

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>UNITED WAY OF IREDELL COUNTY, INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 1312</b> City or town, state or province, country, and ZIP or foreign postal code <b>STATESVILLE NC 28687</b>	<b>D</b> Employer identification number <p align="center"><b>** - *** 2674</b></p> <b>E</b> Telephone number <p align="center"><b>704-872-3000</b></p> <b>G</b> Gross receipts \$ <b>946,836</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>J</b> Website: <b>WWW.UWIREDELL.ORG</b>		<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1954</b> <b>M</b> State of legal domicile: <b>NC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p align="center"><b>SEE SCHEDULE O</b></p>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>30</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>30</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>319</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>607,339</b>	Current Year <b>874,095</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-396</b>	<b>112</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>77,021</b>	<b>72,629</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>683,964</b>	<b>946,836</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>575,914</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>227,595</b>	<b>257,836</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>135,486</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>201,131</b>	<b>335,337</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,004,640</b>	<b>1,198,723</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-320,676</b>	<b>-251,887</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>3,864,133</b>	End of Year <b>3,955,462</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>445,083</b>	<b>513,378</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,419,050</b>	<b>3,442,084</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date	
	Type or print name and title <b>MELISSA PREVETTE</b> <span style="float: right;"><b>TREASURER</b></span>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>REBECCA C. WHITE</b>	Preparer's signature Date <b>01/03/24</b>	Check <input type="checkbox"/> if self-employed PTIN <b>*****</b>
	Firm's name <b>POTTS, STEELE &amp; WHITE, P.A.</b>	Firm's EIN <b>** - *** 4142</b>	
	Firm's address <b>P.O. BOX 1189 STATESVILLE, NC 28687</b>	Phone no. <b>704-878-9541</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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



1 Briefly describe the organization's mission:

**SEE SCHEDULE O**

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

Yes  No

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

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

Yes  No

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

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

4a (Code: ) (Expenses \$ **951,237** including grants of \$ **605,550** ) (Revenue \$ )

**COMMUNITY INVESTMENT: 35 COMMUNITY VOLUNTEERS VISITING AND REVIEWING OVER 29 UNITED WAY AGENCIES, THEN MAKING THE DECISIONS ALONG WITH OUR BOARD OF DIRECTORS AS TO HOW THE COMMUNITY'S GIFTS ARE TO BE ALLOCATED. THIS CITIZEN REVIEW PROCESS OFFERS UNITED WAY DONORS A LEVEL OF ACCOUNTABILITY OFFERED BY NO OTHER LOCAL CHARITY, A DIRECT ROUTE TO WHERE THE MONEY IS NEEDED THE MOST, AND MEASURED RESULTS. THESE PANELS ALSO MAKE RECOMMENDATIONS FOR THE AGENCIES' CONSIDERATION IN THE HOPES TO STRENGTHEN THEIR ORGANIZATION. UNITED WAY ALSO OFFERED A MANAGEMENT ASSISTANCE TEAM TO ASSIST.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

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

**N/A**

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses **951,237**

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

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

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	30		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
12c		<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<input checked="" type="checkbox"/>
15b			<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

**BRETT ECKERMAN** PO BOX 1312 NC 28687 704-872-3000  
**STATESVILLE**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>BRETT ECKERMAN</b>	40.00									
<b>EXECUTIVE DIRECTOR</b>	0.00			X			77,697	0	2,331	
(2) <b>DAVID ADDISON</b>	0.48									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(3) <b>KIM ATWELL</b>	0.87									
<b>2021 CAMPAIGN CHAIR</b>	0.00	X					0	0	0	
(4) <b>DR. JAMES BRUNSON</b>	0.48									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(5) <b>GREG CAIN</b>	0.48									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(6) <b>CATHY CHAMBERS</b>	0.48									
<b>AT LARGE MEMBER</b>	0.00	X					0	0	0	
(7) <b>MARIAN CLARK</b>	0.87									
<b>VP FUND DIST</b>	0.00	X					0	0	0	
(8) <b>DAWN CLARKE</b>	0.87									
<b>ENDOWMENT CHAIR</b>	0.00	X					0	0	0	
(9) <b>MICHAEL COOK</b>	0.48									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(10) <b>RAY ENGLEBERT</b>	0.48									
<b>AT LARGE MEMBER</b>	0.00	X					0	0	0	
(11) <b>STEVE GARRETT</b>	0.48									
<b>DIRECTOR</b>	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DR. JEFF JAMES	0.48									
DIRECTOR	0.00	X						0	0	0
(13) CAROLYN LENT	0.48									
DIRECTOR	0.00	X						0	0	0
(14) DARLENE MCCLAIN	0.48									
DIRECTOR	0.00	X						0	0	0
(15) MILDRED MINOR	0.48									
DIRECTOR	0.00	X						0	0	0
(16) MAUREEN MOORE	0.48									
DIRECTOR	0.00	X						0	0	0
(17) BETH MULL	0.48									
DIRECTOR	0.00	X						0	0	0
(18) CHRIS NICHOLS	0.48									
DIRECTOR	0.00	X						0	0	0
(19) GINA PARKER	0.48									
DIRECTOR	0.00	X						0	0	0
<b>1b Subtotal</b>								<b>77,697</b>		<b>2,331</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>77,697</b>		<b>2,331</b>

