



March 25, 2025

Granite United Way
22 Concord Street, Floor 4
Manchester, NH 03101
Attention: Nichole Martin Reimer

Dear Nichole:

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 Form 990

NH Annual Report for Charitable Organizations

The returns were prepared from information furnished to us. Our work in connection with the preparation of your income tax returns did not involve the verification of your data nor did it include any procedures designed to discover defalcations or other irregularities, should any exist. We rendered only such accounting and/or bookkeeping assistance as was determined necessary for the preparation of your income tax returns.

Cryptocurrency transactions were reported only to the extent that we were made aware of them by you. Virtual currency is treated as property for federal income tax purposes and transactions must be reported to the IRS. You are required to maintain records of transactions in order to support the accuracy and completeness of your income tax return.

We will not be liable for any penalties resulting from failure to provide us with accurate and timely information regarding foreign accounts and investments, or to timely file the required disclosure form. Please remember that our ability to assist you is limited to the information that you have provided us. We have prepared your tax returns based on the information you provided regarding foreign activities and investments. If you indicated you have no reportable foreign activities or investments or you have not responded to our inquiries related to foreign activities or investments, your tax returns will not contain the associated foreign disclosures.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all documents, cancelled checks, and other data that form the basis of income, deductions and credits. This information may be necessary to support the accuracy and completeness of the returns to the taxing authority.

You have the final responsibility for the income tax returns, and therefore, you should review them carefully before you sign and file them. The law provides for various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or circumstances of these penalties, please contact us.

We used our professional judgement in resolving questions where the tax law is unclear, or where there may be conflicts between taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we resolved such questions in your favor whenever possible.

70 Commercial Street, 4th Floor
Concord, NH 03301

v: 603-224-5357
f: 603-224-3792

59 Emerald Street
Keene, NH 03431

v: 603-357-7665
f: 603-224-3792

44 School Street
Lebanon, NH 03766

v: 603-448-2650
f: 603-448-2476

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event your returns are selected for examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

A handwritten signature in cursive script that reads "Melissa Biron".

Melissa Biron, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2024

Prepared For:

Granite United Way
22 Concord Street, Floor 4
Manchester, NH 03101

Prepared By:

Nathan Wechsler & Company, P.A.
70 Commercial Street, 4th Floor
Concord, NH 03301

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2025.

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to 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.

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

Type or Print	Name of exempt organization, employer, or other filer, see instructions. GRANITE UNITED WAY	Taxpayer identification number (TIN) ** - *** 6033
	Number, street, and room or suite no. If a P.O. box, see instructions. 22 CONCORD STREET, FLOOR 4	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MANCHESTER, NH 03101	

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		

• 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 **CINDY READ**
22 CONCORD ST, FLOOR 4 - MANCHESTER, NH 03101

Telephone No. **603-625-6939** 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 **25**, 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 **23**, and ending **JUN 30**, 20 **24**

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

Form header section containing organization name (GRANITE UNITED WAY), address (22 CONCORD STREET, FLOOR 4, MANCHESTER, NH 03101), principal officer (SEAN OWEN), website (WWW.GRANITEUW.ORG), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expense breakdown, and asset/liability totals.

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.

Signature block form with fields for officer signature (NICHOLE MARTIN REIMER), preparer name (MELISSA BIRON), firm name (NATHAN WECHSLER & COMPANY, P.A.), and other details.

May the IRS discuss this return with the preparer shown above? See instructions [X] 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: GRANITE UNITED WAY ENGAGES 20,000 DONORS, THOUSANDS OF VOLUNTEERS, AND HUNDREDS OF LOCAL DECISION MAKING VOLUNTEERS TO RAISE AND INVEST CRITICAL DOLLARS FOR OUR COMMUNITIES. WE ARE LEADING CHANGE AS IT RELATES TO CREATING MORE EFFICIENT AND COLLABORATIVE NOT FOR PROFITS

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,831,918. including grants of \$ 1,622,523.) (Revenue \$ 5,263,397.) GRANITE UNITED WAY UTILIZES A VOLUNTEER-DRIVEN PROCESS TO INVEST RESOURCES IN INITIATIVES AND PROGRAMS WHICH MAKE A DIFFERENCE IN 550,000 LIVES THROUGHOUT NH AND VT. BY TAPPING THE COMMUNITY'S EXPERTISE AND RESOURCES, WE EFFICIENTLY AND EFFECTIVELY REACH PEOPLE IN IMMEDIATE NEED AND SOLVE PROBLEMS FOR THE LONG TERM. WE TARGET ISSUES AT THE HEART OF A HEALTHY COMMUNITY AND OUR EFFORTS ARE FOCUSED ON THREE BROAD AREAS OF IMPACT: EDUCATION AND LIFELONG LEARNING, PHYSICAL AND MENTAL HEALTH, AND WELLNESS AND ECONOMIC STABILITY.

4b (Code:) (Expenses \$ 1,096,109. including grants of \$ 0.) (Revenue \$ 1,076,127.) GRANITE UNITED WAY MANAGES NH 2-1-1 TO PROMOTE THE HEALTH AND WELL BEING OF ALL NEW HAMPSHIRE RESIDENTS BY SUPPORTING A COMPREHENSIVE STATEWIDE INFORMATION AND REFERRAL (I&R) SYSTEM THAT REMOVES BARRIERS TO ACCESS HEALTH AND HUMAN SERVICES. THIS STATEWIDE I&R SERVICE IS ACCESSIBLE BY PHONE BY DIALING 2-1-1, ANY TIME, ANY DAY, AND THROUGH A SEARCHABLE DATABASE (WWW.211NH.ORG) ON THE WEB GUARANTEEING UNIVERSAL ACCESSIBILITY.

