accounts receivable, net	1,247.4	3,824.
	5	Loans and other receivables from any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%		
		controlled entity or family member of any of these persons	5	
	6	Loans and other receivables from other disqualified persons (as defined		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
ŝts	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use	8	
◄	9	Prepaid expenses and deferred charges	4,243. 9	3,096.
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a 35, 207.		2 544
	b	Less: accumulated depreciation 10b 31,696.	72,338 · 10c	3,511
	11	Investments - publicly traded securities	153,971. 11	260,336.
	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	<u> </u>	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	598,321. 16	464,940
	17	Accounts payable and accrued expenses	17,200. 17	11,046.
	18	Grants payable	18 217. 19	532
	19	Deferred revenue		552
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
Liabilities	22	Loans and other payables to any current or former officer, director,		
bili		trustee, key employee, creator or founder, substantial contributor, or 35%		
Lia	00	controlled entity or family member of any of these persons	22	
	23 24	Secured mortgages and notes payable to unrelated third parties	23	
	24 25	Other liabilities (including federal income tax, payables to related third	24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X		
		of Schedule D	25	
	26	Total liabilities. Add lines 17 through 25	17,417.26	11,578.
	20	Organizations that follow FASB ASC 958, check here ▶ X		
Sec		and complete lines 27, 28, 32, and 33.		
anc	27	Net assets without donor restrictions	504,636. 27	403,973.
Bal	28	Net assets with donor restrictions	76,268.28	49,389
pu		Organizations that do not follow FASB ASC 958, check here		-
Net Assets or Fund Balances		and complete lines 29 through 33.		
s ol	29	Capital stock or trust principal, or current funds	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	30	
t As	31	Retained earnings, endowment, accumulated income, or other funds	31	
Nei	32	Total net assets or fund balances	580,904. 32	453,362.

Total net assets or fund balances

Total liabilities and net assets/fund balances

464,940. Form 990 (2021)

453,362.

33

598,321.

Earm	000	(2021
FOUL	990	(2021

Form	1990 (2021) UNITED WAY OF WILKES COUNTY, INC.	56-094	2846	Pag	ge 12
Pa	rt 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	260		
2	Total expenses (must equal Part IX, column (A), line 25)	2			16.
3	Revenue less expenses. Subtract line 2 from line 1	3	-127		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	580),9	04.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	453	3,3	62.
Pa	rt 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 X Accrual Other			Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul			v	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				v
b	Were the organization's financial statements audited by an independent accountant?		. 2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				v
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	0			v
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2021)

Department of the Treasury

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public Inspection

r

Internal Revenue Service				Go to www.irs.gov		Inspection					
Nam	e of t	the organizati							Employer	identification number	
			UNIT	ED WAY OF	WILKES COUNT	Y, IN	IC.		5	6-0942846	
Pa	rt I	Reason			(All organizations must o			See instructio	ns.		
The	organ	ization is not a	a private found	lation because it is: ((For lines 1 through 12, c	heck only	one box.)				
1	Ľ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		-			Attach Schedule E (Forn						
3					anization described in s e)(b)(1)(A)(i	ii).			
4					njunction with a hospital				(iii). Enter	the hospital's name	
•		city, and stat	-							the hospital e hame,	
5			-	or the benefit of a co	ollege or university owned	d or opera	ited by a d	overnmental	unit descrit	ned in	
Ũ		-	-	Complete Part II.)			liou by u g	overnientai			
6					mental unit described in	section 1	70(b)(1)(A)	(v)			
	X				antial part of its support f				the general	nublic described in	
•				omplete Part II.)		ionia gov	onnionta		ine general		
8					(1)(A)(vi). (Complete Par	+ II)					
9					l in section 170(b)(1)(A)(ed in conii	inction with a	land-orant	college	
Ŭ					culture (see instructions).						
		university:		grant boliege of agrie				y, and state c	T the coneg		
10			on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons members	hin fees a	nd aross receipts from	
					ct to certain exceptions;						
					e (less section 511 tax) fr						
				mplete Part III.)			00000 0090		gamzation		
11				,	ively to test for public sa	fetv See	section 5	09(a)(4)			
12		-	-	-	sively for the benefit of, to	•			arry out the	e purposes of one or	
		-	-	-	ed in section 509(a)(1) o	-			-		
					of supporting organizatio						
а			-		supervised, or controlled		-		-	/ aivina	
u				-	gularly appoint or elect a	•			• • •		
			-	complete Part IV, Se	• • • • •	amajonty				supporting	
b				-	d or controlled in connec	tion with i	ts sunnart	ed organizati	on(s) by ha	avina	
~				-	anization vested in the s			-		-	
			•	at complete Part IV,					ago ino oup	sported	
с		¬ -			g organization operated	in connec	tion with	and functiona	ally integrat	ed with	
•		••	-	•	s). You must complete I				ing integrat	ou mui,	
d			-		porting organization oper				orted organ	ization(s)	
					zation generally must sat						
				с с	nplete Part IV, Sections	•		•	a an actoric		
е					written determination fro				ell Type III		
•			•		nally integrated support			a 1990 i, 1990	, ii, i ypo iii		
f	Ente		-	• •							
g				n about the supporte							
		(i) Name of supp	<u> </u>	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other	
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
							1				

