

Prager Metis CPAs, PLLC  
32 Orange Street  
Asheville, NC 28801

Henderson County United Way, Inc.  
PO Box 487  
Hendersonville, NC 28793-0487



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CLIENT'S COPY



May 4, 2026

Henderson County United Way, Inc.  
PO Box 487  
Hendersonville, NC 28793-0487

Dear Kat

Enclosed is the organization's 2024 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before May 15, 2026.

Mail to:  
Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Christopher M. Forrest



**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

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

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

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>Henderson County United Way, Inc.</b>	Taxpayer identification number (TIN) <b>56-0890133</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO Box 487</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Hendersonville, NC 28793-0487</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **Robin Morgan**  
**722 5th Avenue West - Hendersonville, NC 28739**

Telephone No. **828-692-1636** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **May 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_\_ or  
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

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

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

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

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2024

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Henderson County United Way, Inc.</b>		<b>D</b> Employer identification number <b>56-0890133</b>
	Doing business as <b>United Way of Henderson County</b>		<b>E</b> Telephone number <b>828-692-1636</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>3,407,739.</b>
	PO Box <b>487</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>Hendersonville, NC 28793-0487</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>Katherine Carlton same as C above</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>liveunitedhc.org</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1953</b>
			<b>M</b> State of legal domicile: <b>NC</b>

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Improve the lives of Henderson County residents.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>8</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2377</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,352,359.</b>	<b>3,378,651.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>58,319.</b>	<b>29,088.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,410,678.</b>	<b>3,407,739.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>559,514.</b>	<b>1,092,382.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>604,537.</b>	<b>667,705.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>122,260.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>305,642.</b>	<b>1,093,798.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,469,693.</b>	<b>2,853,885.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-59,015.</b>	<b>553,854.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,623,517.</b>	<b>2,938,700.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>507,509.</b>	<b>1,219,287.</b>
		<b>1,116,008.</b>	<b>1,719,413.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>Katherine Carlton, Executive Director</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>Christopher M. Forrest</b>		<b>05/04/26</b>		<b>P01329692</b>
	Firm's name	Firm's EIN		Phone no.	
	<b>Prager Metis CPAs, PLLC</b>	<b>06-1667465</b>		<b>(828) 281-3161</b>	
	Firm's address				
	<b>32 Orange Street Asheville, NC 28801</b>				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To organize and mobilize community resources to improve lives of Henderson County residents.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,627,196. including grants of \$ 1,092,382. ) (Revenue \$ 0. ) United Way of Henderson County (UWHC) has served our community since 1953 and is committed to serving our Henderson County neighbors for decades to come.

On September 27th, 2024, Tropical Storm Helene caused devastating damage throughout our community. Building upon decades of partnerships, trust, and experience mobilizing resources, UWHC stepped up to serve at an elevated capacity to help our community.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,627,196.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 18; 1b Enter the number of voting members included on line 1a... 18; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Robin Morgan - 828-692-1636
722 5th Avenue West, Hendersonville, NC 28739

**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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Carlton, Katherine Executive Director	38.00			X			86,824.	0.	12,940.	
(2) Tracz, Michelle Treasurer	2.00	X		X			3,050.	0.	0.	
(3) Bartley, Kyle Stratigic Planning C	2.00	X					0.	0.	0.	
(4) Bollo-Higgins, Angela Agency Rep - Non voting	1.00	X					0.	0.	0.	
(5) Brown, Tae Board Member	1.00	X					0.	0.	0.	
(6) Bunch, Kristen Board Member	1.00	X					0.	0.	0.	
(7) Canning, Joe Board Member	1.00	X					0.	0.	0.	
(8) Carpenter, Pauline Board Member	1.00	X					0.	0.	0.	
(9) Darity, Samanda Board Member	1.00	X					0.	0.	0.	
(10) Garrett, Mark Board Member	1.00	X					0.	0.	0.	
(11) Gould, Debi Community Invest Chair	1.00	X					0.	0.	0.	
(12) Hobbs, Lowry Board Member	1.00	X					0.	0.	0.	
(13) Holloway, Lew Past Chair	1.00	X					0.	0.	0.	
(14) Holt, Amy Lynn Vice Chair 2025	2.00	X					0.	0.	0.	
(15) Jentzen, Marilyn Board Member	1.00	X					0.	0.	0.	
(16) Knapp, Beverly Board Member	1.00	X					0.	0.	0.	
(17) Murrill, Tom Board Member	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Nudd, Brandon Board Member	1.00	X						0.	0.	0.
(19) Pena, Angie - Agency Rep-non vo Board Member	1.00	X						0.	0.	0.
(20) Reynolds, Michelle Secretary	2.00	X						0.	0.	0.
(21) Rushing, Trina Chair 2024	2.00	X						0.	0.	0.
(22) Tirrell, Sharon Board Member	1.00	X						0.	0.	0.
(23) Todd, Christopher Board Member	1.00	X						0.	0.	0.
(24) Todd, Kevin Chair 2025	1.00	X						0.	0.	0.
(25) Vaness, Cory Board Member	1.00	X						0.	0.	0.
(26) Wilkerson, Brenda Board Member	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								89,874.	0.	12,940.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								89,874.	0.	12,940.