4c (Code:) (Expenses \$ 1,366,073. including grants of \$ 3,353.) (Revenue \$ 1,430,641.) GRANITE UNITED WAY IS THE FISCAL AGENT FOR THE CAPITAL AREA PUBLIC HEALTH NETWORK, CARROLL COUNTY COALITION FOR PUBLIC HEALTH, AND THE SOUTH CENTRAL PUBLIC HEALTH NETWORK. ALL THREE NETWORKS WORK TO PREVENT SUBSTANCE ABUSE AMONG YOUTH AND YOUNG ADULTS BY BRINGING TOGETHER INDIVIDUALS AND ORGANIZATIONS FROM A VARIETY OF SECTORS OF THE COMMUNITY TO CREATE A COMPREHENSIVE, DATA-DRIVEN, EVIDENCE-BASED ACTION PLAN TO ADDRESS THESE ISSUES. KEY STRATEGIES IMPLEMENTED BY THE COALITIONS INCLUDE BUILDING CAPACITY, DISSEMINATING INFORMATION, PROVIDING EDUCATION AND SUPPORT, OFFERING ALTERNATIVES, AND ENCOURAGING POSITIVE, HEALTHY COMMUNITY NORMS, LAWS AND POLICIES REGARDING ALCOHOL, TOBACCO AND OTHER DRUGS. RESEARCH HAS SHOWN THE EFFECTIVENESS OF COMMUNITY COALITIONS IN CREATING CHANGE AND CONTRIBUTING TO SIGNIFICANT

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,758,632. including grants of \$ 2,039,943.) (Revenue \$ 4,531,043.)

4e Total program service expenses 13,052,732.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	63
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 33		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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	
b	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.)

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NH
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
CINDY READ - 603-625-6939
22 CONCORD ST, FLOOR 4, MANCHESTER, NH 03101

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) PATRICK TUFTS PRESIDENT & CEO	40.00			X			240,836.	0.	26,143.	
(2) CINDY READ CFO	40.00			X			116,151.	0.	22,587.	
(3) SHANNON SWETT CIO	40.00					X	108,877.	0.	22,081.	
(4) KIMBERLY WELCH SVP	40.00					X	105,289.	0.	21,746.	
(5) WILLIAM SHERRY SENIOR DIRECTOR	40.00					X	104,306.	0.	22,612.	
(6) NICHOLE MARTIN CHIEF ENGAGEMENT OFFICER	40.00					X	115,405.	0.	5,932.	
(7) CHUCK LLOYD CHAIR	1.00	X		X			0.	0.	0.	
(8) TIMOTHY SOUCY DIRECTOR	1.00	X					0.	0.	0.	
(9) CHRIS EMOND DIRECTOR	1.00	X					0.	0.	0.	
(10) JOSEPH CARELLI DIRECTOR	1.00	X					0.	0.	0.	
(11) BETSEY RHYNHART DIRECTOR	1.00	X					0.	0.	0.	
(12) MITCHEL DAVIS DIRECTOR	1.00	X					0.	0.	0.	
(13) NICK TOUMPAS DIRECTOR	1.00	X					0.	0.	0.	
(14) PATRICIA DONAHUE DIRECTOR	1.00	X					0.	0.	0.	
(15) ROXANNE MAKRIS DIRECTOR	1.00	X					0.	0.	0.	
(16) RANDY PERKINS DIRECTOR	1.00	X					0.	0.	0.	
(17) MAURA PALMER DIRECTOR	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) RUSTY TALBOT DIRECTOR	1.00	X					0.	0.	0.	
(19) SALLY STAIGER DIRECTOR	1.00	X					0.	0.	0.	
(20) STEPHEN BROOKS DIRECTOR	1.00	X					0.	0.	0.	
(21) PAUL DEBASSIO DIRECTOR	1.00	X					0.	0.	0.	
(22) KYLE BARRY DIRECTOR	1.00	X					0.	0.	0.	
(23) KELLI RIGGS DIRECTOR	1.00	X					0.	0.	0.	
(24) JUSTIN SLATTERY DIRECTOR	1.00	X					0.	0.	0.	
(25) JOSEPHINE MORAN DIRECTOR	1.00	X					0.	0.	0.	
(26) CAROLYN MALONEY DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							790,864.	0.	121,101.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							790,864.	0.	121,101.	