Schedule A (Form 990) 2021

Part II

UNITED WAY OF WILKES COUNTY, INC.

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	467,728.	483,607.	415,279.	376,175.	284,582.	2027371.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	467,728.	483,607.	415,279.	376,175.	284,582.	2027371.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						71,348.
6	Public support. Subtract line 5 from line 4.						1956023.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	467,728.	(b) 2018 483,607.	(c) 2019 415,279.	376,175.	284,582.	(f) Total 2027371.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	23,313.	49,680.	21,700.	23,992.	9,386.	128,071.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2155442.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th			fourth, or fifth tax	year as a section 5		
	organization, check this box and stor	- have					
Sec	tion C. Computation of Publ		rcentage				· ·
-	Public support percentage for 2021 (column (f))		14	90.75 %
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	64.23 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box o	n line 13, and line [.]	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	s ►

Schedule A (Form 990) 2021

UNITED WAY OF WILKES COUNTY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

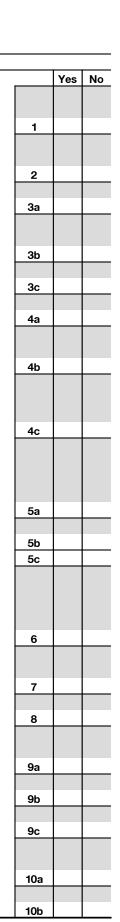
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf					-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
	check this box and stop here	<u></u>)
Sec	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves		•				
17						17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line	e 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly s	supported organiz	ation	▶□
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	nization qualifies	as a publicly supp	orted organizatio	n ▶□
20	Private foundation. If the organization	<u>n did not check a</u>	a box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶□
13202	23 01-04-22					Schedule	e A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*," *describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



Schedule A (Form 990) 2021 UNITED WAY OF WILKES COUNTY, INC. Part IV Supporting Organizations (continued)

1

2

Yes

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the			

Section C. Type II Supporting Organizations					
	supervised, or controlled the supporting organization.				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
2	Did the organization operate for the benefit of any supported organization other than the supported				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Sec	ction D. All Type III Supporting Organizations	
		-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	

3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy	fy the Integral Part Test during the yea fsee instructions)	١.

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Part v Type III Non-Functionally Integrated 509(a)(3	b) Supporting Orga	anizations	
1 Check here if the organization satisfied the Integral Part Tes	t as a qualifying trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
All other Type III non-functionally integrated supporting orga	anizations must comple	te Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instru	ictions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		

2

3

4

5

6

7

8

1

2

3 4

5

6

ot Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

Current Year

Schedule A (Form 990) 2021 UNITED WAY OF WILKES COUNTY, INC.

e Discount claimed for blockage or other factors

Acquisition indebtedness applicable to non-exempt-use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, column A)

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,

(explain in detail in Part VI):

Subtract line 2 from line 1d.

Multiply line 5 by 0.035.

Section C - Distributable Amount

Enter greater of line 2 or line 3. Income tax imposed in prior year

instructions).

Enter 0.85 of line 1.

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

emergency temporary reduction (see instructions).

see instructions).

2

3

4

5

6

7

8

1

2

3

4

5 6

7

		UNITED	WAY	OF	WILKES	COUNTY,	INC.
--	--	--------	-----	----	--------	---------	------

_		WILKES COUNT		5	56-0942846 _{Page}	e 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	ganizations _{(contin}	ued)	i	
Sect	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported				
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ons	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	he organization is responsi	ve			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					_
i	Carryover from 2016 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D.					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					_
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, <i>explain in</i> Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					_
•	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
-	Excess from 2017					
	Excess from 2018					
	Excess from 2019					_
	Excess from 2020					
	Excess from 2021					_

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	UNTTED	WAY OF	WILKES	COUNTY,	TNC	56-0942846 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Prov , 2, 3b, 3c, 4b, lines 2 and 3; F	vide the expla 4c, 5a, 6, 9a, Part IV, Sectio	nations require 9b, 9c, 11a, 1 n E, lines 1c, 2	ed by Part II, line 1b, and 11c; Par 2a, 2b, 3a, and 3	e 10; Part II, line 17a or rt IV, Section B, lines 1 b; Part V, line 1; Part V	[,] 17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,

Schedule A

56-0942846

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CHESTER T NUTTALL JR	80,000.	36,891
TYSON FOODS	77,566.	34,457
otal Excess Contributions to Schedule A, Part II, Line 5		71,348

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Hame er me ergamzati							
	UNITED WAY OF WILKES COUNTY, INC.	56-0942846					
Organization type (che	eck one):						
Filers of: Section:							
Form 990 or 990-EZ	Form 990 or 990-EZ X 501(c)(3) (enter number) organization						
4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
4947(a)(1) nonexempt charitable trust treated as a private foundation							
501(c)(3) taxable private foundation							
Check if your organizat	ion is covered by the General Rule or a Special Rule.						

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

General Rule

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

Special Rules

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

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

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

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

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

Part I	Contributors (see instructions). Use duplicate copies of Part	l if additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
1		
		\$\$
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
2		
		\$10,00
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
3		
		\$40,00
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
110.		

Schedule B (Form 990) (2021) Name of organization

Person Payroll

Noncash

20,000.

Employer identification number

(d)

Type of contribution

X

UNITED WAY OF WILKES COUNTY, INC.

			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$7,469.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

56 - 0942846

No.

	B (Form 990) (2021)		
Name of o	rganization		Employer identification number
UNITE	D WAY OF WILKES COUNTY, INC.		56-0942846
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$24,49	3. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

Name, address, and ZIP + 4

Type of contribution

Person Payroll Noncash

(Complete Part II for noncash contributions.)

Total contributions

\$

Page 2

Schedule B (Form 990) (2021)

(a)

No.

from

Part I

(a)

No.

from

Part I

(a)

No.

from

Part I

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if
(a) No. from Part I	(b) Description of noncash property given
(a) No. from Part I	(b) Description of noncash property given
(a) No. from Part I	(b) Description of noncash property given

Name of organization

additional space is needed.

\$

\$

(c)

FMV (or estimate)

(See instructions.)

(c)

FMV (or estimate)

(See instructions.)

56-0942846

(d)

Date received

(d)

Date received

(c) (d) FMV (or estimate) Date received (See instructions.) \$ (c) (b) (d) FMV (or estimate) Description of noncash property given Date received (See instructions.) \$ (c) (b) (d) FMV (or estimate) Description of noncash property given Date received (See instructions.) \$ (c) (b) (d) FMV (or estimate) Description of noncash property given Date received (See instructions.) \$

Page 3

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)		Page						
Name of o	organization		Employer identification number						
UNITE	D WAY OF WILKES COUNTY,	INC.	56-0942846						
Part III		tions to organizations described in s	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea						
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.)						
(a) No.	Use duplicate copies of Part III if additiona	i space is needed.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			<u> </u>						
		(e) Transfer of gift							
	Transferee's name, address, a	and 7IP + 4	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
	(e) Transfer of gift								
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
(a) No.		1							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
			<u> </u>						
		(e) Transfer of gift	i						
	Transferee's name address a	Transferee's name, address, and ZIP + 4							
			Relationship of transferor to transferee						
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(2) 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
			<u> </u>						
		e) Transfer of gift	<u> </u>						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						

SCHEDULE D

Department of the Treasury Internal Revenue Service

- 1

132051 10-28-21

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



Name of the organization

UNITED WAY OF WILKES COUNTY, INC. Employer identification number 56-0942846

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		r ACCOUNTS. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		funds
	are the organization's property, subject to the organization's of	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of		-
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
5	year >	eased, extinguished, or terminated by the or	ganization during the tax
4	Number of states where property subject to conservation eas	soment is located	
- 5			
5	Does the organization have a written policy regarding the peri-		Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, l		
0	Stan and volunteer hours devoted to monitoring, inspecting,	nanding of violations, and emorcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and onforcing concervation	a accompany during the year
'	S S	ing of violations, and emorcing conservation	reasements during the year
8	Does each conservation easement reported on line 2(d) abov	a actisfy the requirements of section 170/b)	
0		, , , , , , , , , , , , , , , , , , , ,	
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn	-	
		lote to the organization's infancial statement	s that describes the
Da	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical Treasures or Oth	ar Similar Assats
Ia	Complete if the organization answered "Yes" on Form		er ommar Assets.
Ia	If the organization elected, as permitted under FASB ASC 956		
	of art, historical treasures, or other similar assets held for pub		erance of public
	service, provide in Part XIII the text of the footnote to its finan		
a	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		N A
2	If the organization received or held works of art, historical trea		ain, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 202 ⁻

		WAY OF WIL			-				5 Page 2
	t III Organizations Maintaining C							-	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, check an	y of the t	following that make	significant	use of its		
	collection items (check all that apply):								
а	Public exhibition	c			nange program				
b	Scholarly research	e	e ∟ Othe	er					
С	Preservation for future generations								
4	Provide a description of the organization's c						ose in Par	t XIII.	
5	During the year, did the organization solicit of							٦.,	—
De	to be sold to raise funds rather than to be m							Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the org	anizatior	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
та	Is the organization an agent, trustee, custod							7.	
	on Form 990, Part X?						L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	blowing table	e:				Amount	
	De site site a la dese a					4		Amount	
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	Ending balance Did the organization include an amount on F	orm 000 Dart V line			ustadial account liak			Yes	No
			-				······ L		
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete								
		(a) Current year	(b) Prior		(c) Two years back		vears back	(e) Four	vears back
10	Beginning of year balance	(u) ourrone your		you	(0)	(jouro suon	(0) : our	jouro suori
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships Other expenditures for facilities								
e	-								
f	and programsAdministrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cur		l ce (line 1 a. ci	lumn (a)) held as:				
	Board designated or quasi-endowment	fort year ond balance	%	Junn (a	<i>))</i> Held as:				
	Permanent endowment	%							
	·	<u> </u>							
Ũ	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	•	ation that an	e held ar	nd administered for	the organi	zation		
	by:			u		ane engann		Г	Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sche	dule R?				3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipn								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, lin	e 11a. S	ee Form 990, Part >	K, line 10.			
	Description of property	(a) Cost or o basis (investi		b) Cost basis (Accumulate epreciation		(d) Book	value
19	Land			~ (
	Buildings								
	Leasehold improvements								
	Equipment	25	207.			31,6	96.		3,511.
	Other					,•			,
	Add lines 1a through 1e. (Column (d) must e		X, column (E	3), line 1	0c.)				3,511.
	J	, ,	/ - 1-		,				

Schedule D (Form 990) 2021

Schedule	D (Form 990) 2021	UNITED	WAY O	F WILKES	COUNTY	, INC.	56-0942846 F	Page 3
Part V								
	Complete if the org							
	ription of security or cate			(b) Book valu	ue (o) Method of va	luation: Cost or end-of-year market val	ue
	cial derivatives							
	ely held equity interests	s						
(3) Other	r							
(A) (B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
	l. (b) must equal Form 990							
Part V	III Investments -	-						
	Complete if the org		d "Yes" o					
	(a) Description of	investment		(b) Book valu	le (c) Method of va	luation: Cost or end-of-year market val	ue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
<u>(7)</u> (8)								
(9)								
	l. (b) must equal Form 990	D. Part X. col. (B) line	13.)					
Part IX		, , , , , , , , , , , , , , , , , , ,						
	Complete if the org	anization answere	d "Yes" o	n Form 990, Part	IV, line 11d. S	ee Form 990, F	Part X, line 15.	
			(a) De	escription			(b) Book valu	е
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)	olumn (b) must equal F	orm 000 Part X co	N (R) line	15)				
Part X	., .		л. (В) ште	10.)	<u></u>			
			d "Yes" o	n Form 990. Part	IV. line 11e or	11f. See Form	990, Part X, line 25.	
1.		, escription of liabilit		,	,		(b) Book valu	e
	ederal income taxes	-	-					
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	olumn (b) must equal F						>	
2. Liabil	ity for uncertain tax po	sitions. In Part XIII,	provide t	he text of the foc	tnote to the o	rganization's fir	nancial statements that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Sche	dule D (Form 990) 2021 UNITED WAY OF WILKES COUNT	56-0942846 Page 4	
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		
Pa	rt 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.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service									
Name of the organization							Employer identification number		
	UNITED WAY OF WILKES COUNTY, INC. 56-0942846								
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? X Yes									
2 Describe in Part IV the organization's pro	ocedures for mon	toring the use of grant	funds in the Unite	d States.					
Part II Grants and Other Assistance to recipient that received more than s	•			· ·	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
AMERICAN RED CROSS PO BOX 258 WILKESBORO, NC 28697	56-0686697	501(C)(3)	17,500.	0.			TO FUND THE EXEMPT PURPOSE		
APPALACHIAN STATE UNIVERSITY 287 RIVERS ST BOONE, NC 28607	56-1176030	501(C)(3)	16,174.	0.			TO FUND THE EXEMPT PURPOSE		
BLUE RIDGE OPPORTUNITY COMMISSION 710 BEECH STREET N WILKESBORO, NC 28659	56-0857800	501(C)(3)	36,011.	0.			TO FUND THE EXEMPT PURPOSE		
SAMARITAN CHRISTIAN MINISTRY PO BOX 1072 WILKESBORO, NC 28697	56-2065712	501(C)(3)	19,000.	0.			TO FUND THE EXEMPT PURPOSE		
CHILD ABUSE PREVENTION TEAM 203 E MAIN STREET WILKESBORO, NC 28697	56-1693784	501(C)(3)	23,756.	0.			TO FUND THE EXEMPT PURPOSE		
C H BARBER MEM. HOMELESS SHELTER PO BOX 52 N WILKESBORO, NC 28659	56-1863245		10,000.	0.			TO FUND THE EXEMPT PURPOSE		
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2021									

Schedule I (Form 990) UNITED WAY OF WILKES COUNTY, INC.

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Schedule I (Form 990) UNITED WP	VI OL MITT	LES COUNII,	INC.				0-0942040 Pa
Part II Continuation of Grants and Other	Assistance to D	omestic Organization	is and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILKES ADULT DEVELOPMENT ACTIVITY							
PROGRAM - PO BOX 968 - N							TO FUND THE EXEMPT
WILKESBORO, NC 28659	56-1158621	501(C)(3)	24,753.	0.			PURPOSE
			,				
WILKES CIRCLE OF CARE							
PO BOX 1621							TO FUND THE EXEMPT
N WILKESBORO, NC 28659	26-3928352	501(C)(3)	8,533.	0.			PURPOSE
WILKES FAMILY YMCA							
1801 YMCA BLVD							TO FUND THE EXEMPT
WILKESBORO, NC 28697	56-0530015	501(C)(3)	13,343.	0.			PURPOSE
VOLUNTEERS FOR WILKES LITERACY							
PO BOX 1871				_			TO FUND THE EXEMPT
N WILKESBORO, NC 28659	56-1675992	501(C)(3)	8,750.	0.			PURPOSE
CARENET COUNSELING OF WILKES							
PO BOX 547	56-1821555	F(1/2)/2	8 000	0.			TO FUND THE EXEMPT PURPOSE
N WILKESBORO, NC 28659	50-1021555	501(C)(3)	8,000.	0.			FORFOSE
MOUNTAIN VALLEY HOSPICE							
401 TECHNOLOGY LANE							TO FUND THE EXEMPT
MT AIRY, NC 27030	56-1346589	501(C)(3)	15,000.	0.			PURPOSE
			,				
RUBY P BLACKBURN ADULT DAY CARE							
1915 WEST PARK DR							TO FUND THE EXEMPT
N WILKESBORO, NC 28659	20-1935379	501(C)(3)	9,000.	0.			PURPOSE
· · · · · · · · · · · · · · · · · · ·							
WILKES DEVELOPMENTAL DAY SCHOOL							
PO BOX 545							TO FUND THE EXEMPT
WILKESBORO, NC 28694	56-0933694	501(C)(3)	22,000.	0.			PURPOSE
WILKES SENIOR RESOURCES							
910 C ST							TO FUND THE EXEMPT
N WILKESBORO, NC 28659	56-0891710	501(C)(3)	21,500.	0.			PURPOSE

Schedule I (Form 990)

56-0942846

Page 2

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

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

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

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

UNITED WAY OF WILKES COUNTY, INC.

56-0942846

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

COMMUNITY'S NEEDS, DEVELOP RESOURCES AND PARTNER WITH PROGRAMS TO MEET

THESE NEEDS.

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

THEIR FAMILIES. COMMUNITY SUPPORT IS CHANNELED INTO ONE OF THREE

CRUCIAL IMPACT AREAS AS IDENTIFIED BY OUR CITIZENS. THOSE AREAS ARE

CRISIS INTERVENTION, EDUCATION ADVANCEMENT AND HEALTH IMPROVEMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S PROCESS TO REVIEW FORM 990: THE TREASURER REVIEWS ALL THE

DATA FOR THE FORM 990. UPON COMPLETION OF THE RETURN THE FORM 990 IS

REVIEWED BY THE FINANCE/AUDIT COMMITTEE AND THEN UPON THE COMMITTEE'S

APPROVAL THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS POLICY: THE ORGANIZATION REVIEWS THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PROCESS FOR OFFICERS AND TOP MANAGEMENT WAS GATHERED FROM THE UNITED WAY OF AMERICA'S COMPILED DATA FOR THE GEOGRAPHIC AREA AND METRO SIZE, AND THE CURRENT SALARIES ARE BASED UPON THIS DATA.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION: GOVERNING DOCUMENTS ARE MADE

Schedule O (Form 990) 2021	Page 2
Name of the organization UNITED WAY OF WILKES COUNTY, INC.	Employer identification number 56-0942846
AVAILABLE FOR INSPECTION UPON REQUEST AT THE ORGANIZATION	DN'S OFFICE.