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	87,000.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,291,651.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		3,378,651.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		4,503.		4,503.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	24,585.		
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	0.			
<b>c</b>	Gain or (loss)	<b>7c</b>	24,585.				
<b>d</b>	Net gain or (loss)		24,585.		24,585.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
<b>b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		3,407,739.	0.	0.	29,088.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,092,382.	1,092,382.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	86,824.	73,801.	5,209.	7,814.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	445,527.	380,771.	24,293.	40,463.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	96,546.	68,548.	10,620.	17,378.
<b>10</b> Payroll taxes .....	38,808.	27,554.	4,269.	6,985.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	21,192.	7,417.	13,775.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	6,825.	2,389.	4,436.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,977.	9,214.	1,427.	2,336.
<b>12</b> Advertising and promotion .....	7,539.	7,344.		195.
<b>13</b> Office expenses .....	5,170.	3,768.	773.	629.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	38,846.	21,997.	11,272.	5,577.
<b>17</b> Travel .....	756.	537.	83.	136.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	10,542.	10,101.	167.	274.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	20,513.	14,564.	2,257.	3,692.
<b>23</b> Insurance .....	17,170.	12,191.	1,888.	3,091.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>Programming &amp; supplies</b>	892,088.	861,232.	277.	30,579.
<b>b</b> <b>Dues and subscriptions</b>	19,569.	19,081.	185.	303.
<b>c</b> <b>Miscellaneous</b>	17,098.		17,098.	
<b>d</b> <b>Board/staff development</b>	12,548.	9,846.	1,024.	1,678.
<b>e</b> All other expenses _____	10,965.	4,459.	5,376.	1,130.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	2,853,885.	2,627,196.	104,429.	122,260.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	19,808.	<b>1</b>	710,284.
	<b>2</b> Savings and temporary cash investments .....	416,256.	<b>2</b>	648,171.
	<b>3</b> Pledges and grants receivable, net .....	324,938.	<b>3</b>	639,545.
	<b>4</b> Accounts receivable, net .....	96,432.	<b>4</b>	116,072.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	8,612.	<b>9</b>	7,591.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 509,915.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 335,274.	160,108.	<b>10c</b> 174,641.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	597,363.	<b>15</b>	642,396.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,623,517.	<b>16</b>	2,938,700.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	30,722.	<b>17</b>	34,814.
	<b>18</b> Grants payable .....	458,155.	<b>18</b>	1,171,345.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	18,632.	<b>25</b>	13,128.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	507,509.	<b>26</b>	1,219,287.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,060,270.	<b>27</b>	1,357,433.
	<b>28</b> Net assets with donor restrictions .....	55,738.	<b>28</b>	361,980.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,116,008.	<b>32</b>	1,719,413.
<b>33</b> Total liabilities and net assets/fund balances .....	1,623,517.	<b>33</b>	2,938,700.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,407,739.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,853,885.
3	Revenue less expenses. Subtract line 2 from line 1	3	553,854.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,116,008.
5	Net unrealized gains (losses) on investments	5	49,620.
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	-69.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,719,413.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2024)

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2024**

Open to Public Inspection

<b>Name of the organization</b> Henderson County United Way, Inc.	<b>Employer identification number</b> 56-0890133
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1846433.	1498468.	1267254.	1352359.	3378651.	9343165.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1846433.	1498468.	1267254.	1352359.	3378651.	9343165.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						9343165.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	1846433.	1498468.	1267254.	1352359.	3378651.	9343165.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	35,017.	27,859.	4,573.	5,403.	4,503.	77,355.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		7,920.				7,920.
<b>11 Total support.</b> Add lines 7 through 10						9428440.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.10	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	98.59	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

Henderson County United Way, Inc.