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 6

	Yes	No
3 Did the organization list any former 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

SEE PART VII, SECTION A CONTINUATION SHEETS

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,899,868.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,299,909.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,855.				
	h Total. Add lines 1a-1f		12,199,777.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		184,546.			184,546.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	84,305.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	84,305.				
	d Net rental income or (loss)		84,305.			84,305.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	372,928.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	409,591.				
	c Gain or (loss)	7c	-36,663.				
d Net gain or (loss)		-36,663.			-36,663.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ADMINISTRATIVE FEES	Business Code	561000	101,431.	101,431.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			101,431.			
12 Total revenue. See instructions			12,533,396.	101,431.	0.	232,188.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,665,819.	3,665,819.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	422,093.	260,724.	105,595.	55,774.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,821,356.	3,317,711.	223,296.	280,349.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	145,605.	102,042.	21,229.	22,334.
9 Other employee benefits	594,797.	515,328.	33,966.	45,503.
10 Payroll taxes	321,635.	223,746.	47,710.	50,179.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	48,000.		48,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,418.	3,764.	806.	848.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,010,286.	2,008,522.	860.	904.
12 Advertising and promotion				
13 Office expenses	821,747.	802,172.	9,541.	10,034.
14 Information technology	295,291.	242,941.	25,515.	26,835.
15 Royalties				
16 Occupancy	322,702.	257,284.	31,884.	33,534.
17 Travel	75,899.	69,565.	3,087.	3,247.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	32,975.	28,088.	2,382.	2,505.
20 Interest	22,814.	18,128.	2,284.	2,402.
21 Payments to affiliates	104,311.	69,835.	16,803.	17,673.
22 Depreciation, depletion, and amortization	128,417.	102,044.	12,854.	13,519.
23 Insurance	46,251.	32,131.	6,882.	7,238.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DONOR DESIGNATIONS	1,253,631.	1,253,631.		
b PUBL., PRINT, & CAMPAIGN	149,039.	70,642.	0.	78,397.
c DUES & SUBSCRIPTIONS	8,615.	8,615.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	14,296,701.	13,052,732.	592,694.	651,275.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	421,203.	1	65,373.
	2 Savings and temporary cash investments	427,384.	2	77,166.
	3 Pledges and grants receivable, net	3,414,457.	3	3,646,179.
	4 Accounts receivable, net	82,292.	4	500.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	63,369.	9	36,638.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,107,294.		
	b Less: accumulated depreciation	10b 766,357.	10c	1,340,937.
	11 Investments - publicly traded securities	1,192,589.	11	887,222.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,106,527.	15	3,302,192.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,848,632.	16	9,356,207.	
Liabilities	17 Accounts payable and accrued expenses	814,635.	17	1,161,388.
	18 Grants payable	683,509.	18	979,315.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	9,337.	21	16,569.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	157,014.	23	540,327.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	414,766.	25	456,764.
	26 Total liabilities. Add lines 17 through 25	2,079,261.	26	3,154,363.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	675,404.	27	-683,921.
	28 Net assets with donor restrictions	7,093,967.	28	6,885,765.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,769,371.	32	6,201,844.
33 Total liabilities and net assets/fund balances	9,848,632.	33	9,356,207.	

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	12,533,396.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,296,701.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,763,305.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,769,371.
5	Net unrealized gains (losses) on investments	5	39,489.
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	156,289.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,201,844.

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			
2b	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			
2c	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	
3b	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	X	

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9738340.	12882260.	17854351.	13427732.	12199777.	66102460.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9738340.	12882260.	17854351.	13427732.	12199777.	66102460.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						66102460.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	9738340.	12882260.	17854351.	13427732.	12199777.	66102460.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	188,015.	233,198.	255,549.	287,162.	268,851.	1232775.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						67335235.
12 Gross receipts from related activities, etc. (see instructions)					12	349,242.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	98.17 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	98.25 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	Minimum Asset Amount (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	Distributable Amount. 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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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.)

Horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization GRANITE UNITED WAY Employer identification number ** - *** 6033

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, details of conservation contributions (2a-2d), number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures (1a, 1b) and amounts for financial gain (2a, 2b).

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance	246,316.	235,142.	260,731.	231,099.	215,176.
b Contributions					
c Net investment earnings, gains, and losses	21,870.	11,174.	-25,589.	29,632.	15,923.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	268,186.	246,316.	235,142.	260,731.	231,099.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 5.0745 %
 - b Permanent endowment 53.1914 %
 - c Term endowment 41.7341 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|-------------------------------------|
| (i) Unrelated organizations? | | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,000.		100,000.
b Buildings		1,683,733.	573,148.	1,110,585.
c Leasehold improvements		5,061.	4,723.	338.
d Equipment		318,500.	188,486.	130,014.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,340,937.

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)		
Total. (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)		
Total. (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) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	2,845,719.
(2) RENTS RECEIVABLE	5,097.
(3) OPERATING LEASE RIGHT-OF-USE ASSETS	451,376.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,302,192.

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) OPERATING LEASE LIABILITIES	456,764.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	456,764.

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	11,527,310.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	39,489.
b	Donated services and use of facilities	2b	57,185.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,097,342.
e	Add lines 2a through 2d	2e	-1,000,668.
3	Subtract line 2e from line 1	3	12,527,978.
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	5,418.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	5,418.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,533,396.

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	13,094,837.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	57,185.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	57,185.
3	Subtract line 2e from line 1	3	13,037,652.
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	5,418.
b	Other (Describe in Part XIII.)	4b	1,253,631.
c	Add lines 4a and 4b	4c	1,259,049.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,296,701.

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 IV, LINE 2B:

GRANITE UNITED WAY ACTS AS A FISCAL SPONSOR FOR VARIOUS PROJECTS. THE SPONSOR MUST MAINTAIN FISCAL AND PROGRAM CONTROL.

PART V, LINE 4:

ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR GENERAL OPERATIONS, YOUTH PROGRAMS, AND GENERAL OPERATIONS OF WHOLE VILLAGE.