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	23,839				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	850,256				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 90,100				
	<b>h Total.</b> Add lines 1a-1f		874,095				
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		112			112	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	67,961			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>	67,961				
	<b>d</b> Net rental income or (loss)		67,961			67,961	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b> ADMIN FEE REVENUES	Business Code	2,351			2,351	
	<b>b</b> SALES TAX REFUNDS		1,797			1,797	
	<b>c</b> EXPENSE REIMBURSEMENT		520			520	
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		4,668				
<b>12 Total revenue.</b> See instructions		946,836	0	0	72,741		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	605,550	605,550		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	85,283	34,113	25,585	25,585
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	149,005	78,383	30,402	40,220
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,465	2,627	1,306	1,532
10 Payroll taxes	18,083	8,375	3,993	5,715
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	21,000		21,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,764	19,764		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	6,341	4,771	785	785
13 Office expenses	5,813	2,793	1,389	1,631
14 Information technology	15,066	7,241	3,600	4,225
15 Royalties				
16 Occupancy	55,301	26,579	13,215	15,507
17 Travel	9,107	7,191	882	1,034
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,565	3,565		
20 Interest				
21 Payments to affiliates	11,172	6,703		4,469
22 Depreciation, depletion, and amortization	16,495	7,928	3,942	4,625
23 Insurance	18,861	3,444	977	14,440
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>IN-KIND DISBURSEMENTS</b>	60,099	60,099		
b <b>SPECIAL EVENT EXPENSE</b>	44,320	44,320		
c <b>211 EXPENSE</b>	14,983	14,983		
d <b>CAMPAIGN SUPPLIES</b>	13,647	3,411		10,236
e All other expenses	19,803	9,397	4,924	5,482
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,198,723</b>	<b>951,237</b>	<b>112,000</b>	<b>135,486</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	115,795	1	70,700
	2	Savings and temporary cash investments	3,407	2	3,460
	3	Pledges and grants receivable, net	316,724	3	288,487
	4	Accounts receivable, net	13,255	4	34,628
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,345	9	5,912
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 650,532		
	b	Less: accumulated depreciation	10b 313,825		
	11	Investments—publicly traded securities	1,072	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	3,021,469	13	3,080,779
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	57,847	15	134,789
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,864,133	16	3,955,462	
Liabilities	17	Accounts payable and accrued expenses	18,174	17	13,737
	18	Grants payable		18	
	19	Deferred revenue	6,591	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	420,318	25	499,641
	26	<b>Total liabilities.</b> Add lines 17 through 25	445,083	26	513,378
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
27		Net assets without donor restrictions	2,722,302	27	2,639,625
28		Net assets with donor restrictions	696,748	28	802,459
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
29		Capital stock or trust principal, or current funds		29	
30		Paid-in or capital surplus, or land, building, or equipment fund		30	
31		Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	3,419,050	32	3,442,084	
33	<b>Total liabilities and net assets/fund balances</b>	3,864,133	33	3,955,462	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	946,836
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,198,723
3	Revenue less expenses. Subtract line 2 from line 1	3	-251,887
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,419,050
5	Net unrealized gains (losses) on investments	5	286,281
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	-11,360
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,442,084

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>LARRY PIZZORNI</b>	0.48									
DIRECTOR	0.00	X						0	0	0
(21) <b>MELISSA PREVETTE</b>	0.87									
TREASURER	0.00	X						0	0	0
(22) <b>NANCY RATH</b>	0.48									
DIRECTOR	0.00	X						0	0	0
(23) <b>SUMMER RAUB</b>	0.48									
DIRECTOR	0.00	X						0	0	0
(24) <b>ANDREW RUTTER</b>	0.48									
DIRECTOR	0.00	X						0	0	0
(25) <b>DIANNE SANDERS</b>	0.48									
DIRECTOR	0.00	X						0	0	0
(26) <b>RHYNE SCOTT</b>	0.87									
VP, PLANNING	0.00	X						0	0	0
(27) <b>REGINA SKINNER</b>	0.48									
DIRECTOR	0.00	X						0	0	0

<b>1b</b> Subtotal			
<b>c</b> Total from continuation sheets to Part VII, Section A			
<b>d</b> Total (add lines 1b and 1c)			

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) <b>ERSKINE SMITH</b>	0.48									
DIRECTOR	0.00	X						0	0	0
(29) <b>RON SMITH</b>	0.48									
DIRECTOR	0.00	X						0	0	0
(30) <b>SHANNON VIERA</b>	1.25									
PRESIDENT	0.00	X						0	0	0
(31) <b>BUD WELCH</b>	0.48									
DIRECTOR	0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**UNITED WAY OF IREDELL COUNTY, INC.**

Employer identification number

**\*\*-\*\*\*2674**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,514,262	2,261,936	983,835	607,339	874,095	6,241,467
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1,514,262	2,261,936	983,835	607,339	874,095	6,241,467
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						6,241,467

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,514,262	2,261,936	983,835	607,339	874,095	6,241,467
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	108,420	38,182	864,455	65,392	68,073	1,144,522
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.)	1,329	1,973	3,218	12,157	4,668	23,345
11 <b>Total support.</b> Add lines 7 through 10						7,409,334
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	84.24%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	83.09%
16a <b>33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b <b>33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>



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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support details.

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
b A family member of a person described on line 11a above?
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

- 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.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

- 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).

Table with 3 columns: Question, Yes, No. Row 1.

Section 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?
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).
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.

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
a [ ] The organization satisfied the Activities Test. Complete line 2 below.
b [ ] The organization is the parent of each of its supported organizations. Complete line 3 below.
c [ ] The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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.

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 3a, 3b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 [ ] Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Table with 3 columns: Description, (A) Prior Year, (B) Current Year (optional). Rows include Section A - Adjusted Net Income with items 1-8.

Table with 3 columns: Description, (A) Prior Year, (B) Current Year (optional). Rows include Section B - Minimum Asset Amount with items 1-8.

Table with 3 columns: Description, (A) Prior Year, (B) Current Year (optional). Rows include Section C - Distributable Amount with items 1-6.

7 [ ] Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** **\$ 18,677**

**Schedule B  
(Form 990)**
**Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service
 Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2022**

Name of the organization

Employer identification number

**UNITED WAY OF IREDELL COUNTY, INC.**
**\*\*-\*\*\*2674**

Organization type (check one):

## Filers of:

## Section:

Form 990 or 990-EZ

 501(c)( **3** ) (enter number) organization

 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation

 4947(a)(1) nonexempt charitable trust treated as a private foundation

 501(c)(3) taxable private foundation
Check if your organization is covered by the **General Rule** or a **Special Rule**.
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

Schedule B (Form 990) (2022)

Name of organization

UNITED WAY OF IREDELL COUNTY, INC.

Employer identification number

\*\*-\*\*\*2674

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	IREDELL HEALTH SYSTEM 557 BROOKDALE DRIVE STATESVILLE NC 28677		Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	IREDELL STATESVILLE SCHOOLS 549 N RACE STREET STATESVILLE NC 28677		Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JC STEELE & SONS P.O. BOX 1835 STATESVILLE NC 28687		Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	KEWAUNEE SCIENTIFIC CORP P.O. BOX 1842 STATESVILLE NC 28687		Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PUBLIX CHARITIES PO BOX 1357 HIGHLAND CITY FL 33846		Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DOOSAN 1293 GLENWAY DRIVE STATESVILLE NC 28625		Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

UNITED WAY OF IREDELL COUNTY, INC.

Employer identification number

\*\*-\*\*\*2674

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	IREDELL COUNTY HEALTH DEPARTMENT 318 TURNERSBURG HWY STATESVILLE NC 28625	[REDACTED]	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NGK CERAMICS 119 MAZEPPA ROAD MOORESVILLE NC 28115	[REDACTED]	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SCN BESTCO 288 MAZEPPA RD MOORESVILLE NC 28115	[REDACTED]	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	UNITED WAY OF GREATER CHARLOTTE PO BOX 890685 CHARLOTTE NC 28289	[REDACTED]	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

UNITED WAY OF IREDELL COUNTY, INC.

