

Form **990**

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

OMB No. 1545-0047

2023
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

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	C Name of organization <p align="center">UNITED WAY OF HAYWOOD COUNTY INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>PO BOX 1139</p> City or town, state or province, country, and ZIP or foreign postal code <p>WAYNESVILLE NC 28786</p>	D Employer identification number <p align="center">23-7112548</p> E Telephone number <p align="center">828-356-2832</p> G Gross receipts \$ 1,829,530
F Name and address of principal officer: <p>CELESA WILLETT 81 ELMWOOD WAY STE 140 WAYNESVILLE NC 28786</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I 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		H(c) Group exemption number
J Website: WWW.UWHAYWOOD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1955 M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE IN HAYWOOD COUNTY BY UNITING COMMUNITY VOLUNTEER FUNDING EFFORTS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	353
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	352,682	1,712,942
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,575	26,968
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	361,257	1,739,910
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	484,451	1,607,776
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	84,221	104,768
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	53,395	84,644
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	622,067	1,797,188
	16a Professional fundraising fees (Part IX, column (A), line 11e)	39,064	-260,810
	b Total fundraising expenses (Part IX, column (D), line 25)	701,520	625,288
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	892,185	836,282
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	190,665	210,994
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	701,520	625,288
	20 Total assets (Part X, line 16)	892,185	836,282
	21 Total liabilities (Part X, line 26)	190,665	210,994
22 Net assets or fund balances. Subtract line 21 from line 20		701,520	625,288

Part II Signature Block

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

Sign Here	Signature of officer CELESA WILLETT	Date 11/20/24	
	Type or print name and title EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name RUFUS W DOLLAR	Preparer's signature RUFUS W DOLLAR	Date 11/20/24
	Firm's name CARTER, P. C.	Firm's EIN 38-3828234	Check <input type="checkbox"/> if self-employed PTIN P01293995
	Firm's address 301 COLLEGE ST STE 320 ASHEVILLE, NC 28801-2449	Phone no. 828-259-9900	

May the IRS discuss this return with the preparer shown above? See instructions Yes No
 For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2023)
 DAA