PART X, LINE 2:

THE UNITED WAY HAS ADOPTED THE PROVISIONS OF FASB ASC 740 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ACCORDINGLY, MANAGEMENT HAS EVALUATED THE UNITED WAY'S TAX POSITIONS AND CONCLUDED THE UNITED WAY HAD MAINTAINED ITS

Part XIII Supplemental Information (continued)

TAX-EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE UNITED WAY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR TAX YEARS BEFORE 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTERESTS IN TRUSTS	156,289.
DONOR DESIGNATIONS NETTED WITH REVENUE ON FINANCIAL STATEMENTS	-1,253,631.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-1,097,342.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS NETTED WITH REVENUE ON FINANCIAL STATEMENTS	1,253,631.
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

GRANITE UNITED WAY

Employer identification number

**** - *** 6033**

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
AMOSKEAG HEALTH CENTER 145 HOLLIS STREET MANCHESTER, NH 03101	** - *** 8174	501(C)3	25,000.	0.			COMMUNITY IMPACT
AUSTIN17HOUSE 263 NH-125 BRENTWOOD, NH 03833	** - *** 4665	501(C)3	15,000.	0.			COMMUNITY IMPACT
BLUEBERRY EXPRESS DAY CARE 8 CATAMOUNT STREET PITTSFIELD, NH 03263	** - *** 4132	501(C)3	16,500.	0.			COMMUNITY IMPACT
BOYS AND GIRLS CLUB OF MANCHESTER 555 UNION STREET MANCHESTER, NH 03104	** - *** 6033	501(C)3	47,500.	0.			COMMUNITY IMPACT
BOYS AND GIRLS CLUB OF THE NORTH COUNTRY - P.O. BOX 111 - LITTLETON, NH 03561	** - *** 6033	501(C)3	10,000.	0.			COMMUNITY IMPACT
BOYS AND GIRLS CLUBS OF CENTRAL NEW HAMPSHIRE - P.O. BOX 1204 - CONCORD, NH 03302-1204	** - *** 9874	501(C)3	15,116.	0.			COMMUNITY IMPACT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 91.

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) 2023

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
CASA OF NH 138 COOLIDGE AVENUE MANCHESTER, NH 03105	**-***2242	501(C)3	19,867.	0.			COMMUNITY IMPACT
CITY YEAR NH 101 MANCHESTER STREET MANCHESTER, NH 03101	**-***2549	501(C)3	15,000.	0.			COMMUNITY IMPACT
COMMUNITY ACTION PARTNERSHIP 577 CENTRAL AVENUE, SUITE 10 DOVER, NH 03820	**-***8636	501(C)3	30,000.	0.			COMMUNITY IMPACT
CONCORD COALITION TO END HOMELESSNESS - 238 NORTH MAIN STREET - CONCORD, NH 03301	**-***3990	501(C)3	13,750.	0.			COMMUNITY IMPACT
COPPER CANNON CAMP P.O. BOX 124 FRANCONIA, NH 03580	**-***2549	501(C)3	14,150.	0.			COMMUNITY IMPACT
COVER HOME REPAIR-HOME REPAIR PROGRAM - 158 SOUTH MAIN STREET - WHITE RIVER JUNCTION, VT 05001	**-***7157	501(C)3	10,000.	0.			COMMUNITY IMPACT
CRISIS CENTER OF CENTRAL NH P O BOX 1344 CONCORD, NH 03302	**-***2221	501(C)3	13,750.	0.			COMMUNITY IMPACT
CROSS ROADS HOUSE - PORTSMOUTH 600 LAFAYETTE ROAD PORTSMOUTH, NH 03801	**-***9963	501(C)3	10,000.	0.			COMMUNITY IMPACT
DISABILITY RIGHTS CENTER 64 NORTH MAIN STREET CONCORD, NH 03301	**-***2104	501(C)3	8,250.	0.			COMMUNITY IMPACT

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
EARLY LEARNING NEW HAMPSHIRE 2 DELTA DRIVE CONCORD, NH 03301	**-***7109	501(C)3	20,000.	0.			COMMUNITY IMPACT
EASTER SEALS NEW HAMPSHIRE 555 AUBURN STREET MANCHESTER, NH 03103	**-***2825	501(C)3	12,750.	0.			COMMUNITY IMPACT
FAIR TIDE 15 STATE ROAD KITTEERY, ME 03904	**-***5140	501(C)3	10,000.	0.			COMMUNITY IMPACT
FAMILIES IN TRANSITION 122 MARKET STREET MANCHESTER, NH 03101	**-***5414	501(C)3	10,000.	0.			COMMUNITY IMPACT
FAMILY PROMISE OF GREATER CONCORD 79 CLINTON STREET CONCORD, NH 03301	**-***4332	501(C)3	10,000.	0.			COMMUNITY IMPACT
FINDING OUR STRIDE 256 TUCKER HILL ROAD NORWICH, VT 05055	**-***1412	501(C)3	8,750.	0.			COMMUNITY IMPACT
FRIENDS OF AINE 226 COOLIDGE AVENUE MANCHESTER, NH 03102	**-***4859	501(C)3	10,000.	0.			COMMUNITY IMPACT
GATHER: FOR A HUNGER FREE COMMUNITY - 210 WEST ROAD - PORTSMOUTH, NH 03801	**-***6943	501(C)3	10,000.	0.			COMMUNITY IMPACT
GIRLS INCORPORATED OF NH 815 ELM STREET, FOURTH FLOOR MANCHESTER, NH 03101	**-***6090	501(C)3	11,875.	0.			COMMUNITY IMPACT