Employer identification number

56-0890133

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>Henderson County United Way, Inc.</b>	Employer identification number  <b>56-0890133</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>323,403.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>301,342.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>164,184.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>87,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>71,998.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Henderson County United Way, Inc.</b>	Employer identification number  <b>56-0890133</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 138,376.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 426,296.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 96,681.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Henderson County United Way, Inc.</b>	Employer identification number  <b>56-0890133</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>Henderson County United Way, Inc.</b>	Employer identification number  <b>56-0890133</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Henderson County United Way, Inc.

Employer identification number

56-0890133

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition **d**  Loan or exchange program
- b**  Scholarly research **e**  Other \_\_\_\_\_
- c**  Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_%
- b** Permanent endowment \_\_\_\_\_%
- c** Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations? .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations? .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....		334,337.	231,200.	103,137.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		175,578.	104,074.	71,504.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				174,641.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) <b>Assets held by others</b>	<b>564,492.</b>
(2) <b>Life insurance cash surrender value</b>	<b>64,776.</b>
(3) <b>Operating lease right of use assets</b>	<b>13,128.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>642,396.</b>

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Operating lease liability</b>	<b>13,128.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>13,128.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,873,591.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	49,620.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	503,247.	
e	Add lines 2a through 2d	2e		552,867.
3	Subtract line 2e from line 1		3	3,320,724.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	87,015.	
c	Add lines 4a and 4b	4c		87,015.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,407,739.

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

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

1	Total expenses and losses per audited financial statements		1	3,270,186.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	503,316.	
e	Add lines 2a through 2d	2e		503,316.
3	Subtract line 2e from line 1		3	2,766,870.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	87,015.	
c	Add lines 4a and 4b	4c		87,015.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,853,885.

**Part XIII Supplemental Information**

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

**Part X, Line 2:**

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 740, Accounting for Uncertainty in Income Taxes, clarified the accounting for the recognition and measurement of uncertainties in income taxes recognized in an entity's financial statements and prescribes a threshold of more likely-than-not for recognition of tax positions taken or expected to be taken in a tax return. The United Way's policy is to evaluate the likelihood that its uncertain tax positions will prevail upon examination based on the extent to which those positions have substantial support within the Internal Revenue Code and Regulations, Revenue Rulings, court decisions and other evidence.

**Part XI, Line 2d - Other Adjustments:**

In kind contributions 503,247.

**Part XI, Line 4b - Other Adjustments:**

Designated donations 87,015.

**Part XII, Line 2d - Other Adjustments:**

Gift in kind expense 503,316.

**Part XII, Line 4b - Other Adjustments:**

Designated donations 87,015.



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **Henderson County United Way, Inc.** Employer identification number **56-0890133**

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2-1-1 UWNC 211 Program 1130 Kildaire Farm Road Cary, NC 27511	56-0564547		9,302.	0.		Service grant	General support
Appalachian Sustainable Agriculture Project - 306 West Haywood St, Ste 200 - Asheville, NC 28801	06-1642769		15,000.	0.		Allocations and Helene support	General support
Aspire Youth & Family Inc 123 Action Circle Ste B Asheville, NC 28806	30-0466165		13,000.	0.		Allocations and Helene support	General support
Back on Track Addiction Ministry 1900 Spartanburg Hwy Hendersonville, NC 28793	85-0811305		10,385.	0.		Food pantry grant	General support
Big Brothers Big Sisters of WNC 50 S French Broad Ave #213 Asheville, NC 28801	58-1505917		20,894.	0.		Allocations, designations and Helene support	General support
Boys & Girls Club of Henderson Co PO Box 1460 Hendersonville, NC 28793	56-1803125		54,207.	0.		Allocations, designations and Helene support	General support

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

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

Schedule I (Form 990) (Rev. 12-2024)

See Part IV for Column (g) descriptions

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Caja Solidaria 316 Chadwick Ave Hendersonville, NC 28792	87-3887309		11,190.	0.		Food pantry grant	General support
Calvary Episcopal Church Food Pantry - PO Box 187 - Fletcher, NC 28732	61-1657546		24,601.	0.		Allocations, food pantry grant, designations	General support
Children & Family Resource Center 851 Case Street Hendersonville, NC 28792	56-2113878		41,446.	0.		Allocations, designations and Helene support	General support
Council on Aging - Meals on Wheels 105 King Creek Boulevard Hendersonville, NC 28792	56-0936674		17,200.	0.		Allocations and Helene support	General support
Crossnore 1410 Greenville Hwy Hendersonville, NC 28792	56-0567980		15,750.	0.		Allocations, designations and Helene support	General support
Education Foundation of Henderson County - PO Box 1267 - Hendersonville, NC 28793	58-1734733		7,117.	0.		Designations	General support
El Centro 508 N Grove Street Hendersonville, NC 28792	56-2267574		10,000.	0.		Food pantry grant	General support
First Baptist Church Hendersonville - Love's Kitchen Food Pantry - 312 5th Ave West - Hendersonville, NC 28739	56-0559096		10,385.	0.		Food pantry grant	General support
First Baptist Church of East Flat Rock Food Pantry - PO Box 305 - Hendersonville, NC 28726	56-6099950		10,385.	0.		Food pantry grant	General support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Habitat for Humanity 1111 Keith Street Hendersonville, NC 28792	56-1642263		17,897.	0.		Allocations, designations and Helene support	General support
Henderson County Rescue Squad 2529 Asheville Hwy Hendersonville, NC 28791	23-7011493		43,000.	0.		Allocations, resiliency grant and Helene support	General support
Hola Carolina 801 4th Avenue East Hendersonville, NC 28792	82-2943079		11,190.	0.		Food pantry grant	General support
Hope Coalition 301 N Justice Street Hendersonville, NC 28739	86-1730600		13,005.	0.		Allocations, designations and Helene support	General support
Hope UMC - Welcome Table 2443 Spartanburg Hwy East Flat Rock, NC 28726	56-1639560		10,385.	0.		Food pantry grant	General support
Housing Assistance PO Box 2057 Hendersonville, NC 28793	58-1831757		227,500.	0.		Allocations, Helene support, urgent needs	General support
Interfaith Assistance Ministry PO Box 2562 Hendersonville, NC 28793	58-1556963		55,472.	0.		Helene support, emergency fund grant	General support
Literacy Connection aka Blue Ridge PO Box 1728 Hendersonville, NC 28793	56-1691110		44,050.	0.		Allocations, designations and Helene support	General support
Manna Food Bank 99 Broadpointe Drive Mills River, NC 28759	58-1514800		35,360.	0.		Allocations, designations and Helene support	General support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Medical Loan Closet 1225 7th Avenue E Hendersonville, NC 28792	26-2933780		14,601.	0.		Allocations, designations and Helene support	General support
Mountain Care PO Box 5956 Asheville, NC 28813	56-2005198		16,293.	0.		Allocations, designations and Helene support	General support
Only Hope WNC PO Box 394 Hendersonville, NC 28739	45-3751833		10,385.	0.		Food pantry grant	General support
On Track - Affordable Housing Srvc 50 South French Boulevard #227 Asheville, NC 28801	56-1056077		13,474.	0.		Allocations, designations and Helene support	General support
Pan De Vida PO Box 451 Horse Shoe, NC 28742	85-4202565		11,190.	0.		Food pantry grant	General support
Pisgah Legal Services PO Box 2276 Asheville, NC 28802	56-1191115		41,024.	0.		Allocations, designations and Helene support	General support
Safelight 317 N Washington Street Hendersonville, NC 28739	56-1469847		43,820.	0.		Allocations, designations and Helene support	General support
Salvation Army 239 Third Avenue East Hendersonville, NC 28792	58-0660607		10,385.	0.		Food pantry grant	General support
Sixth Avenue Psychiatric Rehab 121 3rd Avenue West, Ste 1 Hendersonville, NC 28792	20-5599815		32,021.	0.		Allocations, designations and Helene support	General support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Smart Start Partnership for Children - 525 N Justice St - Hendersonville, NC 28739	56-2092325		23,628.	0.		Allocations, designations and Helene support	General support
St Gerard Center for Autism 727 Oakland Street Hendersonville, NC 28791	45-0948760		15,500.	0.		Allocations and Helene support	General support
St. Paul's Episcopal Church Community Food Pantry - PO Box 170 - Edneyville, NC 28727	56-2229747		10,385.	0.		Food pantry grant	General support
The Free Clinics 841 Case Street Hendersonville, NC 28792	56-2212024		27,765.	0.		Allocations, designations and Helene support	General support
The Mediation Center 50 S French Broad Avenue, Ste 258 Asheville, NC 28801	56-1424025		13,000.	0.		Allocations and Helene support	General support
The Storehouse PO Box 6146 Hendersonville, NC 28793	01-0787966		11,190.	0.		Food pantry grant	General support
True Ridge 204 6th Avenue West Hendersonville, NC 28739	82-1094679		10,000.	0.		Community services support grant, Helene support	General support
Vocational Solutions of Henderson C 2110 Spartanburg Highway East Flat Rock, NC 28726	56-0897854		10,000.	0.		Designations	General support
WNC Source PO Box 685 Hendersonville, NC 28793	56-0846319		19,000.	0.		Allocations and Helene support	General support

Schedule I (Form 990)



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

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

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

**Part I, Line 2:**

Henderson County United Way (HCUW) monitors grants and assistance provided via an allocations process. A HCUW panel reviews grant applications and determines the agency and/or programs to be funded. Once approved for allocated funding, the agency and/or program reports throughout the end of the payout year and a valuation of the agency and/or program and its outcomes are reviewed by the allocation panels at the end of the cycle.

**Part II, line 1, Column (g):**

Name of Organization or Government: Calvary Episcopal Church Food Pantry

(g) Description of Non-cash Assistance: Allocations, food pantry grant, designations and Helene support

Name of Organization or Government: Housing Assistance

(g) Description of Non-cash Assistance: Allocations, Helene support, urgent needs housing grant

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Henderson County United Way, Inc.

Employer identification number

56-0890133

Form 990, Part III, Line 4a, Program Service Accomplishments:  
creating the framework for our county's nonprofit response and  
recovery.

Our rapid and impactful response in the aftermath of Helene demonstrates our steadfast ability to build upon seventy years of partnerships and service to meet our communities' greatest needs. As you will read below, these monumental accomplishments occurred in tandem with the growing impact that we continue to create through our signature programming.

Our strategic direction is guided by our 2023-28 Strategic Plan. The plan focuses on 4 bold goals relating to community impact, resource development, community engagement and education, and organizational capacity, while ensuring that we build capacity and embed equity throughout our organization.

UWHC maintains rigorous standards of financial stewardship and public accountability. We undergo an annual independent audit conducted in accordance with generally accepted auditing standards. UWHC holds a Four-Star rating from Charity Navigator and a Platinum Transparency designation from Candid. Governed by a committed volunteer Board of Directors, UWHC ensures that all community investment funding decisions are made by panels of community volunteers who evaluate programs and outcomes. This community-driven approach ensures transparency, accountability, and alignment with local priorities.

UWHC works hard to leverage broad community support (financial, in-kind, volunteer) to ensure that our community receives the maximum benefit. We are proud that UWHC puts over a dollar of value back into the community for every dollar raised when accounting for cash and non-cash value of in-kind and volunteer hours. Our core mission support, covering our fundraising, management and general expenses, is 7%.

UWHC's cash investment to assist the community during the 2024-25 fiscal year was more than \$2.6 million. In total, UWHC awarded more than 75 grants to local nonprofit agencies FY25 and helped to provide more than 40,000 local services to Henderson County neighbors in need. Our 2024-25 Community Investment grant funding includes support for 42 programs across 25 local nonprofits supporting the health, education, financial stability and basic needs of Henderson County neighbors. We also provided pivotal funding for 13 local food pantries to increase access to healthy, nutritionally dense foods for families in need and awarded 30 local Helene Response and Recovery Grants to support our community as we continue to recover from Helene.

Our ability to organize and mobilize local volunteers and leverage gift-in-kind donations provided over 10,000 volunteer hours for a non-cash value of over \$470,000 in local support. In October 2024 alone, we connected more than 1,500 volunteers to serve 6,600 hours to support Helene response and recovery. Our Annual Days of Caring

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	Employer identification number
Henderson County United Way, Inc.	56-0890133

initiative mobilized 280 volunteers who contributed 1,293 hours in May 2025. Collectively, we completed 26 projects at 22 organizations in addition to providing essential support for the National Letter Carriers' Stamp Out Hunger Food Drive that collected over 39,000 pounds of nonperishable food from residents to support local food pantries. Throughout the year, our Women United affinity group and local corporate partners held donation drives providing additional gift-in-kind support.

Bikes 4 Kids (B4K) is an annual fundraiser that provides bicycles and helmets to local families in need during the holiday season. In partnership with The Tempo Project and local bike club Tempo Cyclisme, B4K partners with local businesses, athletes, and volunteers to raise funds to purchase bikes and helmets for children in our community. During the 2024 holiday season, we donated more than 200 bikes and helmets to local children through The Storehouse's Blessings in Boxes program.

In addition to the impactful funding and volunteer support we provide, we also run five internal programs that are making a big impact in Henderson County. Our signature programs are Born Learning Trails, Girls EMpowered, Rising Leaders, EveryDay Strong, and our newest program, the Disaster Recovery Partnership.

Our Born Learning Trails are a series of 10 interactive, bilingual signs that offer fun, active learning for children and their families as they walk along the trail. We host two trails in Henderson County, located at Mills River Park and on the Oklawaha Greenway. These educational trails promote learning in a fun and interactive way while boosting language, reading, problem-solving, and critical thinking skills.

Girls EMpowered (GEM), is a weekly after school program designed to increase self-esteem and school success for girls. GEM helps ensure that every girl in our Henderson County Public School system has the opportunity to thrive as they reach for their goals. The program is offered to both 5th graders and 8th graders, as these are pivotal years where students prepare to transition from elementary to middle school, and then from middle to high school. GEM has empowered more than 400 girls since 2017 and continues to grow each year.

Rising Leaders is a UWHC Program designed to develop the next generation of community leaders and board members for Henderson County non-profit organizations. In 2024-25, 16 Rising Leaders completed the 14th year of our Rising Leaders program. These graduates join more than 300 UWHC Rising Leaders graduates who are now ready and able to serve on local boards.

EveryDay Strong focuses on training trusted adults, peers, and professionals in evidence-based mental and behavioral health practices to support youth. In 2024, UWHC held its first community class in WNC, attended by 40 nonprofit staff from 15 organizations, with sessions offered in English and Spanish. In 2025, trained presenters shared EveryDay Strong through more than 12 presentations including to WNC Big Brothers Big Sisters mentors, YMCA of WNC employees, and leadership at the Henderson County Education Foundation.

Name of the organization Henderson County United Way, Inc.	Employer identification number 56-0890133
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Another way UWHC strengthens the safety net woven through our community is by ensuring people know how to access resources through nc211.org or by calling 2-1-1. NC 211 is an information and referral service provided by United Way of North Carolina and powered by local United Ways like UWHC. We are proud to partner with this essential service to help connect residents in need to local resources.

UWHC plays a central role in strengthening and rebuilding Henderson County, from immediate disaster response to long-term recovery. Built on a strong foundation of collaboration, communication, and trust among nonprofit partners, UWHC leads coordinated community efforts during times of crisis. Following Hurricane Helene, UWHC served as the nonprofit leader and convener for disaster response and recovery across Henderson County. In partnership with Henderson County Government, FEMA, the American Red Cross, and more than 70 local and regional organizations, UWHC mobilized critical funding, volunteers, and essential supplies. UWHC also maintained a continuous presence at the County's Disaster Recovery Center from opening to closure, ensuring residents were connected to vital nonprofit resources.

UWHC's proven track record of community engagement, accountability, and trusted leadership led the Henderson County Long-Term Recovery Steering Committee to select UWHC as the lead agency and fiscal sponsor of the newly established Disaster Recovery Partnership (DRP).

The DRP is dedicated to uniting and empowering Henderson County communities in the face of disaster. Its mission is to promote effective information sharing, streamline access to essential resources for individuals and families, and collaboratively address unmet recovery needs. The partnership envisions a resilient, connected community that is prepared to overcome adversity and respond to future challenges with confidence and solidarity.

Through this initiative, UWHC continues to fulfill its mission of organizing and mobilizing community resources by leveraging local, regional, and national networks to meet the ongoing recovery needs stemming from Helene.

**Form 990, Part III, Line 4a, Description of Program Service:**

Solutions are complicated. It takes all of us, working together, to make lasting and sustainable improvements. Our core infrastructure and stability have proven to be essential for our community nonprofit partners while also enabling us to collate and share accurate, up to date information for our neighbors in need. We provide leadership and support across multiple community coalitions, including the Early Childhood Taskforce, Emergency Food and Shelter Program, Partnership for Health, Henderson County ACEWs, Resilience & Trauma Collaborative (HART), and Nonprofit CEO and Staff Forums.

We are grateful for the nonprofit organizations, individuals, and businesses whose collective support makes our work possible. Loyal support from our Tocqueville, Ochlawaha, and residential donors help us make our community a better and brighter place for all. Women United, a leadership affinity group, connects and engages women who want to make a significant impact in our community. These dynamic, passionate,

Name of the organization Henderson County United Way, Inc.	Employer identification number 56-0890133
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and community-minded women provide essential funding and volunteer support and were the driving force behind the creation of Girls EMpowered.

Our corporate partners provide essential funding through workplace giving, corporate gifts, sponsorships, and creative give-back opportunities. Small businesses play a critical role by contributing to Henderson County's growing economy, providing necessary services, and developing community connections. Our Small Business League connects philanthropically minded business owners with a way to make a big local impact.

UWHC is in the final year of Henderson County 2025 (HC2025), a ten-year plan created by, for, and with our community. The HC2025 Impact Goals are to: (1) increase kindergarten readiness and support school success for underserved children; (2) improve economic self-sufficiency and increase access to affordable housing; (3) improve physical activity and nutrition among residents and encourage healthy youth behaviors; and (4) provide basic needs and crisis services for neighbors in need. Through strategic investments and cross-sector collaboration, we are advancing solutions that lead to lasting change. In 2026, we are engaging residents and partners in developing HC30 Community Impact Strategies through inclusive listening sessions and a community survey. This process will identify emerging needs, address service gaps, and co-create a forward-looking plan rooted in community voice and shared vision.

Form 990, Part VI, Section B, line 11b:

The return was prepared by an independent accountant with assistance and oversight from management. A copy of the Form 990 was provided to the entire Board prior to the filing date. The return was presented at the Board meeting by the auditing firm and the independent accountant. After Board review the 990 was filed.

Form 990, Part VI, Section B, Line 12c:

A new conflict of interest document is presented to each board member at the beginning of each board year. It is signed and submitted by each member.

Form 990, Part VI, Section B, Line 15a:

The Organization follows the process described in Regulation Sec 53.4958(6)(c) for establishing the rebuttable presumption of reasonableness in the determination of the executive director's compensation.

Form 990, Part VI, Section C, Line 19:

Governing documents, conflict of interest policy, and financial statements are available upon request at the administrative office. The Form 990 is posted on our website, Guidestar and available upon request.

Part VII, Section A

Michelle Tracz shows compensation of \$3,050. The organization wants readers to know that this was pay for software setup and not for being a board member.



2024 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	Signs at KC Facility	05/01/13	SL	10.00		16	2,134.				2,134.	2,134.		0.	2,134.
2	Dell Precision 7750 Laptop	12/01/20	SL	5.00		16	2,725.				2,725.	1,953.		545.	2,498.
3	Desk	07/31/91	SL	10.00		16	1,600.				1,600.	1,600.		0.	1,600.
4	Credenzas	07/31/91	SL	10.00		16	2,700.				2,700.	2,700.		0.	2,700.
10	Meeting Room Chairs	05/29/13	SL	5.00		16	4,713.				4,713.	4,713.		0.	4,713.
11	Finance Office Desk	05/17/13	SL	5.00		16	1,769.				1,769.	1,769.		0.	1,769.
13	Telephones in KC Office	05/06/13	SL	5.00		16	883.				883.	883.		0.	883.
15	HVAC Downstairs Unit	07/06/22	SL	10.00		16	16,572.				16,572.	3,314.		1,657.	4,971.
16	6 Fliptop Tables KC Meeting Space	04/30/13	SL	5.00		16	2,100.				2,100.	2,100.		0.	2,100.
18	Andar Campaign	07/01/05	SL	5.00		16	14,824.				14,824.	14,824.		0.	14,824.
22	Somerset 72W L Shaped Desk	02/27/23	SL	5.00		16	1,598.				1,598.	427.		320.	747.
23	5 Dell Optiplex 3280 All in One	02/28/23	SL	5.00		16	5,026.				5,026.	1,340.		1,005.	2,345.
24	Dell PWS	04/11/08	SL	3.00		16	2,242.				2,242.	2,242.		0.	2,242.
25	Advanced Computer	06/16/09	SL	5.00		16	1,779.				1,779.	1,779.		0.	1,779.
26	Computer	04/01/10	SL	5.00		16	1,120.				1,120.	1,120.		0.	1,120.
27	Dell Computer	11/01/10	SL	4.00		16	1,203.				1,203.	1,203.		0.	1,203.
28	Lattitude Laptop	08/09/11	SL	3.00		16	1,442.				1,442.	1,442.		0.	1,442.
29	Microsoft Software	07/01/12	SL	5.00		16	8,712.				8,712.	8,712.		0.	8,712.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
30	Lobby seating 2 Chairs & Table	04/30/13	SL	5.00		16	900.				900.	900.		0.	900.
31	Drawer Lateral Files	04/30/13	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
32	Inv 2537 New HP 722 Office	03/01/16	SL	5.00		16	6,289.				6,289.	6,289.		0.	6,289.
33	MIG Module for Andar	04/25/13	SL	3.00		16	1,200.				1,200.	1,200.		0.	1,200.
34	CB Modules for Andar	04/25/13	SL	3.00		16	5,000.				5,000.	5,000.		0.	5,000.
35	MS Outlook Connector Module	04/25/13	SL	3.00		16	2,000.				2,000.	2,000.		0.	2,000.
36	Dell OptiPlex 3040 Mini Tower	06/16/16	SL	5.00		16	938.				938.	938.		0.	938.
37	Dell Latitude 15 3000 Notebook	06/28/16	SL	5.00		16	1,443.				1,443.	1,443.		0.	1,443.
38	5th Avenue Building	01/01/95	SL	39.00	MM	16	284,862.				284,862.	215,512.		7,304.	222,816.
39	Power Edge Tower Server	07/04/12	SL	5.00		16	2,273.				2,273.	2,273.		0.	2,273.
40	Dell OptiPlex Mini Tower 3020	05/02/14	SL	3.00		16	870.				870.	870.		0.	870.
42	Peaveg Escort	09/04/14	SL	10.00		16	849.				849.	835.		14.	849.
43	Dell Latitude 15 Series Notebook	07/28/14	SL	5.00		16	1,104.				1,104.	1,104.		0.	1,104.
45	Dell Latitude 15 3000 Notebook	03/28/17	SL	5.00		16	1,199.				1,199.	1,199.		0.	1,199.
46	Dell Latitude 5420	06/30/22	SL	5.00		16	1,876.				1,876.	750.		375.	1,125.
47	Dell Latitude Notebook	02/22/18	SL	3.00		16	1,066.				1,066.	1,066.		0.	1,066.
48	Dell Precision 7750 Laptop	06/25/20	SL	5.00		16	2,894.				2,894.	2,316.		578.	2,894.
49	Dell Latitude 5500 Laptop	10/17/19	SL	5.00		16	2,299.				2,299.	2,146.		153.	2,299.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
50	2 Desks	06/01/90	SL	10.00		16	1,600.				1,600.	1,600.		0.	1,600.
52	Water Heater	06/30/22	SL	10.00		16	1,157.				1,157.	232.		116.	348.
53	Window Shutter NC Home Improv	07/26/13	SL	40.00		16	6,324.				6,324.	1,726.		158.	1,884.
54	1912 Dell Computer System	10/20/15	SL	5.00		16	1,311.				1,311.	1,311.		0.	1,311.
55	Power Edge T140 Server	06/30/22	SL	5.00		16	1,807.				1,807.	722.		361.	1,083.
56	2 Sided Aluminum Sign	06/30/22	SL	10.00		16	715.				715.	144.		72.	216.
57	Lower Level Carpet	06/30/22	SL	10.00		16	5,741.				5,741.	1,148.		574.	1,722.
58	Roof Replacement	06/30/22	SL	25.00		16	11,000.				11,000.	880.		440.	1,320.
59	Lighting	06/30/22	SL	15.00		16	3,587.				3,587.	478.		239.	717.
60	Wiring	06/30/22	SL	15.00		16	2,300.				2,300.	306.		153.	459.
61	Painting	06/30/22	SL	10.00		16	11,000.				11,000.	2,200.		1,100.	3,300.
62	HVAC	06/30/22	SL	10.00		16	3,999.				3,999.	800.		400.	1,200.
70	Dell 5420 BTX Computer	07/19/22	SL	5.00		16	1,722.				1,722.	660.		344.	1,004.
71	Parking Lot Paving	02/28/23	SL	20.00		16	14,767.				14,767.	984.		738.	1,722.
72	Champion HVAC Concord Comfort	05/14/24	SL	10.00		16	12,404.				12,404.	207.		1,240.	1,447.
73	Dell Latitude 5430 Business Laptop	04/02/24	SL	5.00		16	830.				830.	42.		166.	208.
74	GEM Coordinator OptiPlex Desktop	12/13/23	SL	5.00		16	894.				894.	104.		179.	283.
75	Dell Latitude 5430 Business Laptop	12/13/23	SL	5.00		16	799.				799.	93.		160.	253.

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(D) - Asset disposed

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