Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

<u>A I</u>	or the	2022 calendar year, or tax year beginning $$ JUL $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ل ending	<u>UN 30, 2023</u>				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres							
	Name change	Doing business as		56-09295	53			
	initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 121 W UNION ST	Room/suite	E Telephone number (828)433-0681				
L	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	355,261.			
Γ	Ameno Leturn			H(a) Is this a group re				
-	ireturn Applic tion	F Name and address of principal officer:MAUREEN SCHWIND			? Yes X No			
L	I≀ion pendin	SAME AS C ABOVE			ncluded? Yes No			
	Tav. av.	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	t	list. See instructions			
	Websit		1 327	H(c) Group exemption				
		organization: X Corporation Trust Association Other	I Voor		1 State of legal domicile; NC			
	art I	Summary	IL Teal	or ionilation, 1909 iv	1 State of legal doffliche, IVC			
6)	1	Briefly describe the organization's mission or most significant activities: CONNE	CTING	YOUR GIFTS	TO			
Activities & Governance		ACCOUNTABLE ORGANIZATIONS WORKING TO ELIM	IINATE	POVERTY, P	OOR HEALTH			
r	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u> 19</u>			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			19			
S	*	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		1 1	3			
ŧ		Total number of volunteers (estimate if necessary)		1	0			
늉		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11		4	0.			
				Prior Year	Current Year			
41	8	Contributions and grants (Part VIII, line 1h)		434,010.	279,181.			
ř	9	Program service revenue (Part VIII, line 2g)	i	0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,612.	-4,421.			
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,808.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		479,430.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		38,263.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Ø	ł	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	E .	94,566.	104,911.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ğ	ъ	Total fundraising expenses (Part IX, column (D), line 25) 30,56						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		80,477.	67,669.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		213,306.				
	19	Revenue less expenses. Subtract line 18 from line 12		266,124.	82,476.			
Net Assets or	<u> </u>		Ве	ginning of Current Year	End of Year			
Sign	20	Total assets (Part X, line 16)	**********	394,190.	474,808.			
ASS.	21	Total liabilities (Part X, line 26)		3,202.	1,342.			
E SE	22	Net assets or fund balances. Subtract line 21 from line 20	.,,,,,,,,	390,988.	473,466.			
	art II	Signature Block						
Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is			
		ot, and complete. Declaration of preparer (other than officer) is based on all information of wh						
•								
Sig	ın	Signature of officer		Date	^			
Here MAUREEN SCHWIND, EXECUTIVE DIRECTOR 9-26-2023								
Type or print name and title								
Print/Type preparer's name Premarer's signature Date Check PTIN								
Pa	d	JAMES LOWDERMILK	C/10	9-26-23 If self-employ	red P01394049			
					6-1607661			
Use Only Firm's address 121 NORTH STERLING STREET								
	•	MORGANTON, NC 28655		Phone no. 8 2	8-433-1226			
Ma	v the I	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Form 990 (2022) BURKE COUNTY UNITED WAY
Part IV Checklist of Required Schedules

	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	.	v	
	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
•	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
8		8		х
0	Schedule D, Part III	Ŭ		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ĺ
а	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
· ·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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	11c		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 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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	11f	X	ļ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	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	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1.5		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		
	complete Schedule G, Part III	19		X
20a		20a	-	1
b		20b	 	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	x	
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	<u>: 4 </u>	<u>4 }</u> _	

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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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	Schedule J	23		<u>X</u>
	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			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
لم	any tax-exempt bonds?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	LTU		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	204		
	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	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			1,7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		12
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	1	122
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			T
34	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	rt 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			_ <u></u>
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter ·0· if not applicable	٦.		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	10		
	(gambling) winnings to prize winners?		990	(2022)

BURKE COUNTY UNITED WAY 56-0929553 Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х 2h b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5а Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?_______ c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 8282? e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(12) organizations. Enter: 11 b Gross income from other sources. (Do not net amounts due or paid to other sources against 12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

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Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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			X
Sect	tion 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 19			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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?	2		X
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7a	more members of the governing body?	7a		Х
la.	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
b		7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8		8a	Х	ŀ
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	on	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			T
		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ا ا		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	. 17	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		7.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	<u>X</u>	ļ
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	ļ
b	Other officers or key employees of the organization	15b	Х	ļ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1		
	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	<u> </u>	
Sec	etion 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) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.			
	X 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, ar	d fina	ncial	
	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			
	CHARLES CONLEY - 828-433-0681		_	
	121 W UNION ST, MORGANTON, NC 28655			
		Farm	. 000	10000

Form **990** (2022)

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Form 990 (2022) 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