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
GRAFTON COUNTY SENIOR CITIZENS 10 CAMPBELL STREET LEBANON, NH 03766	**-***8316	501(C)3	24,617.	0.			COMMUNITY IMPACT
GRANITE STATE CHILDREN'S ALLIANCE 2 WELLMAN AVENUE NASHUA, NH 03064	**-***6259	501(C)3	8,867.	0.			COMMUNITY IMPACT
GREATER SEACOAST COMMUNITY HEALTH 311 ROUTE 108 SOMERSWORTH, NH 03878	**-***4203	501(C)3	20,000.	0.			COMMUNITY IMPACT
HARVEST CHRISTIAN FELLOWSHIP 219 WILLOW STREET BERLIN, NH 03570	**-***1423	501(C)3	10,000.	0.			COMMUNITY IMPACT
HAVEN VIOLENCE PREVENTION AND SUPPORT - 20 INTERNATIONAL DRIVE, SUITE 300 - PORTSMOUTH, NH 03801	**-***7620	501(C)3	15,000.	0.			COMMUNITY IMPACT
HEALTH FIRST FAMILY CARE CENTER 841 CENTRAL STREET FRANKLIN, NH 03235	**-***2976	501(C)3	14,300.	0.			COMMUNITY IMPACT
HIV/HCR RESOURCE CENTER 2 BLACKSMITH STREET LEBANON, NH 03766	**-***4237	501(C)3	10,773.	0.			COMMUNITY IMPACT
HOMELESS CENTER FOR STRAFFORD COUNTY - 202 WASHINGTON STREET - ROCHESTER, NH 03839	**-***9859	501(C)3	15,000.	0.			COMMUNITY IMPACT
INTERNATIONAL INSTITUTE OF NEW HAMPSHIRE - 2 BOYLSTON STREET, 3RD FLOOR - BOSTON, MA 02116	**-***4325	501(C)3	7,500.	0.			COMMUNITY IMPACT

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
KINGSTON CHILDREN'S CENTER 565 CENTER STREET WOLFBORO, NH 03894	**-***9978	501(C)3	10,000.	0.			COMMUNITY IMPACT
KINGSWOOD YOUTH CENTER P. O. BOX 697 WOLFEBORO FALLS, NH 03896	**-***9978	501(C)3	7,367.	0.			COMMUNITY IMPACT
LAKES REGION COMMUNITY DEVELOPERS 658 UNION AVENUE LACONIA, NH 03246	**-***6348	501(C)3	15,232.	0.			COMMUNITY IMPACT
LAKES REGION COMMUNITY SERVICES 719 NORTH MAIN STREET LACONIA, NH 03247	**-***9795	501(C)3	6,367.	0.			COMMUNITY IMPACT
LAKES REGION MENTAL HEALTH CENTER 40 BEACON STREET LACONIA, NH 03246	**-***2138	501(C)3	8,867.	0.			COMMUNITY IMPACT
LITTLE BLESSINGS CHILD CARE 1035 LAFAYETTE ROAD PORTSMOUTH, NH 03801	**-***1396	501(C)3	10,000.	0.			COMMUNITY IMPACT
MANCHESTER COMMUNITY RESOURCE CENTER - 434 LAKE AVENUE - MANCHESTER, NH 03101	**-***2001	501(C)3	12,500.	0.			COMMUNITY IMPACT
MANCHESTER POLICE ATHLETIC LEAGUE 409 BEECH STREET MANCHESTER, NH 03103	**-***9470	501(C)3	15,000.	0.			COMMUNITY IMPACT
MAYHEW PROGRAM P O BOX 120 BRISTOL, NH 03222	**-***3042	501(C)3	12,500.	0.			COMMUNITY IMPACT

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
MEDIA POWER YOUTH 1045 ELM STREET MANCHESTER, NH 03101	**-***7349	501(C)3	13,000.	0.			COMMUNITY IMPACT
MERRIMACK VALLEY DAY CARE 19 NORTH FRUIT STREET CONCORD, NH 03301	**-***9236	501(C)3	37,500.	0.			COMMUNITY IMPACT
MID-STATE HEALTH CENTER 101 BOULDER POINT DRIVE, #1 PLYMOUTH, NH 03264	**-***7172	501(C)3	15,232.	0.			COMMUNITY IMPACT
MY FRIEND'S PLACE 368 WASHINGTON STREET DOVER, NH 03820	**-***7497	501(C)3	15,000.	0.			COMMUNITY IMPACT
NEW GENERATION 568 PORTSMOUTH AVENUE GREENLAND, NH 03840	**-***2163	501(C)3	10,000.	0.			COMMUNITY IMPACT
NEW NEIGHBOR CONNECTIONS 78 WHITTEMORE ROAD LONDONDERRY, NH 03053	**-***0585	501(C)3	10,000.	0.			COMMUNITY IMPACT
NH JAG 1 HORSESHOE POND LANE, SUITE 2 CONCORD, NH 03301	**-***4787	501(C)3	7,750.	0.			COMMUNITY IMPACT
NH LEGAL ASSISTANCE 117 NORTH STATE STREET CONCORD, NH 03301	**-***0897	501(C)3	50,617.	0.			COMMUNITY IMPACT
OVERCOMERS REFUGEE SERVICES 90 AIRPORT ROAD CONCORD, NH 03301	**-***8243	501(C)3	11,400.	0.			COMMUNITY IMPACT