Employer identification number

\*\*-\*\*\*2674

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,021,469	3,586,880	2,654,631	1,588,112	1,225,263
b Contributions	51,381	110,495	229,886	1,279,678	378,673
c Net investment earnings, gains, and losses	286,215	-478,998	819,562	-11,619	53,030
d Grants or scholarships	128,336	85,000		67,500	
e Other expenditures for facilities and programs	130,186	88,738	97,112	118,636	58,951
f Administrative expenses	19,764	23,170	20,087	15,404	9,903
g End of year balance	3,080,779	3,021,469	3,586,880	2,654,631	1,588,112

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment **100.00** %
- b Permanent endowment %
- c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations	<b>X</b>	
(ii) Related organizations		<b>X</b>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		56,862		56,862
b Buildings		573,395	300,597	272,798
c Leasehold improvements				
d Equipment		20,275	13,228	7,047
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>336,707</b>

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) <b>FOUNDATION FOR THE CAROLINAS</b>	<b>3,080,779</b>	<b>MARKET</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>3,080,779</b>	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>AGENCY ALLOCATIONS PAYABLE</b>	<b>427,870</b>
(3) <b>OPERATING LEASE LIABILITY</b>	<b>60,411</b>
(4) <b>DESIGNATED PLEDGES PAYABLE</b>	<b>11,360</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>499,641</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,201,993
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	286,281	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-11,360	
e	Add lines 2a through 2d		2e	274,921
3	Subtract line 2e from line 1		3	927,072
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,764	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	19,764
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	946,836

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

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

1	Total expenses and losses per audited financial statements		1	1,178,959
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,178,959
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,764	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	19,764
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,198,723

**Part XIII Supplemental Information.**

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

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

FUNDS ARE TO BE USED BY THE UNITED WAY OF IREDELL COUNTY AS NEEDED FOR OPERATIONS.

**PART X - FIN 48 FOOTNOTE**

UNITED WAY OF IREDELL COUNTY, INC. IS AN ORGANIZATION EXEMPT FROM INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE

ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION MAY RECOGNIZE THE TAX

BENEFIT FROM A TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX

POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON

THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE

Part XIII Supplemental Information (continued)

THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE ORGANIZATION HAS ANALYZED ITS TAX POSITIONS TAKEN FOR FILINGS WITH THE INTERNAL REVENUE SERVICE. THE ORGANIZATION BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS, OR CASH FLOWS. THE ORGANIZATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR THE YEARS ENDED JUNE 30, 2021 THROUGH JUNE 30, 2023 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

LESS DESIGNATED PLEDGES \$ -11,360

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number  
**\*\*-\*\*\*2674**

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

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BOY SCOUTS OF AMERICA- PIEDMONT 175 CARRIAGE CLUB DRIVE MOORESVILLE NC 28117	**--***9991	501C3	6,000				GENERAL SUPPORT
(2)	BOYS AND GIRLS CLUB - TEEN PROGRAM 1001 COCHRAN STREET STATESVILLE NC 28677	**--***7215	501C3	61,000				GENERAL SUPPORT
(3)	CHILDREN'S HOPE ALLIANCE PO BOX 1 BARIUM SPRINGS NC 28010	**--***9993	501C3	25,000				GENERAL SUPPORT
(4)	COUNCIL ON AGING 344 EAST FRONT STREET STATESVILLE NC 28677	**--***2660	501C3	40,000				GENERAL SUPPORT
(5)	FIFTH ST MINISTRIES 1400 FIFTH STREET STATESVILLE NC 28677	**--***1225	501C3	70,000				GENERAL SUPPORT
(6)	HABITAT CHARLOTTE REGION PO BOX 220287 CHARLOTTE NC 28222	**--***0841	501C3	20,000				GENERAL SUPPORT
(7)	HEADSTART OF I-CARE PO BOX 7049 STATESVILLE NC 28687	**--***6577	501C3	43,532				GENERAL SUPPORT
(8)	HOSPICE OF IREDELL COUNTY 2347 SIMONTON ROAD STATESVILLE NC 28625	**--***1133	501C3	7,000				GENERAL SUPPORT
(9)	IREDELL CHRISTIAN MINISTRIES 752 OLD SALISBURY HWY STATESVILLE NC 28677							GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 26**

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

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF IREDELL COUNTY, INC.**

Employer identification number  
**\*\*-\*\*\*2674**

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

Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	IREDELL COUNTY PARTNERSHIP FOR YOUNG 734 SALISBURY RD STATESVILLE NC 28677	**--***5160	501C3	11,710				GENERAL SUPPORT
(2)	IREDELL COUNTY RESCUE SQUAD 1902 WILKESBORO HWY STATESVILLE NC 28677	**--***3180	501C3	23,502				GENERAL SUPPORT
(3)	LIFESPAN 143 IREDELL AVENUE TROUTMAN NC 28166	**--***2969	501C3	15,535				GENERAL SUPPORT
(4)	LOWE'S YMCA 170 JOE V KNOX MOORESVILLE NC 28117	**--***6726	501C3	6,200				GENERAL SUPPORT
(5)	NORTH IREDELL RESCUE SQUAD 1538 TABOR RD HARMONY NC 28634	**--***6726	501C3	5,270				GENERAL SUPPORT
(6)	OTHER DESIGNATIONS							GENERAL SUPPORT
(7)	PHAROS PARENTING 207 WALNUT STREET STATESVILLE NC 28677	**--***8810	501C3	29,347				GENERAL SUPPORT
(8)	PIEDMONT MEDIATION CENTER PO BOX 604 STATESVILLE NC 28687	**--***7747	501C3	22,216				GENERAL SUPPORT
(9)	SALVATION ARMY 1361 CALDWELL STREET STATESVILLE NC 28677	**--***0607	501C3	17,150				GENERAL SUPPORT

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

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

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF IREDELL COUNTY, INC.**

Employer identification number

**\*\*-\*\*\*2674**

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

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	YMCA OF IREDELL COUNTY 828 WESLEY DRIVE STATESVILLE NC 28677	**--***0015	501C3	24,293				GENERAL SUPPORT
(2)	YOKEFELLOW MINISTRY PO BOX 5384 STATESVILLE NC 28687	**--***0615	501C3	12,500				GENERAL SUPPORT
(3)	KINTEGRA			48,336				GENERAL SUPPORT
(4)	CENTER STAGE ALLIANCE			17,000				GENERAL SUPPORT
(5)	CHILDRENS HOME OF IREDELL		501C3	30,000				GENERAL SUPPORT
(6)	NC MEDASSIST			7,500				
(7)								
(8)								
(9)								

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

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

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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

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

Attach to Form 990.

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number

**UNITED WAY OF IREDELL COUNTY, INC.**

**\*\*-\*\*\*2674**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	39,645	3RD PARTY ESTI OF COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>FOOD &amp; SUPPLIES</b> )	X	3	50,455	3RD PARTY ESTI OF COSTS
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

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

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

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

b If "Yes," describe in Part II.

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



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF IREDELL COUNTY, INC.**

Employer identification number

**\*\* - \*\*\*2674**

**FORM 990 - ORGANIZATION'S MISSION**

**VOLUNTEER ORGANIZATION DEDICATED TO ENRICHING THE QUALITY OF LIFE BY  
UNITING CITIZENS AND AGENCIES IN A COMMUNITY-WIDE EFFORT TO PLAN, SUPPORT,  
DELIVER, AND MONITOR EFFECTIVE HEALTH AND HUMAN CARE SERVICES RESPONSIVE TO  
COMMUNITY NEEDS.**

**FORM 990, PART I, LINE 6**

**VOLUNTEERS ASSIST WITH EVENTS AND OTHER CAMPAIGNS DESIGNED TO RAISE  
CONTRIBUTIONS FOR THE ORGANIZATION.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**UNITED WAY OF IREDELL COUNTY'S FORM 990 IS FIRST REVIEWED BY ITS EXECUTIVE  
COMMITTEE AND IF APPROVED, THEN REVIEWED BY THE FULL BOARD OF DIRECTORS  
BEFORE IT IS FINALIZED, SIGNED, AND MAILED.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**AN ANNUAL DISCLOSURE FORM IS PROVIDED TO EACH OFFICER, DIRECTOR, AND STAFF  
MEMBER. THE FORMS ARE THEN REVIEWED BY THE EXECUTIVE COMMITTEE.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**THE EXECUTIVE DIRECTOR'S COMPENSATION WAS APPROVED BY THE EXECUTIVE  
COMMITTEE.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS**

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

UNITED WAY OF IREDELL COUNTY, INC.

\*\* - \*\*\*2674

ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S OFFICE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

LESS DESIGNATED PLEDGES \$ -11,360

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

**UNITED WAY OF IREDELL COUNTY, INC.**

Identifying number

**\*\*-\*\*\*2674**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,496

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	16,496
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

## Federal Asset Report

FYE: 6/30/2023

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>								
1	Building - Davie Avenue	8/15/00	504,000		504,000	40 MO S/L	269,850	12,600
2	Carpet for Building	2/19/01	12,333		12,333	10 MO S/L	12,333	0
	Sold/Scrapped: 12/01/22							
3	Flag Pole & Spot Light-Front of Bldg - Dor	6/15/01	801		801	10 MO S/L	801	0
5	Heat/Air System	5/25/07	38,686		38,686	40 MO S/L	14,185	967
23	Powerpoint Projection Equipment	7/22/04	1,296		1,296	10 MO S/L	1,296	0
50	HP LaserJet Printer #CNB9L02515	6/08/07	624		624	10 MO S/L	624	0
69	Land - Davie Avenue	8/15/00	56,000		56,000	0 -- Land	0	0
117	Cubicle Walls - 19 (donated)	6/30/97	3,360		3,360	7 MO S/L	3,360	0
120	Office Chairs&Table(Chair&Round Table-I	6/01/00	534		534	10 MO S/L	534	0
158	Whirlpool Ice Maker	5/09/08	1,472		1,472	10 MO S/L	1,472	0
214	Backflow with hot box and pad	11/03/11	862		862	0 -- Land	0	0
215	SonicWall - Wireless Network	4/16/12	767		767	10 MO S/L	741	26
216	Dell HD Vostro Laptop	7/15/12	677		677	10 MO S/L	644	33
217	Dell Optiplex	3/26/13	863		863	10 MO S/L	755	86
218	New Compressor - for asset #5	4/24/13	1,631		1,631	15 MO S/L	942	109
220	Chairs (28) (Board Rm - Donated)	6/15/01	720		720	10 MO S/L	720	0
221	4-Drawer Filling Cabinets (6)	3/11/08	769		769	10 MO S/L	769	0
223	Dell Latitude 5520 (6)	3/10/22	7,776		7,776	5 MO S/L	518	1,556
224	New Compressor (HVAC) - Davie Ave	8/31/21	5,710		5,710	40 MO S/L	119	143
225	HVAC System - Replace Unit #3	3/15/23	8,700		8,700	40 MO S/L	0	73
226	Meraki MX67 Network Firewall Hardware	2/28/23	1,417		1,417	5 MO S/L	0	94
227	New Carpet - Davie Ave	12/01/22	13,866		13,866	10 MO S/L	0	809
	<b>Total Other Depreciation</b>		<u>662,864</u>		<u>662,864</u>		<u>309,663</u>	<u>16,496</u>
	<b>Total ACRS and Other Depreciation</b>		<u>662,864</u>		<u>662,864</u>		<u>309,663</u>	<u>16,496</u>
	<b>Grand Totals</b>		662,864		662,864		309,663	16,496
	<b>Less: Dispositions and Transfers</b>		12,333		12,333		12,333	0
	<b>Less: Start-up/Org Expense</b>		0		0		0	0
	<b>Net Grand Totals</b>		<u>650,531</u>		<u>650,531</u>		<u>297,330</u>	<u>16,496</u>



## AMT Asset Report

FYE: 6/30/2023

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Building - Davie Avenue	8/15/00	0			0 0	HY	0	0
2	Carpet for Building	2/19/01	0			0 0	HY	0	0
	Sold/Scrapped: 12/01/22								
3	Flag Pole & Spot Light-Front of Bldg - Dor	6/15/01	0			0 0	HY	0	0
5	Heat/Air System	5/25/07	0			0 15	HY	0	0
23	Powerpoint Projection Equipment	7/22/04	0			0 0	HY	0	0
50	HP LaserJet Printer #CNB9L02515	6/08/07	0			0 0	HY	0	0
69	Land - Davie Avenue	8/15/00	0			0 0	HY	0	0
117	Cubicle Walls - 19 (donated)	6/30/97	0			0 0	HY	0	0
120	Office Chairs& Table(Chair&Round Table-I	6/01/00	0			0 0	HY	0	0
158	Whirlpool Ice Maker	5/09/08	0			0 0	HY	0	0
214	Backflow with hot box and pad	11/03/11	0			0 0	HY	0	0
215	SonicWall - Wireless Network	4/16/12	0			0 0	HY	0	0
216	Dell HD Vostro Laptop	7/15/12	0			0 0	HY	0	0
217	Dell Optiplex	3/26/13	0			0 0	HY	0	0
218	New Compressor - for asset #5	4/24/13	0			0 0	HY	0	0
220	Chairs (28) (Board Rm - Donated)	6/15/01	0			0 0	HY	0	0
221	4-Drawer Filing Cabinets (6)	3/11/08	0			0 0	HY	0	0
223	Dell Latitude 5520 (6)	3/10/22	0			0 0	HY	0	0
224	New Compressor (HVAC) - Davie Ave	8/31/21	0			0 0	HY	0	0
225	HVAC System - Replace Unit #3	3/15/23	0			0 0	HY	0	0
226	Meraki MX67 Network Firewall Hardware	2/28/23	0			0 0	HY	0	0
227	New Carpet - Davie Ave	12/01/22	0			0 0	HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0			0		0	0
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

6141 United Way of Iredell County, Inc.

\*\*\_\*\*\*2674

FYE: 6/30/2023

## Depreciation Adjustment Report

### All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Building - Davie Avenue	8/15/00	504,000	12,600	0
3	Flag Pole & Spot Light-Front of Bldg - Donate	6/15/01	801	0	0
5	Heat/Air System	5/25/07	38,686	967	0
23	Powerpoint Projection Equipment	7/22/04	1,296	0	0
50	HP LaserJet Printer #CNB9L02515	6/08/07	624	0	0
69	Land - Davie Avenue	8/15/00	56,000	0	0
117	Cubicle Walls - 19 (donated)	6/30/97	3,360	0	0
120	Office Chairs&Table(Chair&Round Table-Pat D	6/01/00	534	0	0
158	Whirlpool Ice Maker	5/09/08	1,472	0	0
214	Backflow with hot box and pad	11/03/11	862	0	0
215	SonicWall - Wireless Network	4/16/12	767	0	0
216	Dell HD Vostro Laptop	7/15/12	677	0	0
217	Dell Optiplex	3/26/13	863	22	0
218	New Compressor - for asset #5	4/24/13	1,631	109	0
220	Chairs (28) (Board Rm - Donated)	6/15/01	720	0	0
221	4-Drawer Filing Cabinets (6)	3/11/08	769	0	0
223	Dell Latitude 5520 (6)	3/10/22	7,776	1,555	0
224	New Compressor (HVAC) - Davie Ave	8/31/21	5,710	142	0
225	HVAC System - Replace Unit #3	3/15/23	8,700	217	0
226	Meraki MX67 Network Firewall Hardware (2)	2/28/23	1,417	284	0
227	New Carpet - Davie Ave	12/01/22	13,866	1,386	0
	<b>Total Other Depreciation</b>		<u>650,531</u>	<u>17,282</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>650,531</u>	<u>17,282</u>	<u>0</u>
	<b>Grand Totals</b>		<u>650,531</u>	<u>17,282</u>	<u>0</u>

Form **990****Two Year Comparison Report****2021 & 2022**For calendar year 2022, or tax year beginning **07/01/22**, ending **06/30/23**

Name

Taxpayer Identification Number

**UNITED WAY OF IREDELL COUNTY, INC.****\*\*-\*\*\*2674**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	607,339	850,256	242,917
	2. Membership dues and assessments			
	3. Government contributions and grants		23,839	23,839
	4. Program service revenue			
	5. Investment income	528	112	-416
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-924		924
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	77,021	72,629	-4,392
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>683,964</b>	<b>946,836</b>	<b>262,872</b>
Expenses	13. Grants and similar amounts paid	575,914	605,550	29,636
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.		85,283	85,283
	16. Salaries, other compensation, and employee benefits	227,595	172,553	-55,042
	17. Professional fundraising fees			
	18. Other professional fees	43,670	40,764	-2,906
	19. Occupancy, rent, utilities, and maintenance	30,160	55,301	25,141
	20. Depreciation and Depletion	14,880	16,495	1,615
	21. Other expenses	112,421	222,777	110,356
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>1,004,640</b>	<b>1,198,723</b>	<b>194,083</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-320,676</b>	<b>-251,887</b>	<b>68,789</b>
Other Information	24. Total exempt revenue	683,964	946,836	262,872
	25. Total unrelated revenue			
	26. Total excludable revenue	76,625	72,741	-3,884
	27. Total assets	3,864,133	3,955,462	91,329
	28. Total liabilities	445,083	513,378	68,295
	29. Retained earnings	3,419,050	3,442,084	23,034
	30. Number of voting members of governing body	29	30	
	31. Number of independent voting members of governing body	29	30	
32. Number of employees	4	7		
33. Number of volunteers	130	319		

**Tax Return History**

Name **UNITED WAY OF IREDELL COUNTY, INC.** Employer Identification Number **\*\*--\*\*\*2674**

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	1,514,262	2,261,936	983,835	607,339	874,095	
Membership dues						
Program service revenue						
Capital gain or loss	43,556	-26,682	799,591	-924	112	
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	66,193	66,837	68,082	77,021	72,629	
<b>Total revenue</b>	<b>1,624,011</b>	<b>2,302,091</b>	<b>1,851,508</b>	<b>683,964</b>	<b>946,836</b>	
Grants and similar amounts paid	445,842	635,726	919,899	575,914	605,550	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	204,487	203,795	156,156	227,595	85,283	
Professional fees	71,018	18,500	20,000	43,670	172,553	
Occupancy costs	21,690	19,578	17,207	30,160	40,764	
Depreciation and depletion	14,469	14,291	14,243	14,880	55,301	
Other expenses	165,880	126,048	87,625	112,421	16,495	
<b>Total expenses</b>	<b>923,386</b>	<b>1,017,938</b>	<b>1,215,130</b>	<b>1,004,640</b>	<b>1,198,723</b>	
<b>Excess or (Deficit)</b>	<b>700,625</b>	<b>1,284,153</b>	<b>636,378</b>	<b>-320,676</b>	<b>-251,887</b>	
Total exempt revenue	1,624,011	2,302,091	1,851,508	683,964	946,836	
Total unrelated revenue						
Total excludable revenue	109,749	40,155	867,673	76,625	72,741	
Total Assets	2,808,301	3,712,772	4,609,422	3,864,133	3,955,462	
Total Liabilities	475,015	108,082	376,695	445,083	513,378	
Net Fund Balances	2,333,286	3,604,690	4,232,727	3,419,050	3,442,084	

6141 United Way of Iredell County, Inc.

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# Federal Statements

FYE: 6/30/2023

## Tax-Exempt Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
INVESTMENT INCOME	\$ 112			14	NC	
TOTAL	<u>\$ 112</u>					

6141 United Way of Irédell County, Inc.

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FYE: 6/30/2023

## Federal Statements

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 4,389	2,109	1,049	1,231
REPAIRS & MAINTENANCE	4,073	1,958	973	1,142
TELEPHONE	3,874	1,862	926	1,086
COPIER LEASE AND SUPPLIES	3,094	1,487	739	868
BANK CHARGES	2,173	1,045	519	609
DUES AND MEMBERSHIPS	1,203	457	480	266
PROFESSIONAL DEVELOPMENT	997	479	238	280
TOTAL	\$ 19,803	\$ 9,397	\$ 4,924	\$ 5,482

## Federal Statements

### Schedule A, Part II, Line 1(e)

Description	Amount
EMPLOYEE RETENTION CREDITS	\$ 23,839
	763,357
	39,645
	26,800
	20,454
TOTAL	\$ 874,095

### Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT INCOME	\$ 112
BUILDING RENTAL	67,961
TOTAL	\$ 68,073

### Schedule A, Part II, Line 10(e)

Description	Amount
EXPENSE REIMBURSEMENT	\$ 520
SALES TAX REFUNDS	1,797
ADMIN FEE REVENUES	2,351
TOTAL	\$ 4,668



## Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning 07/01/22 and ending 06/30/23

\*\*-\*\*\*2674

### UNITED WAY OF IREDELL COUNTY, INC.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>3,419,050</u>
<b>Revenue</b>		
Contributions	<u>874,095</u>	
Program service revenue		
Investment income	<u>112</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>72,629</u>	
<b>Total revenue</b>		<u>946,836</u>
<b>Expenses</b>		
Program services	<u>951,237</u>	
Management and general	<u>112,000</u>	
Fundraising	<u>135,486</u>	
<b>Total expenses</b>		<u>1,198,723</u>
<b>Excess / (deficit)</b>		<u>-251,887</u>
Changes		<u>274,921</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>3,442,084</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,201,993</u>
Less:	
Unrealized gains	<u>286,281</u>
Donated services	
Recoveries	
Other	<u>-11,360</u>
Plus:	
Investment expenses	<u>19,764</u>
Other	
<b>Total revenue per return</b>	<u>946,836</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,178,959</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	<u>19,764</u>
Other	
<b>Total expenses per return</b>	<u>1,198,723</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>3,864,133</u>	<u>3,955,462</u>	
Liabilities	<u>445,083</u>	<u>513,378</u>	
Net assets	<u>3,419,050</u>	<u>3,442,084</u>	<u>23,034</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 05/15/24  
 Failure to file penalty \_\_\_\_\_

**Potts, Steele & White, P.A.**  
**P.O. Box 1189**  
**Statesville, NC 28687**  
**704-878-9541**

November 13, 2023

**CONFIDENTIAL**

United Way of Iredell County, Inc.  
P.O. Box 1312  
Statesville, NC 28687

Dear :

We have prepared the enclosed extension forms from information submitted by you without verification or audit. We suggest that you examine these forms carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your 2022 Form 8868 for Form 990 shows no balance due.

Your extension is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of Form 8868 to the IRS will delay the processing of your extension.

The extension for Form 990 for the tax year ended 6/30/23 is valid until May 15, 2024; therefore, the return must be filed on or before this date. We will be contacting you in advance of this date with the completed return.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Potts, Steele & White, P.A.

Form **8868****Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

(Rev. January 2022)

Department of the Treasury  
Internal Revenue Service▶ **File a separate application for each return.**▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time. Only submit original (no copies needed).**

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF IREDELL COUNTY, INC.</b>	Taxpayer identification number (TIN) <b>56-0792674</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 1312</b>	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>STATESVILLE NC 28687</b>	

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

**01**

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

**BRETT ECKERMAN****PO BOX 1312**• The books are in the care of ▶ **STATESVILLE NC 28687**Telephone No. ▶ **704-872-3000**

Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box ▶ 

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ▶  . If it is for part of the group, check this box ▶  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **05/15/24** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or▶  tax year beginning **07/01/22** , and ending **06/30/23**

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

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Form **8868** (Rev. 1-2022)