Tours for related organization Companies Compani	U J OHECK BRS DOX II HERRIOI THE OIGHNIZAG	don not drift folded						100	ou arry current criticary c		
Compensation Comp	(A)	(B)			_ (C	<u>)</u>					
NAUREEN "MO " SCHWIND Service and selection with the organization (W-2/1099-MISC) 1099-NEC) 10	Name and title	Average	(do					one	Reportable	Reportable	Estimated
(fist any first any fist an		hours per	box,	unle:	ss per	son	s bot	h an	compensation	compensation	amount of
(1) MAUREEN "MO" SCHWIND 20.00 X		week	\vdash	cer an	d a di	recto	r/trus	tee)	from	from related	other
(1) MAUREEN "MO" SCHWIND 20.00 X		(list any	ector						1		compensation
(1) MAUREEN "MO" SCHWIND 20.00 X		hours for	g	ا ا			ted		· ·	,	
(1) MAUREEN "MO" SCHWIND 20.00 X		related	ag	atsn			ELIS		1 :	1099·NEC)	
(1) MAUREEN "MO" SCHWIND 20.00 X		organizations	葟	큠		loyee	о Ш В		1099-NEC)		
(1) MAUREEN "MO" SCHWIND 20.00 X		below	yig W	讀	ij	em e	hest	iğ.			organizations
X			를	‡š	0##	Key	哥哥	퉏			
C2 RODNEY HARRELSON 2.00 X X X 0. 0. 0.	(1) MAUREEN "MO " SCHWIND	20.00									•
ALAN WOOD	EXECUTIVE DIRECTOR		X		X		<u> </u>		28,368.	0.	0.
(3) ALAN WOOD	(2) RODNEY HARRELSON	2.00	:							_	
PRESIDENT	PAST PRESIDENT		X		Х				0.	0.	0.
(4) Jean Vannoppen	(3) ALAN WOOD	2.00	,	1							_
VP MARKETING & COMMUNICATI	PRESIDENT		X		X			<u> </u>	0.	0.	0.
Color Colo	(4) JEAN VANNOPPEN	2.00								_	_
VP OF FUND DEVELOPMENT	VP MARKETING & COMMUNICATI		X	ļ	X		ļ	_	0.	0.	0.
Column	(5) CHERYL SHUFFLER	2.00									•
BOARD MEMBER	VP OF FUND DEVELOPMENT		X	<u> </u>	X	ļ	ļ		0.	0.	0.
Table Tabl	(6) DALLAS STOUDENMIRE	1.00	ļ								_
BOARD MEMBER	BOARD MEMBER		X				ـــا	<u> </u>	0.	0.	0.
(8) JOHN HAGAMANN 2.00 X X X 0.	(7) RANDY BURNS	1.00	.								0
SECRETARY X			X	_		<u> </u>		ļ	<u>U.</u>	0.	0.
1.00 Name	(8) JOHN HAGAMANN	2.00	ļ								
BOARD MEMBER X	SECRETARY		X		X		ļ	ļ	U.	U.•	0.
1.00 NYAN LANDER	(9) CINDY DAVIES	1.00								1	
BOARD MEMBER	BOARD MEMBER		X	L	ļ	_			0.	0.	0.
1.00 Name	(10) RYAN LANDER	1.00									
BOARD MEMBER	BOARD MEMBER		X		ļ			ļ	0.	0.	0.
1.00 Name 1.00 Name 1.00 Name	(11) SARA LECROY	1.00									
BOARD MEMBER	BOARD MEMBER		X		<u> </u>				0.	0.	0.
(13) PAT MOLL 1.00 BOARD MEMBER X (14) CONNIE FRANKLIN 1.00 BOARD MEMBER X (15) AMANDA GRADY 1.00 BOARD MEMBER X (16) RICO GUILLEN 1.00 BOARD MEMBER X (17) TAL STEPHANIDES 1.00	(12) KIM LOGAN	1.00								1	
BOARD MEMBER X 0. 0. 0. (14) CONNIE FRANKLIN 1.00 0. 0. 0. 0. BOARD MEMBER X 0.	BOARD MEMBER		Х		<u> </u>		ļ	ļ	0.	0.	0.
(14) CONNIE FRANKLIN 1.00 BOARD MEMBER X (15) AMANDA GRADY 1.00 BOARD MEMBER X (16) RICO GUILLEN 1.00 BOARD MEMBER X (17) TAL STEPHANIDES 1.00	(13) PAT MOLL	1.00			Ì			١			
BOARD MEMBER	BOARD MEMBER		Х	<u> </u>		<u> </u>		ļ	0.	0.	0.
1.00	(14) CONNIE FRANKLIN	1.00									
BOARD MEMBER X 0. 0. 0. (16) RICO GUILLEN 1.00 X 0. 0. 0. BOARD MEMBER X 0.	BOARD MEMBER						<u> </u>		0.	0.	0.
(16) RICO GUILLEN	(15) AMANDA GRADY	1.00									}
BOARD MEMBER X 0. 0. (17) TAL STEPHANIDES 1.00	BOARD MEMBER		X						0.	0.	0.
(17) TAL STEPHANIDES 1.00	(16) RICO GUILLEN	1.00									
(17) TAL STEPHANIDES 1.00	BOARD MEMBER		Х	<u> </u>	L	ļ	<u> </u>		0.	0.	0.
BOARD MEMBER X 0. 0.	(17) TAL STEPHANIDES	1.00									
	BOARD MEMBER		X			1	<u>L</u>		<u> </u>	<u> </u>	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	iH t	ghe	st C	ompensated Employee	s (continued)				
(A)	(B)			(0)			(D)	(E)			(F)	
Name and title	Average Position (do not check more than one box, unless person is both an				Reportable	Reportable			imate				
	week	box	unle: cer an	ss pe of a d	rson l irecto	is boll :r/trus	an tee)	compensation from	compensation from related			ount o other	וכ
	(list any	ctor						the	organizations			oensa	tion
	hours for	rdire				ited		organization	(W-2/1099-MISC/	'		om the	
	related organizations	nstee (truste		به	pensa		(W-2/1099-MISC/	1099-NEC)	-	_	anizati Leoloti	
	below	ual tru	tional		ploye	t com	_	1099·NEC)				l relati nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	(ey em	Highest compensated employee	Бушег				0.94	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5110
(18) BARBARA MYERS	1.00												
BOARD MEMBER		X						0.	<u> </u>).			0.
(19) SHERI WATTS	2.00									1			
TREASURER		X			ļ	ļ		0.).			0.
(20) JOE TALLENT	1.00												_
BOARD MEMBER		X			ļ	-		0.	().			0.
		1											
					<u> </u>	ļ				\dashv			
		\vdash				-				-+			
		1		ļ									
					I		-			$\neg \uparrow$			
]											
1b Subtotal								28,368.).			0.
c Total from continuation sheets to Part V	II, Section A							0.).			0.
d Total (add lines 1b and 1c)								28,368.	·),			0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bov	e) w	10 r	eceived more than \$100	,000 of reportable				^
compensation from the organization											— Т	Yes	0 No
O Citable and the list and the	-4:							-1	Januara an	Γ		105	140
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		х
4 For any individual listed on line 1a, is the si										"	3		
and related organizations greater than \$15	· - ' - ' - ' - ' - ' - ' - ' - ' - ' -										4		Х
5 Did any person listed on line 1a receive or										"			
rendered to the organization? If "Yes," con	•										5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	-								ากรถ	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	with	or w	ithi	n the organization's tax	year.				
(A) Name and business				_				(B) Description of s	an door	0	(C	;) nsatio	
iname and business	addless	N	ON]	<u> </u>				Description of s	SCI VICES		OHIDE	isatio	
2 Total number of independent contractors (ot	imite	d to		_	ste	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization					0							

Form 990 (2022) BURKE Copert VIII Statement of Revenue

		Check if Schedule O contains a response or note to an				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-11 Tatal Add lines 1a-15	070 101			
"	- 11	Total, Add lines 1a-1f Business Co				
Program Service Revenue	2 a b c d					
<u>-</u>	f	All other program service revenue				
	3	Investment income (including dividends, interest, and		-4,421.		
	4	other similar amounts) Income from investment of tax-exempt bond proceeds	4,421	7,724.		
	5	Royalties				-
***************************************	6 a	(i) Real (ii) Person	al			A CONTRACTOR OF THE CONTRACTOR
ther Revenue	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses				
Other R	8 8	I Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b				
		Net income or (loss) from fundraising events				
!		Gross Income from gaming activities. See Part IV, line 19 9a				
		b Less: direct expenses9b				
		Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances				
	ł	b Less; cost of goods sold10b				
		Net income or (loss) from sales of inventory Business C				
Miscellaneous Revenue	11	TATOME TATOME	9 40,925			
cella		BURKE COUNTY AND 211 90009				
Mis.		d All other revenue	00 501			
	Ì	e Total. Add lines 11a-11d	0 0 1		. 0	. 0.
	12	Total revenue. See instructions	333, <u>401</u>	10,000	<u> </u>	Form 990 (2022)

12110__1

Do not inc	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
	ats and other assistance to domestic organizations	100 005	100 205		
	domestic governments. See Part IV, line 21	100,205.	100,205.		
	nts and other assistance to domestic				
	viduals. See Part IV, line 22				
	nts and other assistance to foreign				
-	anizations, foreign governments, and foreign				
	viduals. See Part IV, lines 15 and 16				
	efits paid to or for members				
	npensation of current officers, directors,				
trus	tees, and key employees				
6 Com	pensation not included above to disqualified				
pers	ons (as defined under section 4958(f)(1)) and				
pers	ons described in section 4958(c)(3)(B)				
7 Oth	er salaries and wages	85,618.	56,508.	14,555.	14,555
8 Pens	sion plan accruals and contributions (include				
sect	ion 401(k) and 403(b) employer contributions)				
	er employee benefits	11,812.	7,796.	2,008.	2,008
	vroll taxes	7,481.	4,798.	1,447.	1,236
	es for services (nonemployees):				
	nagement				
	pal				
	counting	10,611.	7,003.	1,804.	1,804
	byling				
	fessional fundraising services. See Part IV, line 17				
	estment management fees				
	ner. (If line 11g amount exceeds 10% of line 25,				
•	ımı (A), amount, list line 11g expenses on Sch ().				
	vertising and promotion	10,094.	3,432.	3,331.	3,331
	- · · · · · · · · · · · · · · · · · · ·	4,396.	991.	2,198.	1,207
	ice expenses	4,320	<u> </u>	0/2/01	-1
	ormation technology				
	yalties	15,751.	10,395.	2,678.	2,678
	cupancy	75.	47.	14.	14
17 Tra	1	/3.	₩/•	14.	47
•	yments of travel or entertainment expenses				
	any federal, state, or local public officials				
	nferences, conventions, and meetings				
	erest				
	yments to affiliates	488	00		A A
22 De	preciation, depletion, and amortization	177.	89.	44.	44
	urance	3,253.	2,147.	553.	553
abo	ner expenses. Itemize expenses not covered bye. (List miscellaneous expenses on line 24e. If				
line	24e amount exceeds 10% of line 25, column (A), ount, list line 24e expenses on Schedule 0.)				
	11 AND OTHER PROGRAM E	6,949.	6,949.		
	OMPUTER EXPENSE AND WE	5,761.	3,803.	979.	979
	ATIONAL AND STATE AFFI	4,384.	2,192.	1,096.	1,096
	OUIPMENT MAINTENANCE	4,001.	2,641.	680.	680
		2,217.	1,463.		377
	other expenses Add lines 1 through 2/4	272,785.	210,459.	31,764.	30,562
	tal functional expenses. Add lines 1 through 24e	414,1034	<u> </u>	<u> </u>	<u> </u>
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
Uni	eck here if following SOP 98-2 (ASC 958-720)			}	Form 990 (202

Form 990 (2022)
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
-			300,915.	1	293,731
	1	Cash · non-interest-bearing	300,913.	2	<u> </u>
		Savings and temporary cash investments	<u>V•</u>		10,155
		Pledges and grants receivable, net	604.	3	1,474
	4	Accounts receivable, net	004.	4	
	5	Loans and other receivables from any current or former officer, director,		1	
ļ		trustee, key employee, creator or founder, substantial contributor, or 35%		<u>.</u>	
1		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	Prepald expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
- 1		basis. Complete Part VI of Schedule D 10a 36,390 Less; accumulated depreciation 10b 35,192	0.	اءما	1,198
			T		1,190
	11	Investments - publicly traded securities		11	168,250
	12	Investments - other securities. See Part IV, line 11	92,671.	12	100,230
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1 004 100	15	474,808
\rightarrow	16	Total assets, Add lines 1 through 15 (must equal line 33)		16	100
	17	Accounts payable and accrued expenses	1	17	<u> </u>
- 1	18	Grants payable	I	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	;	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ß	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
Liabilities		controlled entity or family member of any of these persons	1	22	
-	23	Secured mortgages and notes payable to unrelated third parties	1	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	007		1,242
		of Schedule D	897.		
	26	Total liabilities, Add lines 17 through 25	3,202.	26	1,342
ι		Organizations that follow FASB ASC 958, check here			
ဦ	ļ	and complete lines 27, 28, 32, and 33.	185,869.	07	206,573
ala	27	Net assets without donor restrictions			266,893
20	28	Net assets with donor restrictions	205,119.	28	400,09
5		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund balances		and complete lines 29 through 33.			
ğ	29	Capital stock or trust principal, or current funds		29	
ž l	30	Paid in or capital surplus, or land, building, or equipment fund		30	
¥	31	Retained earnings, endowment, accumulated income, or other funds		31	172 AC
2	32	Total net assets or fund balances			473,460
	33	Total liabilities and net assets/fund balances	394,190	33	474,808 Form 990 (20

-orm	990 (2022) BURKE COUNTY UNITED WAY	30-U343	<u> </u>	Pag	16 12					
Par	t XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI	**********			X					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>61.</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2			85. 76.					
3	3 Revenue less expenses. Subtract line 2 from line 1									
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4									
5	Net unrealized gains (losses) on investments	5								
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9			2.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	473	3,4	<u>66.</u>					
Pa	Part XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				ـــــــــــــــــــــــــــــــــــــــ					
				Yes	No					
1	Accounting method used to prepare the Form 990: L Cash X Accrual Other		1							
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	d on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	 					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,								
	consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,										
review, or compilation of its financial statements and selection of an independent accountant?										
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				Х					
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?										
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(2225:					
			Form	990	(2022)					

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1645-0047

2022

Open to Public Inspection

Employer identification number

56-0929553 BURKE COUNTY UNITED WAY 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.) 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). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the ozoanization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (II) EIN In your governing docume (described on lines 1-10 support (see instructions) organization support (see instructions) Yes above (see instructions))

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									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	294,835.	306,189.	395,917.	434,010.	280,645.	1,711,596.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to			a de la companya de					
	the organization without charge								
4	Total, Add lines 1 through 3	294,835.	306,189.	395,917.	434,010.	280,645.	1,711,596,		
5	The portion of total contributions					1 1 1			
	by each person (other than a								
	governmental unit or publicly		·		• •				
	supported organization) included				!				
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.	:					1,711,596.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	294,835.	306,189.	395,917.	434,010.	280,645.	1,711,596,		
8	Gross income from interest,	:				ľ			
	dividends, payments received on				·				
	securities loans, rents, royalties,		·						
	and income from similar sources	1,130.	572.	583.	2,612.	3,522.	8,419.		
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.)	7,833.	7,723.	21,492.	42,808.	73,919.			
11	Total support. Add lines 7 through 10						1,873,790,		
12				(12	76,160.		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)			
	organization, check this box and stop					.,			
Se	ction C. Computation of Publ					l l	01 24 %		
14	Public support percentage for 2022 (14	91.34 %		
15	Public support percentage from 2021						94.95 %		
16a	33 1/3% support test - 2022. If the								
	stop here. The organization qualifies								
k	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
172	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts and circumstances test. The organization qualifies as a publicly supported organization								
ŧ	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
,	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation, If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
<u>18</u>	Private foundation, if the organization	un ala not check a	DOX OFFICE TO, TO	ia, 100, 178, 01 17	DI CHECK HIS DOX S				
	Schedule A (Form 990) 2022								

Schedule A (Form 990) 2022 BURKE COUNTY UNITED WAY Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on I	ne 10 of Part I or if the organization failed to qual	ify under Part II. If the organization fails to

800	qualify under the tests listed be stion A. Public Support	low, please com	plete Part II.)				
		() 0040	420010	(-) 0000	(-N 0001	(-) 2000	(A) Total
	ndar 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.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
Λ	Tax revenues levied for the organ-						
Т.	ization's benefit and either paid to						
	or expended on its behalf						
_	· · · · · · · · · · · · · · · · · · ·						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŧ	Amounts included on lines 2 and 3 received]
	from other than disqualified persons that				,		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	***************************************					1
		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	indar year (or fiscal year beginning in)	(a) 2016	(0) 2019	(6) 2020	(4) 2021	(e) ZOZZ	17 10.01
	Amounts from line 6						
108	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses			•			
	acquired after June 30, 1975						
4	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income, Do not include gain						
	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		£	formale and COLD too.		F01(a)(2) arganiza	Hon
14	First 5 years, If the Form 990 is for th						
<u></u>	check this box and stop here ction C. Computation of Publi				***************************************		
				h		15	%
	Public support percentage for 2022 (I						% %
16					***************************************	16	70
	ction D. Computation of Inves						0/
17	Investment income percentage for 20					1 1	<u>%</u>
18		2021 Schedule A	, Part III, line 17			18	<u>%</u>
19	a 33 1/3% support tests - 2022. If the						1 / is not
	more than 33 1/3%, check this box a						Ц
	b 33 1/3% support tests - 2021, If the						
	line 18 is not more than 33 1/3%, che						
_20	Private foundation, If the organization						
	023 12-09-22						A (Form 990) 2022

Yes No

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of 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

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

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	3b		
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	4b		
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	4c		
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	5a		
	<u> </u>		
	5b	ļ	
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
		on who directly or indirectly controls, either alone or together with persons described on lines 11b and		j	
	•	slow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			ı
	detail i	n Part VI.	11c		
Sec	tion B	I. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			l
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			l
	directo	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			l
	organi	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			l
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2	ļ	L
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			ĺ
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ļ
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		<u> </u>
Sec	tion [D. All Type III Supporting Organizations			1
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		}	
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ļ	
		ganization maintained a close and continuous working relationship with the supported organization(s).	2	<u> </u>	-
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3	<u> </u>	I
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions)	•		
а		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.	4 41.	1	
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	istructio		T No.
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,	ļ		
		the organization was responsive to those supported organizations, and how the organization determined	2a		
		hese activities constituted substantially all of its activities.	20		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
_		activities but for the organization's involvement.	_ ZU	†	
3		nt of Supported Organizations. Answer lines 3a and 3b below.			1
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or sees of each of the supported organizations? <i>If "Yes" or "No" provide details in</i> Part VI.	За	1	
1.		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	1	—
b		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1	

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

Schedule	Α	(Form	990)	2022

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

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Employer Identification number Name of the organization 56-0929553 BURKE COUNTY UNITED WAY Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 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) filling 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).

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

Name of organization

Employer identification number

BURKE COUNTY UNITED WAY

56-0929553

Part I	ntributors (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
***	HUFFMAN CORNWELL FOUNDATION POST OFFICE BOX 1113 MORGANTON, NC 28680	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNC HEALTHCARE 2201 S STERLING ST MORGANTON, NC 28655	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DOGWOOD HEALTH TRUST 890 HENDERSONVILLE RD ASHEVILLE, NC 28803	\$ 122,613.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer Identification number

BURKE COUNTY UNITED WAY

56-0929553

(b) Description of noncash property given	(c) FMV (or estimate)	4-10
	(See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given \$ (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate) (See instructions.) \$ (c) FMV (or estimate) (See instructions.) \$ (d) FMV (or estimate) (See instructions.) \$ (e) FMV (or estimate) (See instructions.) \$ (f) FMV (or estimate) (See instructions.)

Employer identification number

BURKE	COUNTY UNITED WAY		56-0929553			
Part III	Exclusively religious, charitable, etc., contribution	through (e) and the following line enti haritable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	t			
į	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			

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SCHEDULE D

Department of the Treasury

(Form 990)

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

Internal Revenue Service Name of the organization

BURKE COUNTY UNITED WAY

Employer identification number 56-0929553

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
·····	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's		F 1 F 1
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of		
			[]
Pai			
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 🔲 Preservation o	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forr	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a	
	historic structure listed in the National Register	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea		•
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling o	[
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	ation easements during the year
		ar e ar	10/1-MAMON(3)
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(ii)?	·····	
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's illiancial state	ments that describes the
Da	organization's accounting for conservation easements. It III Organizations Maintaining Collections or	of Art Historical Treasures, or	Other Similar Assets.
ı- a	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 9		and balance sheet works
ıa	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
h	If the organization elected, as permitted under FASB ASC 9.		
D	art, historical treasures, or other similar assets held for publi		
	provide the following amounts relating to these items:	o oxination, oddadion, or rooddon in to	, moraling of paging solving,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
L	the following amounts required to be reported under FASB		O) France
2	Revenue included on Form 990, Part VIII, line 1		\$
a h	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2022

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

Schedule D (Form 990) 2022

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Part VII Investments	Other Secu	ritiae	

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1h 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) INVESTMENTS - OTHER			
(B) SECURITIES	168,250.	COST	
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)	160 250		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	168,250.		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
	(0)		
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	1E 1		
Part X Other Liabilities.	<i>f 10.)</i>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
(a) Description of liability	01110111100011101111110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value
(1) Federal income taxes			
(2) ACCRUED PAYROLL TAXES			1,242.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		1,242.
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 he	ere if the text of the footnote has been p	ovided in Part XIII 🛣
			edule D (Form 990) 2022

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Schedule D (Form 990) 2022	BURKE COUNTY UNITED WAY	56-0929553 Page 5
Part XIII Supplemental In	BURKE COUNTY UNITED WAY Iformation (continued)	

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Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

Governments, and Individuals in the United States

2022

2 Employer identification number Schedule I (Form 990) 2022 56-0929553 TO PROVIDE ASSISTANCE Inspection (h) Purpose of grant or assistance ¥ ⊠ WITH CHILDCARE 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Go to www.irs.gov/Form990 for the latest information. (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 21,500 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. BURKE COUNTY UNITED WAY Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization 315 1ST AVE NW SUITE 104 or government YMCA OF CATAWBA VALLEY Name of the organization HICKORY NC 28601 Department of the Treasury Internal Revenue Service Part II Part

Page 2 (f) Description of noncash assistance 56-0929553 (e) Method of valuation (book, FMV, appraisal, other) AGENCIES ARE MONITORED THROUGHOUT THE Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. THE ORGANIZATION REQUIRES ALL PARTICIPATING AGENCIES TO SUBMIT AN ANNUAL 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. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients BURKE COUNTY UNITED WAY AUDIT OF THEIR FINANCIAL STATEMENTS. YEAR FOR ANY CHANGES IN PROGRAMS. (a) Type of grant or assistance Schedule | (Form 990) 2022 LINE PART I, Part III

Schedule I (Form 990) 2022 .

37

232102 10-31-22

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury

internal Revenue Service Go to www.irs.gov/Form990 for the late:	st information. Inspection
Name of the organization BURKE COUNTY UNITED WAY	Employer identification number 56-0929553
FORM 990, PART I, LINE 1, DESCRIPTION OF ORG.	ANIZATION MISSION:
AND ILLITERACY IN BURKE COUNTY.	
FORM 990, PART III, LINE 1, DESCRIPTION OF O	RGANIZATION MISSION:
AND IMPORVE EMOTIONAL AND SOCIAL LEARNING FO	R CHILDREN. WE ALSO OFFER
ONE TO ONE FINANCIAL COACHING TO DIRECTLY AS	SIST CLIENTS IN ASSESSING
THEIR FINANCIAL SITUATIONS, CREATING PERSONA	LIZED FINANCIAL GOAL PLANS
AND PROVIDING ONGOING SUPPORT AND GUIDANCE.	THESE EFFORTS MAKE A
POSTIVE IMPACT BY IMPROVING DEBT TO INCOME R	ATIOS, INCREASING SAVINGS
AND BUILDING CREDIT SCORES. OUR YOUTH SUCCE	SS INITIATIVES FOSTER
SCHOOL READINESS THROUGH OUR BACKPACK PROGRA	M AND SUPPORT ACADEMIC
SUCCESS WITH READING VOLUNTEERS IN SCHOOLS F	OR READ ACCROSS AMERICA.
OUR PARTNERSHIP WITH OUR LOCAL MARINE CORP L	EAGUE ENSURES THAT CHILDREN
ENJOY CHRISTMAS GIFTS, AND OUR SPONSORED MOV	IE NIGHTS ENCROUGAGE
QUALITY FAMILY TIME.	
FORM 990, PART VI, SECTION B, LINE 11B:	
BOARD IS GIVEN COPY OF 990 RETURN BEFORE FIL	ING.

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

THE BOARD REQUIRES EACH MEMBER AS WELL AS ALL EMPLOYEES TO ADHERE TO THE CONFLICT OF INTEREST POLICY ADOPTED BY THE BOARD. DISCLOSURES ARE MADE ANNUALLY OR MORE OFTEN IN THE EVENT OF NEW EMPLOYEES OR BOARD MEMBERS.

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

ANNUAL COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Name of the organization BURKE COUNTY UNITED WAY	Employer identification number 56-0929553
OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF ALL REQUIRED DOCUMENTATION ARE AVAILABLE	FOR VIEWING ON THE
ORGANIZATION'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	2.

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Attach to your tax return.

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Sequence No. 179 Identifying number

BUR	KE COUNTY UNITED WA	ΔY		FORM	990 PA	AGE 10		56-0929553
Part			9 Note; If you have				V before yo	
	aximum amount (see instructions)		,		· · · · · · · · · · · · · · · · · · ·		4	1,080,000.
	otal cost of section 179 property place							
	nreshold cost of section 179 property						1	2,700,000.
	eduction in limitation. Subtract line 3 t						1 1	
	alar limitation for tax year. Subtract line 4 from line							
6	(a) Description of pro			ost (business u		(c) Elected c		
0	, , , , , , , , , , , , , , , , , , ,			•	.,			
7 13	ated average. Fatouthe amount from	line 20			7, 1			
	sted property. Enter the amount from otal elected cost of section 179 prope		in column (a) line				8	
	• •	•						
	entative deduction. Enter the smaller							
	arryover of disallowed deduction from						1 1	
	usiness income limitation. Enter the s		•	•				
	ection 179 expense deduction. Add II					*****************	12	
	arryover of disallowed deduction to 2 Don't use Part II or Part III below for			***********	, 13			
Par				A include lie	lad proport	1		
	pecial depreciation allowance for qua	, , ,						
	ne tax year							
	roperty subject to section 168(f)(1) ele						امدا	177.
	ther depreciation (including ACRS)		One instance		4		16	1//•
Pai	t III MACRS Depreciation (Don't	include listed pro						
			Section				4-1	
	IACRS deductions for assets placed i					· · · · · · · · · · · · · · · · · · ·	<u>17 </u>	
18 if	you are electing to group any assets placed in ser						J Hon Custs	
	Section B - Assets		(c) Basis for depre	olotion		erai Deprecia	tion Syste	<u> </u>
	(a) Classification of property	(b) Month and year placed in service	(business/investme only - see instruc	ent use	(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							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L.	
		/			27.5 yrs.	MM	S/L	
h	Residential rental property	7			27.5 yrs.	MM	S/L	
		/			39 yrs.	MM	S/L.	
i	Nonresidential real property	/				MM	S/L.	
•	Section C - Assets I	Placed in Service	During 2022 Tax	Year Using	the Alterr	native Depre	lation Sys	tem
20a	Class life				1		S/L	
b	12-year				12 yrs.		S/L	
C	30-year	,			30 yrs.	MM	S/L.	
d	40-year	7			40 yrs.	MM	S/L	
	t IV Summary (See instructions.)				,			
	Isted property. Enter amount from lin	e 28					21	
	isted property. Enter amount from in- otal. Add amounts from line 12, lines		nee 19 and 20 in A	nlumn /al e	nd line 21	****************		
	inter here and on the appropriate lines	-				r.	22	177.
	for assets shown above and placed in	•			000 11131			
	or assets shown above and placed it portion of the basis attributable to sec	-			23			
<u> </u>	CITION OF THE DASIS ATTIDUTADES TO SEC	1011 20017 00313	***********					

For	m 4562			KE COUN									20-	0949	<u> </u>	age z
Pa	art V	Listed Proper entertainment,	ty (include a	utomobiles, ce or amusement.	rtain oth)	er vehic	les, cert	ain aircra	aft, an	d property	used for	•				
		Note: For any	vehicle for w	hich vou are us	sina the	standar	d mileag	e rate ci	dedu	cting leas	e expens	e, com	plete <mark>on</mark> l	y 24a,		
		24b, columns		c) of Section A, on and Other I							nite for n	accena	er auton	ohiles 1		
	. Do you							es lie	1						Yes	No
<u> 24a</u>	DO YOU				IA USE CA		1 15	e) (e)	.i NO	(f)	es," is the evide (g)			h)	」 <u>tes [] ivo</u> (i)	
	Type			Business/	(d) Cost er		Basis for deprec			Recovery	Meth			ciation	Elected	
	(list ve	ehicles first)	placed in service	investment use percentag	0.63	her basis	(bus	iness/inves use only)		period	Conve	ntion	dedu	ction	section co	
25	Specia	depreciation all	1	I		placed	in servic	e durina	the ta	ax vear an	d	T				
		ore than 50% in										25	 -			
 26		ty used more that														
				9												
			1 :	 	6											
			i i	9,												
27	Proper	ty used 50% or I		ified business	use:		············				•		•			
				1	6						S/L·					
				9	%				S/L·							
			: :	9	6						S/L.·				j	
28	Add an	nounts in columi		through 27. E	nter here	and on	line 21,	page 1				28				
		nounts in columi		=										29		
				S	ection E	3 - Infor	mation	on Use	of Vel	nicles						
Coi	mplete t	his section for v	ehicles used	by a sole prop	rietor, p	artner, o	r other '	more the	an 5%	owner,"	or related	persor	ı. İf you ı	orovided	vehicles	3
		ployees, first ans														
•	,	,	•			•		·								
					(4	a)	(1	b)		(c)	(0)	(4	e)	(f)	
30	Total bu	ısiness/investmeni	miles driven o	luring the		nicle	1	nicle	١	/ehicle	Veh	cle	Veh	nicle	Vehicle	
		n't include comm														
31	-	ommuting miles														
		ther personal (n														
33		niles driven durin														
	Add lin	nes 30 through 3	2													
34		ne vehicle availal			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during	off-duty hours?	1+1++11++1+++++													
35	Was th	ne vehicle used p	orimarily by a	more												
	than 5	% owner or relat	ted person?		ļ								<u> </u>	ļ		
36	ls anot	ther vehicle avail	able for pers	onal	1								1			
	use?	• • • • • • • • • • • • • • • • • • • •	***************************************			<u> </u>	<u> </u>				ļ					
			Section C	: - Questions t		-										
An	swer the	ese questions to	determine if	you meet an e	xception	n to com	pleting	Section I	B for \	vehicles us	sed by en	nployee	s who a	ren't		
		5% owners or re														1
37	Do you	u maintain a writ	ten policy sta	itement that pi	ohibits a	all perso	nal use	of vehicle	es, inc	cluding co	mmuting,	by you	ir		Yes	No
	emplo	yees?												•••••		
38		u maintain a writi		•												
		yees? See the in													}	
		u treat all use of										•••••			٠	1
40		u provide more t														
		e of the vehicles														
41		u meet the requi										•••••			·	
		If your answer to	37, 38, 39,	40, or 41 is "Ye	es," don	't compl	ete Seci	tion B fo	the c	covered ve	hicles.					
P	'art VI	Amortization		1	/6\	1	(0)			(A)		101	I		(f)	
		(a) Description		Date	(b) amortization		(c) Amortiza amoun	ble	(d) Code			(e) Amortization			Amortization for this year	
		141	la = 4 la a - 1		begins	<u> </u>	amoun	16	I	section		period or pe	rcentage		л ино уеаг	
<u>42</u>	Amort	ization of costs t	nat begins d	uring your 202		ar:					-		····			
_					_ii_				-							
	. A •	l1		-(040)/5: ::: 000	1 1	<u> </u>							43			
43	Amort	ization of costs t	nat began b	erore your 202	∠ tax yea	ar							70			

Form 4562 (2022)

2022.04020 BURKE COUNTY UNITED WAY