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
PITTSFIELD YOUTH WORKSHOP 5 PARK STREET PITTSFIELD, NH 03263	**-***4050	501(C)3	16,500.	0.			COMMUNITY IMPACT
PLAISTOW COMMUNITY YMCA 175 PLAISTOW ROAD PLAISTOW, NH 03865	**-***4913	501(C)3	12,750.	0.			COMMUNITY IMPACT
PROJECT S.T.O.R.Y 39 SHAKER ROAD CONCORD, NH 03301	**-***2491	501(C)3	10,000.	0.			COMMUNITY IMPACT
RACIAL UNITY TEAM 5 KINLOCH DRIVE STRATHAM, NH 03885	**-***0338	501(C)3	10,000.	0.			COMMUNITY IMPACT
REACH OUT AND READ 89 SOUTH STREET, SUITE 201 BOSTON, MA 02111	**-***1253	501(C)3	6,750.	0.			COMMUNITY IMPACT
RIVERBEND COMMUNITY MENTAL HEALTH P O BOX 2032 CONCORD, NH 03302-2032	**-***4383	501(C)3	19,300.	0.			COMMUNITY IMPACT
ROCKINGHAM NUTRITION AND MEALS ON WHEELS - 106 NORTH ROAD - BRENTWOOD, NH 03833	**-***2196	501(C)3	19,690.	0.			COMMUNITY IMPACT
SEACOAST COMMUNITY SCHOOL 100 CAMPUS DRIVE PORTSMOUTH, NH 03801	**-***3466	501(C)3	10,000.	0.			COMMUNITY IMPACT
SEACOAST FAMILY PROMISE 27 HAMPTON ROAD EXETER, NH 03833	**-***9881	501(C)3	15,000.	0.			COMMUNITY IMPACT

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
SEACOAST MENTAL HEALTH CENTER 1145 SAGAMORE AVENUE PORTSMOUTH, NH 03801	**-***2862	501(C)3	7,500.	0.			COMMUNITY IMPACT
SECOND START 17 KNIGHT STREET CONCORD, NH 03301	**-***2477	501(C)3	11,000.	0.			COMMUNITY IMPACT
SECOND WIND FOUNDATION 200 OLCOTT DRIVE WHITE RIVER JUNCTION, VT 05001	**-***1558	501(C)3	9,250.	0.			COMMUNITY IMPACT
SHARE FUND 150 WAKEFIELD STREET ROCHESTER, NH 03867	**-***5848	501(C)3	10,000.	0.			COMMUNITY IMPACT
SOUTHEASTERN VT COMMUNITY ACTION 91 BUCK DRIVE WESTMINSTER, VT 05158	**-***6740	501(C)3	14,000.	0.			COMMUNITY IMPACT
SPECIAL NEEDS SUPPORT CENTER OF THE UPPER VALLEY - 129 SOUTH MAIN STREET - WHITE RIVER JUNCTION, VT 05001	**-***3667	501(C)3	7,500.	0.			COMMUNITY IMPACT
ST. JOSEPH COMMUNITY SERVICES P O BOX 910 MERRIMACK, NH 03054	**-***5003	501(C)3	19,690.	0.			COMMUNITY IMPACT
THE BIRCHTREE CENTER 215 COMMERCE WAY, SUITE 300 PORTSMOUTH, NH 03801	**-***0364	501(C)3	10,000.	0.			COMMUNITY IMPACT
THE BRIDGE PROJECT 264 MAIN STREET LINCOLN, NH 03262	**-***8089	501(C)3	12,500.	0.			COMMUNITY IMPACT

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
THE CHILDREN'S CENTER OF THE UPPER VALLEY - 178 MECHANIC STREET - LEBANON, NH 03766	**-***2252	501(C)3	6,348.	0.			COMMUNITY IMPACT
THE FAMILY PLACE, INC. 319 US ROUTE 5 SOUTH NORWICH, VT 05055	**-***5264	501(C)3	15,000.	0.			COMMUNITY IMPACT
THE FRIENDLY KITCHEN 2 SOUTH COMMERCIAL STREET CONCORD, NH 03301	**-***4057	501(C)3	12,500.	0.			COMMUNITY IMPACT
THE FRIENDS PROGRAM 130 PEMBROKE ROAD, SUITE 200 CONCORD, NH 03301	**-***6855	501(C)3	12,375.	0.			COMMUNITY IMPACT
THE GRANITE YMCA 670 NORTH COMMERCIAL STEET MANCHESTER, NH 03101	**-***2248	501(C)3	48,000.	0.			COMMUNITY IMPACT
THE MENTAL HEALTH CENTER OF GREATER MANCHESTER - 2 WALL STREET - MANCHESTER, NH 03101	**-***8994	501(C)3	10,000.	0.			COMMUNITY IMPACT
THE UPPER ROOM, A FAMILY RESOURCE CENTER - 36 TSIENNETO ROAD, P O BOX 1017 - DERRY, NH 03038-1017	**-***0769	501(C)3	30,000.	0.			COMMUNITY IMPACT
TLC FAMILY RESOURCE CENTER 62 PLEASANT STREET CLAREMONT, NH 03743	**-***9830	501(C)3	6,250.	0.			COMMUNITY IMPACT
UNIVERSITY SYSTEM OF NEW HAMPSHIRE 5 CHENELL DRIVE, SUITE 301 CONCORD, NH 03301	**-***0937	501(C)3	20,500.	0.			COMMUNITY IMPACT

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
UPPER VALLEY HAVEN 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001	**-***7908	501(C)3	17,500.	0.			COMMUNITY IMPACT
UPPER VALLEY SNOW SPORTS FOUNDATION - 160 WHALEBACK MOUNTAIN - ENFIELD, NH 03748	**-***1734	501(C)3	10,000.	0.			COMMUNITY IMPACT
UPREACH THERAPEUTIC EQUESTRIAN CENTER - 153 PAIGE HILL ROAD - GOFFSTOWN, NH 03045	**-***3867	501(C)3	7,500.	0.			COMMUNITY IMPACT
VALLEY COURT DIVERSION PROGRAM 211 NORTH MAIN STREET WHITE RIVER JUNCTION, VT 05001	**-***5093	501(C)3	5,250.	0.			COMMUNITY IMPACT
VICTORY WOMEN OF VISION 50 BRIDGE STREET, SUITE 203 MANCHESTER, NH 03103	**-***6070	501(C)3	7,500.	0.			COMMUNITY IMPACT
VISIONS FOR CREATIVE HOUSING SOLUTIONS - 8 SUNRISE FARM LANE - ENFIELD, NH 03748	**-***8234	501(C)3	15,000.	0.			COMMUNITY IMPACT
VISITING NURSE ASSOCIATION AND HOSPICE FOR VERMONT & NEW HAMPSHIRE - 88 PROSPECT STREET - WHITE RIVER JUNCTION, VT 05001	**-***6494	501(C)3	14,420.	0.			COMMUNITY IMPACT
WAYPOINT 464 CHESTNUT STREET MANCHESTER, NH 03105	**-***2164	501(C)3	32,000.	0.			COMMUNITY IMPACT
WILLING HANDS 198 CHURCH STREET NORWICH, VT 05055	**-***4811	501(C)3	6,200.	0.			COMMUNITY IMPACT

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
WISE 38 BANK STREET LEBANON, NH 03766	**-***6512	501(C)3	6,000.	0.			COMMUNITY IMPACT
WOMEN AID OF GREATER PORTSMOUTH P.O. BOX 4154 PORTSMOUTH, NH 03802	**-***0492	501(C)3	10,000.	0.			COMMUNITY IMPACT
YWCA NEW HAMPSHIRE 72 CONCORD STREET MANCHESTER, NH 03101	**-***2254	501(C)3	22,500.	0.			COMMUNITY IMPACT
DOVER COALITION FOR YOUTH 30 ST. THOMAS STREET DOVER, NH 03820		501(C)3	40,000.	0.			COMMUNITY IMPACT

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:

FACILITATING THE PROVISION OF HIGH QUALITY, HUMAN SERVICE PROGRAMS THROUGH AND WITH COMMUNITY PARTNERS IS THE PRIMARY MEANS THROUGH WHICH THE UNITED WAY SYSTEM ACHIEVES MEANINGFUL AND MEASURABLE IMPACT IN OUR THREE AREAS OF CRITICAL COMMUNITY NEED (EDUCATION, HEALTH AND ECONOMIC STABILITY). UNITED WAY RECOGNIZES THAT NON-PROFIT AGENCIES NEED TO BE WELL-MANAGED AND EFFECTIVELY GOVERNED IN ORDER TO APPROPRIATELY RESPOND TO CRITICAL COMMUNITY NEEDS AND TO IMPROVE THE QUALITY OF LIFE IN OUR SERVICE AREAS.

Part IV Supplemental Information

PROGRAMS RECEIVING FUNDING FROM UNITED WAY UNDERGO INTENSIVE STAFF AND VOLUNTEER PRE-SCREENING BEFORE BEING AWARDED FUNDING. SUCH SCREENING INCLUDES, BUT IS NOT LIMITED TO:

- AN APPLICATION PROCESS THAT INCLUDES EXPLANATION OF THE PROPOSED USE AND PROJECTED RESULTS FROM UTILIZATION OF THE FUNDING IN SUPPORT OF THE SPECIFIC TARGETED COMMUNITY OBJECTIVE;
- REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND GOVERNANCE, OPERATIONAL AND FISCAL POLICIES;
- VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT;
- VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION.

PROGRAMS ARE REQUIRED TO PROVIDE UNITED WAY WITH REGULAR PROGRESS REPORTS THAT SHOW HOW THE FUNDING HAS BEEN UTILIZED TO DATE AND THE RESULTS ACHIEVED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GRANITE UNITED WAY

Employer identification number

****-***6033**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK TUFTS PRESIDENT & CEO	(i)	240,836.	0.	0.	26,143.	0.	266,979.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GRANITE UNITED WAY

Employer identification number

** - ***6033

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

UNITED WAY ADVANCES THE COMMON GOOD BY ENGAGING THE CARING POWER OF OUR
COMMUNITY. OUR FOCUS IS ON EDUCATION, INCOME AND HEALTH - THE BUILDING
BLOCKS FOR A GOOD QUALITY OF LIFE. UNITED WAY ENGAGES PEOPLE AND
ORGANIZATIONS WHO BRING THE PASSION, EXPERTISE AND RESOURCES NEEDED TO
GET THINGS DONE.

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

SYSTEM. OUR FUNDING SUPPORTS NEARLY 800 LOCAL HEALTH AND HUMAN SERVICE
PROGRAMS AS WELL AS LOCAL, REGIONAL AND STATEWIDE COLLABORATIVE PROBLEM
SOLVING EFFORTS SUCH AS 2-1-1 NH AND VT, AND EITC VITA TAX ASSISTANCE
SITES. OUR FUNDING AND VOLUNTEER EFFORTS CONTRIBUTE MILLIONS OF
DOLLARS AND HOURS TO OUR LOCAL COMMUNITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

REDUCTIONS IN DRUG AND ALCOHOL USE AMONG YOUTH AND YOUNG ADULTS ACROSS
THE COUNTRY. THE PHN'S ALSO ENSURE COORDINATED AND COMPREHENSIVE
DELIVERY OF ALL ESSENTIAL PUBLIC HEALTH SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPECIFIC PROGRAMS INCLUDING WHOLE VILLAGE FAMILY RESOURCE CENTER,
DEPARTMENT OF JUSTICE, RECOVERY FRIENDLY WORKPLACE, WORK UNITED
PROGRAM, VOLUNTEER INCOME TAX ASSISTANCE, HOUSING INITIATIVES,
LITERACY, PRESCHOOL DEVELOPMENT, MARY GALE TRUST MANAGEMENT, EARLY
CHILDHOOD, AND VARIOUS OTHER SMALL PROGRAMS.

EXPENSES \$ 7,758,632. INCL GRANTS OF \$ 2,039,943. REVENUE \$ 4,531,043.

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

Schedule O (Form 990) 2023

Name of the organization

GRANITE UNITED WAY

Employer identification number

-*6033

FORM 990, PART VI, SECTION A, LINE 6:

GRANITE UNITED WAY'S BYLAWS STATE THE FOLLOWING: "THE BOARD OF DIRECTORS SHALL BE THE MEMBERS OF THE CORPORATION". GRANITE UNITED WAY'S BOARD ARE ALL LOCAL VOLUNTEERS WHO BRING PASSION AND EXPERTISE TO THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OF GRANITE UNITED WAY MAY ELECT MEMBERS OF THE GOVERNING BOARD TO LOCAL COMMITTEES THAT MAKE ALL LOCAL FUNDING DECISIONS.

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

FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE IN DETAIL PRIOR TO FILING. QUESTIONS WERE ADDRESSED TO THE PREPARER AND RESOLVED TIMELY. A FINAL DRAFT VERSION OF THE RETURN WAS PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING. THE AUDIT WAS PRESENTED BY THE AUDITING FIRM, NATHAN WECHSLER & CO., TO THE FULL AUDIT COMMITTEE PRIOR TO THE FILING OF THE FORM 990.

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

MEMBERS OF THE BOARD OF DIRECTORS AND STAFF ANNUALLY SIGN THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICIES. THE ETHICS CODE STATES "STAFF, BOARD MEMBERS AND VOLUNTEERS ARE OBLIGATED TO DISCLOSE ANY VIOLATIONS OR PERCEIVED BREACHES OF THE CODE OF ETHICS OF WHICH THEY ARE AWARE. DISCLOSURE SHOULD BE MADE TO THE PRESIDENT AND TO THE BOARD CHAIR. ANY REPORTED BREACHES WILL BE INVESTIGATED AND APPROPRIATE ACTION, IF NEEDED, WILL BE TAKEN. GRANITE UNITED WAY ENCOURAGES ALL STAFF AND VOLUNTEERS TO BE PROMPT, OPEN AND FORTHRIGHT IN REPORTING PERCEIVED BREACHES OF THE CODE OF ETHICS."

Name of the organization GRANITE UNITED WAY	Employer identification number **-***6033
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THE PRESIDENT AND CEO AND BOARD CHAIR HAVE INFORMED THE BOARD THAT NO BREACHES HAVE BEEN REPORTED.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS TO REVIEW THE STAFF SALARIES, INCLUDING THAT OF THE PRESIDENT AND CEO. THE COMMITTEE REVIEWS COMPARABLE COMPENSATION DATA FROM NH AND FROM UNITED WAYS NATION-WIDE. THE COMMITTEE RECOMMENDS ANY CHANGES NECESSARY TO THE COMPENSATION SCHEDULE. THE BOARD OF DIRECTORS THEN ACTS ON ANY ADJUSTMENTS.

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE STAFF SALARIES AND BENEFITS AND REPORTS TO THE BOARD IF ANY CHANGES ARE NECESSARY. THE BOARD ADOPTS THE SALARIES AND BENEFITS AS PART OF THE ANNUAL BUDGET.

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF THE PRESIDENT AND CEO AND ADOPTS ANY SALARY ADJUSTMENTS NEEDED.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

SUBCONTRACTORS:

PROGRAM SERVICE EXPENSES	2,008,522.
MANAGEMENT AND GENERAL EXPENSES	860.
FUNDRAISING EXPENSES	904.
TOTAL EXPENSES	2,010,286.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,010,286.

Name of the organization

GRANITE UNITED WAY

Employer identification number

** - *** 6033

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN THE VALUE OF BENEFICIAL INTEREST IN TRUSTS 156,289.

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEARS.