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# **Return of Organization Exempt From Income Tax**

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

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

Intern	al Reve	ue Service   Go to www.irs.gov/Form990 for instructions and the lat		Inspection		
A F	or the	2019 calendar year, or tax year beginning JUL 1, 2019 and ending	JUN 30, 2020			
Вс	heck if opticabl	C Name of organization	D Employer identifi	cation number		
	Addre chang Name	UNITED WAY OF FORSYTH COUNTY FOUNDATION				
	chang	Doing business as	20-26495	56		
	Initial  return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	<u></u>			
	Final return	301 NORTH MAIN ST. 1700	336-723-	3601		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	148,154.		
	Amen		H(a) Is this a group re			
$\vdash$	Applic		for subordinates			
	_ttion pendii	a 1	V			
		SAME AS C ABOVE	H(b) Are all subordinates in			
			~	list (see instructions)		
		e: WWW.FORSYTHUNITEDWAY.ORG	H(c) Group exemption			
K F	orm of	organization: X Corporation Trust Association Other ► L	ear of formation: 2004	M State of legal domicile: NC		
Pa	rt I	Summary				
	1	Briefly describe the organization's mission or most significant activities. $\underline{ t TO}$ PROVI	DE FUNDING TO	AREAS OF		
Governance		NEED THAT HAVE BEEN IDENTIFIED BY THE UNITED				
Jan L	2	Check this box  if the organization discontinued its operations or disposed of m				
ē			1	5		
اق	3	Number of voting members of the governing body (Part VI, line 1a)	3			
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4		
Se	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0		
Activities &	6	Total number of volunteers (estimate if necessary)	6	5		
ŧ	7 a	Total unrelated business revenue from Part VIII, column (C), Jipe 12-	7a	0.		
٧	b	Net unrelated business taxable income from Form-990 F lines VED	7b	0.		
$\neg$		Net unrelated business revenue from Part VIII, column (C), IDE VIII	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	22,203.	19,203.		
e n		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	0.	0.		
e	9	Program service revenue (Part VIII, line 2g)				
Revenue	10	Investment income (Part VIII, column (A), lines 3 (4) and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	199,032.	128,951.		
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 70, and 41e.	0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	221,235.	148,154.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
m	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	96,897.	112,315.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
e		Total fundraising expenses (Part IX, column (D), line 25)	,			
Ä			26,835.	20,764.		
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	123,732.	133,079.		
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)				
-		Revenue less expenses Subtract line 18 from line 12	97,503.	15,075.		
Net Assets or			Beginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)	11,934,768.	11,758,923.		
AB	21	Total liabilities (Part X, line 26)	2,459.	2,459.		
到	22	Net assets or fund balances Subtract line 21 from line 20	11,932,309.	11,756,464.		
Pa	rt II	Signature Block				
Linds	er nens	Ities of perjury, declare that I have examined this return, including accompanying schedules and sta	tements, and to the hest of my	knowledge and belief it is		
		t, and compress. Declaration of preparer other than officer) is based on all information of which prep		A Contrade and belief, it is		
uue,	Correc	t, and complete. Declaration of preparer other than onice) is based on an information of which prep	2/07	/2.2/		
		Signature of officer				
Sigr	1		Late L	•		
Here	е	BARRY LEONARD, CFO	<u>,,</u>			
		Type or print name and title				
		Print/Type preparer's name  JANE R POTTER  Preparer's signature  Guille Potts	Date Check [ 1 self-employ	PTIN		
Paid		JANE R POTTER Gine RPotts	3/19/21   self-employ	P01057495		
Prep		Firm's name BUTLER + BURKE, LUP		56-1138530		
		Firm's address 100 CLUB OAKS COURT	THIIISLIN			
		WINSTON-SALEM, NC 27104	] Phone no. 3 3			
May	the II	S discuss this return with the preparer shown above? (see instructions)		X Yes No		
93200	01 01-2	2-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2019)		

	1 990 (2019) UNITED WAY OF FORSYTH COUNTY FOUNDATION 20-2649556 rt III   Statement of Program Service Accomplishments	Page 2
. u.	<del></del>	X
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission  THE UNITED WAY OF FORSYTH COUNTY FOUNDATION ("FOUNDATION") WAS FORMED  FOR THE PURPOSES OF PROVIDING A RESOURCE FOR FUNDS FOR AREAS OF NEED  WITHIN THE COMMUNITY THAT HAVE BEEN IDENTIFIED BY UNITED WAY AND OTHE  CHARITABLE ORGANIZATIONS AS AREAS OF HIGH PRIORITY. THE FOUNDATION	 R
		<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
<u> </u>	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 \$) (Revenue \$)	)
4b	(Code) (Expenses \$ including grants of \$ ) (Revenue \$	)
		<del></del>
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶	
	Form 99	0 (2019)

# Form 990 (2019) UNITED WAY OF FORSYTH COUNTY FOUNDATION 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)?		l	
	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٠,
	public office? If "Yes," complete Schedule C, Part 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	ŀ		۱,,
	during the tax year? If "Yes," complete Schedule C, Part II	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	_		<b>.</b> ,
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	_	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			۱ ,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	<b> </b>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ŀ		١.,
	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			۱
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	46 . sol 5. t	X
1	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	(C. 100)	(A)	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		<b>i</b> ,	١
	Part VI	<u>11a</u>		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	1		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	l		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	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			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u></u>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete Х 24a Schedule K If "No." go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L. Part I 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% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 28a "Yes." complete Schedule L. Part IV X 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х 30 contributions? If "Yes." complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 sections 301 7701-2 and 301 7701-3? If "Yes." complete Schedule R. Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X 38 Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V No Yes 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		17.57°	
	filed for the calendar year ending with or within the year covered by this return  2a  0		, 155, <del>2</del> 1	િર્વર્ષ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	53% \$	·*** . 5
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		232.79	7. 12 m
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a ⊌≎8'€,*	1d. 1254	<b>X</b> 
b	If "Yes," enter the name of the foreign country	<b>第</b>		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	7,30,70	* 3.3×	(X)
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any tayable party paths the propagation that it was as a party to a prohibited tax shelter transaction?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<del>                                     </del>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- SC		$\vdash$
Qa	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua_		<del></del>
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	# N.	1- 40% 1- 40%	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	C* 3 X	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		х
ď	If "Yes," indicate the number of Forms 8282 filed during the year 7d		, \$\frac{1}{2}\frac{1}{2}\frac{1}{2}	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <b>f</b>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	L	ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		Like	
	sponsoring organization have excess business holdings at any time during the year?	8	1.4000	- 8%K - 255
9	Sponsoring organizations maintaining donor advised funds.		18. E	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	8673. Art	N. ANGER
10	Section 501(c)(7) organizations. Enter		30 S	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			
11	Section 501(c)(12) organizations. Enter.  Gross income from members or shareholders			ZákiŠŽ
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against		2	(10 m
b	amounts due or received from them.)	25.7	70 77.	
19a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1.794.7	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	130. S	V God	AC. ST.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		2 3 7 3 8 7 4	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.	19.3	K.	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	Section 5		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) dunng the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	337	9 3/2	*^ ,> * <u>\$</u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	X. Z.	×	
		Form	1990	(2019)

UNITED WAY OF FORSYTH COUNTY FOUNDATION 20-2649556 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 X 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 1a 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. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х Did the organization have a written conflict of interest policy? If "No." go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NC 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 X Upon request

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 record

st:	_

BARRY LEONARD - 336.721.9343 301 NORTH MAIN STREET, STE 1700, WINSTON-SALEM, 27101

r	aan	(2019)

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

 $\mathbf{x}$ 

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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 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)	(B)				<b>C)</b>			(D)	(E)	<b>ૄ ૦ (F)</b>
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week	$\vdash$	officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	흉	یه ا			E		organization	(W-2/1099-MISC)	from the
	related	ste	rast		<u>.</u>	Bens	İ	(W-2/1099-MISC)		organization
	organizations	al tru	onal 1		ploye	ا ا				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	iller Iller	1		organizations
	line)	Ē	Ë	ō	- S	호등	윤			
(1) CINDY GORDINEER	1.00			,,				0.	211 051	20 004
SECRETARY		X		X	_	├	_	<u> </u>	211,951.	29,894.
(2) SALLYE LINER	1.00	Į								
PRESIDENT	1 00	X	_	Х	<b>.</b>	├—	_	0.	0.	0.
(3) ELMS ALLEN	1.00	,,	i						ا م	_
BOARD MEMBER	1 00	Х	┝	<del> </del>		<del> </del>		0.	0.	0.
(4) RICH KESHIAN	1.00	x						0.	0.	0.
BOARD MEMBER (5) DAVID WHARTON	1.00	₽	├			$\vdash$	┝	0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(6) CATHY COLES	40.00	<u> </u>	$\vdash$	$\vdash$	$\vdash$	$\vdash$	<u> </u>	0.		0.
EXECUTIVE DIRECTOR	40.00	┨		х				0.	66,238.	10,836.
EXECUTIVE DIRECTOR	ļ <u>.</u>	-		<u> </u>	$\vdash$	$\vdash$		· ·	00,230.	10,030.
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	AY OF FO	RS	ΥT	'H	CO	UN	ΤY	FOUNDATION	20-26	4955	6	Pa	ıge 8
Part.VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	1 Hig	ghes	t Co	pmpensated Employee	s (continued)				
(A)	Doction   Doction									(F) Estimate			
Name and title	hours per		not c	heck i	more	than o		compensation	compensation	sation amou ated oth			
	week			nd a d				from	from related				
	(list any hours for	rector						the	organizations		ompe		
	related	e or d	Ste			nsated		organization (W-2/1099-MISC)	(W-2/1099-MIS	MISC) from the organizati			
	organizations	l trust	nal tru		oyee	adwos		,			and r		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	<b>Г</b> огтег			۱ ۹	organı	zatio	ns
		트	드	5	-x	포함	<u> </u>	-					
		├	$\vdash$	-	-	-	$\vdash$						
		1	ļ	'									
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		<u> </u>	_	<u> </u>		<u> </u>	ļ				_		<del></del>
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		$\vdash$		<u> </u>									
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		1											
	<u> </u>			<u> </u>			Ļ	0.	278,18	<u> </u>	40	73	<u> </u>
1b Subtotal c Total from continuation sheets to Part V	I Section A							0.	270,10	0.	40	, / ~	0.
d Total (add lines 1b and 1c)	ii, ocolion A						<b>&gt;</b>	0.	278,18		40	,73	
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	ove	) wh	o re	ceived more than \$100	000 of reportable				
compensation from the organization											1.	/ T	<u>0</u>
2 Did the american later and former officers					مردها		. b. al	heat compensated own	lavas an		- <del>  Y</del>	'es	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s		ee, r	кеу є	∍mpi	loye	e, or	nıgı	nest compensated emp	loyee on		3	$\dashv$	Х
4 For any individual listed on line 1a, is the si		le co	mpe	ensa	tion	and	oth	er compensation from t	he organization	T,		$\neg$	<del></del>
and related organizations greater than \$15									ū		4	X	
5 Did any person listed on line 1a receive or							elate	d organization or individ	dual for services		$\perp$		
rendered to the organization? If "Yes." con Section B. Independent Contractors	nolete Schedul	e <i>J f</i>	or si	ıch i	oers	ОП		<del></del>			5		Х
Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	at received more than \$	\$100.000 of comp	ensation	n from		
the organization Report compensation for	•	•							•				
(A)	-			_				(B)		C	(C)	_4	_
Name and business	address	N	INC	<u> </u>			$\dashv$	Description of s	services	Con	npens	attor	
	_												
							$\dashv$						
	<del></del>						7						
							-						
2 Total number of independent contractors (	ncluding but a	ot lir	nıter	d to	thos	ما مع	hat	ahove) who received m	ore than				
\$100,000 of compensation from the organ		<b>Ψ</b> ( III			(			accided in	o. o man				

Page 9

E-SV-SI	okitek you	4600	Check if Schedule O contains a respons	e or note to any lin	ne in this Part VIII			
			Check is Contained to Contain a reapond	o or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f 1g \$			19,203.				
2 g		_	Total. Add lines 1a-1f	<b>•</b>	19,203.	19.50.000		
Program Service Revenue		a b c d		Business Code				And the second s
-			All other program service revenue  Total. Add lines 2a-2f	<u></u>	<del> </del>			
	3 4 5	-	Investment income (including dividends, interother similar amounts) Income from investment of tax-exempt bond Royalties	<b>&gt;</b>	128,951.			128,951.
		b	Gross rents Less rental expenses Rental income or (loss)  (i) Real 6a 6b 6c	(II) Personal		1		
	7	а	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less cost or other basis  (i) Securities  7a	s (II) Other				
er Revenue		d	and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundraising events (not	<b>&gt;</b>				
Ott		h	· · · · · · · · · · · · · · · · · · ·	Ba Bb				
	9	c a	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19	)a				
	10	c a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	0a 0b				
leous		<u>с</u> а	Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue			All other revenue  Total. Add lines 11a-11d	<b></b>				
	12		Total revenue See instructions	_	148,154.	<b>0.</b>	0.	128,951.

Form 990 (2019) UNITED WAY OF Part X Statement of Functional Expenses

·	Check if Schedule O contains a response			inpiete column (r y.	
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to domestic				
	ındıvıduals. 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	69,366.		69,366.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			00.540	
7	Other salanes and wages	28,649.		28,649.	
8	Pension plan accruals and contributions (include	6 555		6 555	
	section 401(k) and 403(b) employer contributions)	6,555.		6,555.	
9	Other employee benefits	1,310.		1,310.	
10	Payroll taxes	6,435.		6,435.	
11	Fees for services (nonemployees).				
а	Management				
b	Legal	0.000		0 070	
С		2,270.		2,270.	
	Lobbying				
е	· ·	<del> </del>			
f	Investment management fees				<u> </u>
g	, ,	E 0E2		E 0E2	
	column (A) amount, list line 11g expenses on Sch O.)	5,853. 76.		5,853. 76.	-
12	Advertising and promotion			1,853.	
13	Office expenses	1,853.		1,000.	
14	Information technology				
15	Royalties	4,532.		4,532.	
16	Occupancy	68.		68.	
17	Travel			00.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	723.		723.	
19	Interest	7230		, 200	
20 21	Payments to affiliates	4,444.		4,444.	
21 22	Depreciation, depletion, and amortization	417.		417.	
23	Insurance	514.		514.	
23 24	Other expenses. Itemize expenses not covered		10 5 10 10 10 10 10 10 10 10 10 10 10 10 10		
	above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DITECT AND CUDGED TOWTONG	14.	ga sanon again ann ann an	14.	
b					
c		*	13,7.0		
d		**************************************			
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	133,079.	0.	133,079.	0.
<del></del> 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 if following SOP 98-2 (ASC 958-720)				

Ŗġ	rt:X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing	119,685.	1	119,704.
	2	Savings and temporary cash investments	49,058.	2	184,516.
	3	Pledges and grants receivable, net	1,207,000.	3	1,026,000.
	4	Accounts receivable, net	4,132,824.	4	4,011,147.
	5	Loans and other receivables from any current or former officer, director,			
	_	trustee, key employee, creator or founder, substantial contributor, or 35%		- 45	
		controlled entity or family member of any of these persons	A STATE OF THE STA	5	Superior State Control of State Stat
	6	Loans and other receivables from other disqualified persons (as defined			84. <b>3</b> 08.3474.547.
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	2000
60	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	<del></del>
	1	Land, buildings, and equipment cost or other		1000	PARKS DONATE
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less accumulated depreciation 10b		10c	, , , , , , , , , , , , , , , , , , , ,
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	4,849,885.	12	3,739,123.
	13	Investments · program-related See Part IV, line 11	, .	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,576,316.	15	2,678,433.
	16_	Total assets. Add lines 1 through 15 (must equal line 33)	11,934,768.	16	11,758,923.
-	17	Accounts payable and accrued expenses	2,459.	17	2,459.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		1.54	
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,459.	26	2,459.
		Organizations that follow FASB ASC 958, check here X			
ĕ		and complete lines 27, 28, 32, and 33.	Maria Ar Maria Arasa		Markey Francisco
lan	27	Net assets without donor restrictions	11,932,309.	27	11,756,464.
Ba	28	Net assets with donor restrictions	(State) * 2, 2 * 4 * 51 st (State) # 940 mater 2000	28	**************************************
Ē		Organizations that do not follow FASB ASC 958, check here		. 20	
Net Assets or Fund Balances		and complete lines 29 through 33.		9006	
ts o	29	Capital stock or trust principal, or current funds		29	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t A	31	Retained earnings, endowment, accumulated income, or other funds	11 000 000	31	44 856 461
Se	32	Total net assets or fund balances	11,932,309.	32	11,756,464.
	33	Total liabilities and net assets/fund balances	11,934,768.	33	11,758,923.

Form **990** (2019)

	1 990 (2019) UNITED WAY OF FORSYTH COUNTY FOUNDATION	20-	<u> 2649</u>	<u>556</u>	Pa	ge 12
Pa	rt 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				<u>54.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>79.</u>
3	Revenue less expenses Subtract line 2 from line 1	3				<u>75.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>,93</u>		
5	Net unrealized gains (losses) on investments	5	<	<u> 190</u>	<u>, 92</u>	<u>0.&gt;</u>
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				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u> 11</u>	<u>,75</u>	6, <u>4</u>	<u>64.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				Ш
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		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		ı			
	Separate basis Consolidated basis Both consolidated and separate basis					لــــــــــــــــــــــــــــــــــــــ
b	Were the organization's financial statements audited by an independent accountant?		,	2b	Х	Ь
	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:		l			
	Separate basis X Consolidated basis Both consolidated and separate basis					لـــــا
С	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?			2c	Х	igspace
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O		ļ		<b> </b>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt	:			
	Act and OMB Circular A-133?			<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt				
	or guides, explain why on Schedule O and describe any steps taken to undergo such audits		1	35		

Form **990** (2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

UNITED WAY OF FORSYTH COUNTY FOUNDATION

Employer identification number 20-2649556

Part I	Reason for Public	Charity Status (A	All organizations must co	mplete th	ıs part ) Se	e instructions	
he organ  1	A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz	urches, or association tion 170(b)(1)(A)(ii). (/ hospital service orga	n of churches described Attach Schedule E (Form nization described in se	in <b>section</b> 1 990 or 99 ection 170	on <b>170(b)</b> (1 90-EZ) ) 9 <b>(b)(1)(A)(</b> ii	i).	the hospital's name,
5 🔲	An organization operated for		lege or university owned	l or operat	ed by a go	overnmental unit describe	ed in
6	section 170(b)(1)(A)(iv). (( A federal, state, or local go		ental unit described in	section 17	70(h)(1)(A)	(v)	
7	An organization that norma	•					oublic described in
	section 170(b)(1)(A)(vi). (C	Complete Part II)				-	
8 🗀	A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	t II.)			
9 🔲	An agricultural research or	ganization described	n section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college
	or university or a non-land- university:	grant college of agricu	ulture (see instructions)	Enter the	name, city	, and state of the college	or
10 🗔	An organization that normal activities related to its exer income and unrelated busing section (Co. 1971). (Co. 1971).	mpt functions - subject ness taxable income	t to certain exceptions,	and (2) no	more than	n 33 1/3% of its support	from gross investment
44 🗀	See section 509(a)(2). (Co	-	valu to toot for public co	fatu Saa	cootion E(	20(0)(4)	
11 🛄 12 🗓	An organization organized  An organization organized	•	_ ·	•			nurnoses of one or
12 (14)	more publicly supported or	•	•	•		•	• •
	lines 12a through 12d that	•					
а∑	Type I. A supporting org	• • • • • • • • • • • • • • • • • • • •			-	~	aivina
	the supported organizati						
	organization You must	complete Part IV, Se	ctions A and B.				
ь	Type II. A supporting org	janization supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by hav	ving
	control or management of	of the supporting orga	inization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
	organization(s) You mus	st complete Part IV,	Sections A and C.				
c [	Type III functionally inte	egrated. A supporting	g organization operated	ın connec	tion with, a	and functionally integrate	ed with,
	its supported organization	n(s) (see instructions)	You must complete i	Part IV, Se	ections A,	D, and E.	
d 🗌	Type III non-functionall	y integrated. A supp	orting organization oper	ated in co	nnection w	vith its supported organia	zation(s)
	that is not functionally in	tegrated The organız	ation generally must sat	ısfy a dıstr	ibution rec	quirement and an attentiv	/eness
_	requirement (see instruct	tions) You must con	nplete Part IV, Sections	A and D,	and Part	V.	
e <u>[∑</u>						Type I, Type II, Type III	
	functionally integrated, o		nally integrated supporting	ng organiz	ation		
	er the number of supported	•					<u> </u>
g Pro	ovide the following information (i) Name of supported	n about the supporter	d organization(s) (iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
	organization	(,	(described on lines 1-10	rin your govern	ing document?	support (see instructions)	support (see instructions)
TNITTE	ED WAY OF		above (see instructions))	162	140		
	TH COUNTY	23-7357234	7	x		200,203.	
OICD I	111 0001111	23 /33/231	,			20072031	
				<u> </u>			
		ļ		<u> </u>	ļ		
Total	1				1	200,203.	0.

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF FORSYTH COUNTY FOUNDATION 20-2649556 Page 2

Part 11 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	:					
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-					/	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					/	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		12.0				
	on line 1 that exceeds 2% of the		4.774.66				
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4	1. A.A.	plane.	/		Sec. 1	
Sec	ction B. Total Support				T		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		/				
8	Gross income from interest,			,			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		/				
9	Net income from unrelated business						
	activities, whether or not the	/					
	business is regularly carried on	<b></b>		<del> </del>			
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )	1.4571.764303874.4400	i de la contrata del la contrata de	****************************		Haram Call Brack St.	
	Total support. Add lines 7 through 10	DISTRIBUTED TO SERVICE SERVICES		Frankledenskins	1880-788 1881 1881 1885 1885 1885 1885 1885 1	40	
	Gross receipts from related activities,	/				12	<del></del>
13	First five years. If the Form 990 is fo		s iirst, secona, thir	a, tourin, or tilth ta	ax year as a section	1 30 1 (0)(3)	ightharpoonup
Sec	organization, check this box and storetion C. Computation of Publication	ic Support Per	centage				
14	Public support percentage for 2019 (	line 6, column (f) di	vided by line 11, c	column (f)) .		14	%
	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies						▶□
b	33 1/3% support test - 2018. If the				l line 15 is 33 1/3%	or more, check thi	
	and stop here. The organization qua						ightharpoons
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					rt VI how the organ	
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	lorganization		▶□
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the						·
	organization meets the "facts-and-circ						▶Щ
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
d					Sche	edule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF FORSYTH COUNTY FOUNDATION 20-2649556 Page 3

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.)

Guality under the tests listed be Section A. Public Support	ow, please comp	Diete i art ii.)		<u>-</u> -	· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						/
merchandise sold or services per-					,	
formed, or facilities furnished in					/	
any activity that is related to the			ļ			
organization's tax-exempt purpose		-			<del>                                     </del>	
3 Gross receipts from activities that			1			
are not an unrelated trade or bus-						
iness under section 513		ļ		ļ	/	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			<u> </u>			
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	***************************************	<del></del>		1		
7a Amounts included on lines 1, 2, and				<u> </u>		
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		<del></del>	<del>                                     </del>			
c Add lines 7a and 7b		1				- <del>-</del>
8 Public support. (Subtract line 7c from line 6) Section B. Total Support			1	l		
····		1 0000	1 1 1 1 1 1 1	1 1 2010	1 ( ) 0040	(0.7.4.1
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	<del></del>	<del>                                     </del>		-	<del> </del>	
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,			İ			
and income from similar sources		1		ļ		
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				L		
c Add lines 10a and 10b		1				
11 Net income from unrelated business	1					
activities not included in line 10b,						
whether or not the business is						
regularly carried on  12 Other income. Do not include gain		<del> </del>	<u> </u>	<del>                                     </del>		
or loss from the sale of capital				İ		
assets (Explain in Part VI)		+		_		
13 Total support. (Add lines 9, 10c. 11, and 12)	<del></del>	<u> </u>	<u> </u>	.1		<u> </u>
14 First five years. If the Form 990 is for	the organization'	's first, second, thu	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here		<del></del>		· · · · · · · · · · · · · · · · · · ·		<b>&gt;</b>
Section C. Computation of Public	Support Per	rcentage			1 7	
15 Public support percentage for 2019 (lir	ne 8, column (f), o	divided by line 13,	column (f))		15	
16 Public support percentage from 2018			<u> </u>		16	
Section D. Computation of Invest	tment Incom	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2019. If the			on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and						▶ □
b/33 1/3% support tests - 2018. If the	•					ınd
line 18 is not more than 33 1/3%, chec	-					▶□
		boy on line 14 10		, ,	=	

## Schedule A (Form 990 or 990 EZ) 2019 UNITED WAY OF FORSYTH COUNTY FOUNDATION 20-2649 556 Page 4

#### Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

	Yes	No
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	dule A (Form 990 or 990 EZ) 2019 UNITED WAY OF FORSITH COUNTY FOUNDATION 20-26	490	30 I	age 5
Pa	Supporting Organizations (continued)			1
11	Has the organization accepted a gift or contribution from any of the following persons?	150.00	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a	ne lasace	X
h	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	110		X
	tion B. Type I Supporting Organizations	1	<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1000
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1.2		13
	tax year? 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	40.000
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	7.600 2007:00		
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	<b>36%</b> (4)		
<u></u>	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations			T
		54.3%	Yes	No E 35336
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	188 X 184 A		1 2 % TAX
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1 1	_!	Т
	Alon 5.7 in Type in Supporting Organizations		Yes	T No.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	2393	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No
•	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?	1	A) 6/2/49/00	in maria sase.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	437	7 PUS	NO.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			74/2
	significant voice in the organization's investment policies and in directing the use of the organization's	9		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)	).		
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructioi		T
2	Activities Test. Answer (a) and (b) below.	5-55-55	Yes	No 1 57579:#A
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			24
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a	64 TX:00	
ь	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20	2 50	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			2
	activities but for the organization's involvement	2b	665 F-1788	8 P447200.785
3	Parent of Supported Organizations Answer (a) and (b) below.	130	5 5 60	1
а		1		
<b>-</b>	trustees of each of the supported organizations? Provide details in Part VI.	3a	xxxx	10-30-500
b	$\cdot$	7.00		W.G
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990 EZ) 2019 UNITED WAY OF FORSYTH C			0-2649556 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust or	n Nov 20, 1970 (explain in Pa	art VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	
Secti	ion 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	1	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	11.3		
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
	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		
	Discount claimed for blockage or other	100		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		-
4	Cash deemed held for exempt use Enter 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for pnor year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	2	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	Zela a serie de la companya della companya della companya de la companya della c	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		A company of the comp	
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

	dule A (Form 990 or 990-EZ) 2019 UNITED WAY OF			0-2649556 Page 7
(3) - 90/	Managada P	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions	mot ouroocc		Current Year
<del>_</del>	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp	-		
2	organizations, in excess of income from activity	it purposes or supported		
	Administrative expenses paid to accomplish exempt purpose	or of supported organizations		
<u>3</u> 4		s or supported organizations		
5	Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)	<del></del>		•
6				
7	Other distributions (describe in Part VI) See instructions.  Total annual distributions. Add lines 1 through 6	·- <u></u>		
8	Distributions to attentive supported organizations to which the	o organization is responsive		
0	(provide details in Part VI) See instructions	ie organization is responsive		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
10	The 6 amount divided by line 9 amount	(1)	(ii)	(iii)
Section	ion E - Distribution Allocations (see instructions)	('/ Excess Distributions	Underdistributions	Distributable
3ec (	ION E - DISTIBUTION ANDCARONS (See Instructions)	Excess Distributions	Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-		2027 1 1425 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	77.5.4°C 11.0.7.5°C 11.0.7.5°C 11.0.7.5°C 11.0.7.5°C 11.0.7.5°C 11.0.7.5°C 11.0.7.5°C 11.0.7.5°C 11.0.7.5°C 11
_	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2019			75 25 34 36 5 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	From 2014		CANADA CANDO CANDO CANDO	567747 <i>577</i> 67874746
	From 2015	YS TANKET STANKE		
	From 2016	Andrew Grand Company of the Company		
	From 2017			The same of the sa
	From 2018			\$-3-5-W1707CVX-75
	Total of lines 3a through e	The state of the s		
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount	04546884504538		
	Carryover from 2014 not applied (see instructions)			
1	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-E	Z) 2019	UNITED	WAY	OF	FORSYTH	COUNTY	FOUNDATION	20-2649556 Page 8
Part VI	Supplemental Part IV, Section A line 1: Part IV, Sec	I Inform , lines 1, 2 ction D, lin , 6, and 8	<b>nation.</b> Pro 2, 3b, 3c, 4b nes 2 and 3:	ovide the e , 4c, 5a, 6, Part IV. Se	xplan 9a, 9 ection	nations required 9b, 9c, 11a, 11b n E. lines 1c, 2a	by Part II, line b, and 11c, Pai . 2b, 3a, and 3	10, Part II, line 17a or t IV, Section B, lines 1	17b, Part III, line 12, and 2, Part IV, Section C, /, Section B, line 1e, Part V,
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#### 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

Open to Public

**Employer identification number** 

OMB No 1545-0047

Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY FOUNDATION 20-2649556 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

- service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
  - (i) Revenue included on Form 990, Part VIII, line 1
  - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items
- a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2019

		WAY OF FOR					20-26		
Par								(continu	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, check a	any of the f	ollowing that make	significant	use of its		
	collection items (check all that apply)								
а	Public exhibition	C	י עַ י	oan or excl	hange program				
b	Scholarly research	•	• 🔲	Other					
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	e organization's exe	mpt purp	ose in Part	XIII	
5	During the year, did the organization solicit o	r receive donations	of art, hist	torical treas	sures, or other simila	r assets		_	_
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "Yes" o	n Form 99	10, Part IV, 1	ine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodic	an or other intermed	diary for co	ontributions	s or other assets not	t included	_		
	on Form 990, Part X?						L	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ıple.					
								Amount	
С	Beginning balance					1c	<u> </u>		
d	Additions during the year					1d	<del>                                     </del>		
е	Distributions during the year					1e	<b>_</b>		
f	Ending balance					1f	<u></u>		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	istodial account liab	ılıty?	<u>_</u>	_ Yes	No
	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete	f the organization ar	nswered "	'Yes" on Fo	rm 990, Part IV, line	10			
	-	(a) Current year	(b) P	rior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance					<u> </u>		L	
b	Contributions		ļ						
С	Net investment earnings, gains, and losses		<u> </u>			ļ		ļ	
d	Grants or scholarships		ļ			1			
е	Other expenditures for facilities								
	and programs		ļ						
f	Administrative expenses		ļ <u></u>					ļ	
g	End of year balance		<u> </u>					<u> </u>	
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	, column (a)	) held as.				
а	Board designated or quasi-endowment		%						
b	Permanent endowment >	%							
С	Term endowment	<u></u> %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held ar	nd administered for t	the organi	zation	_	
	by								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(iı)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of the		owment fu	unds	<u> </u>				
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV,				<del></del>	<del></del>	
	Description of property	(a) Cost or		` '		Accumula		(d) Book	value
		basis (invest	ment)	basis	(other) d	epreciatio	n		
1a	Land								
b	Buildings								
С	Leasehold improvements						$\longrightarrow$		
d	Equipment						$\longrightarrow$		
<u> </u>	Other						$\longrightarrow$		
Tata	Add lines 12 through 16 (Column (d) must a	and Form 000 Part	V colum	n (D) line 1	00.1				0.

Schedule D (Form 990) 2019

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 ... X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2019 UNITED WAY OF FORSYTH COUNTY FOUNDATION 20-2649556 Page 5
Part XIII. Supplemental Information (continued)
UNITED WAY FOUNDATION IS REQUIRED TO FILE A FEDERAL EXEMPT ORGANIZATION
TAX RETURN (FORM 990) ANNUALLY TO RETAIN THE EXEMPT STATUS. UNITED WAY
FOUNDATION IS ALSO REQUIRED TO FILE AN EXEMPT ORGANIZATION BUSINESS INCOME
TAX RETURN (FORM 990T) FOR ANY YEAR GROSS UNRELATED BUSINESS INCOME
EXCEEDS \$1,000. UNITED WAY FOUNDATION'S FORM 990 FILINGS ARE GENERALLY
SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THREE YEARS
AFTER THEY ARE FILED.

Part XIII | Supplemental Information (continued)

Part VII Investments - Other Securities. 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
VANGUARD DIVIDEND GROWTH FUND	53,303.	FMV
VANGUARD INFLATION PROTECTED SECURITIES FUND	108,857.	FMV
VANGUARD INTERNATIONAL VALUE FUND	56,302.	FMV
VANGUARD MID-CAP VALUE INDEX FUND	32,687.	FMV
VANGUARD PRIMECAP CORE FUND VANGUARD SHORT-TERM INVESTMENT GRADE FUND	211,627.	FMV
ADMIRAL SHARES	632,703.	FMV
VANGUARD SMALL-CAP VALUE FUND	16,728.	FMV
VANGUARD SPDR BARCLAYS CONVERTIBLE VANGUARD TOTAL INTERNATIONAL STOCK INDEX	264,809.	FMV
FUND	85,682.	FMV
INVESCO EXCHANGE TRADED S&P 500	130,032.	FMV
INVESCO EXCHANGE TRADED PFD	181,287.	FMV
ISHARES TR RUSSELL 1000 VALUE	102,822.	FMV
ISHARES TR RUSSELL 1000 GROWTH	94,823.	FMV
ISHARES TR US FINANCIALS INDEX FUND	75,997.	FMV
ISHARES TR US CONSUMER GOODS	99,361.	FMV
SELECT SECTOR SPDR TR HEALTH CARE	109,276.	FMV

#### SCHEDULE J (Form 990)

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
2019

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

UNITED WAY OF FORSYTH COUNTY FOUNDATION

Employer identification number 20-2649556

Ŗą	rt 📝 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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		2020 % 3030 0	2017 2017 2017 2017
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1. (2.4)	<u> </u>	
	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	WY 1-0-F	
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			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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		<b>38</b> 3	1
а	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
С	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			7
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			200
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	3,423	330	***
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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	100 × 100 ×		
	contingent on the net earnings of	\$ . \$ \f		1.34.6
а	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			影響
	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	ÇDE,		
	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		

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

Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019

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 VIII

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.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	beneiits	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) CINDY GORDINEER	€	0	0	0	0	0.	0	0
SECRETARY	E	211,95	0	0.	27,554.	2,340.	241,845.	0
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#### SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY FOUNDATION

Employer identification number 20-2649556

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WILL ALSO CARRY OUT FUNDRAISING ACTIVITIES WITH AN EMPHASIS ON BEQUESTS
AND PLANNED GIVING.
FORM 990, PART VI, SECTION A, LINE 8B:
THE FOUNDATION DOES NOT HAVE A COMMITTEE WITH THE AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE CFO AND THE PRESIDENT AND CEO OF THE UNITED WAY OF FORSYTH COUNTY
REVIEW THE RETURN PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE UNITED WAY OF FORSYTH COUNTY FOUNDATION ("FOUNDATION") FOLLOWS THE
UNITED WAY OF FORSYTH COUNTY, INC'S CONFLICT OF INTEREST POLICY SINCE THESE
ORGANIZATIONS ARE RELATED. ANNUALLY, THE FOUNDATION DISTRIBUTES ITS
COMPREHENSIVE CODE OF ETHICS TO THE BOARD OF THE ORGANIZATION. THIS CODE OF
ETHICS IS AN IMPORTANT WAY FOR US TO REAFFIRM OUR ETHICAL COMMITMENTS. THE
CODE SETS FORTH THE PRINCIPLES AND STANDARDS THAT GUIDE OUR DECISIONS AND
ACTIONS. GUIDANCE AND CLARIFICATION ARE ENCOURAGED WHEN QUESTIONS ARISE
ABOUT APPLYING THE PRINCIPLES AND STANDARDS. AFTER THE CODE HAS BEEN
REVIEWED, A "CERTIFICATION FORM" IS SIGNED, INDICATING ANY ACTUAL OR
PERCEIVED CONFLICTS.
FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization  UNITED WAY OF FORSYTH COUNTY FOUNDATION	Employer identification number 20-2649556
	20 2049330
AVAILABLE TO THE PUBLIC UPON REQUEST.	
EODW 000 DADW VII CECWION A.	
FORM 990, PART VII, SECTION A:	T INTER WAY
CYNTHIA GORDINEER'S 2019 CALENDAR YEAR BENEFITS PAID BY TH	
OF FORSYTH COUNTY WERE \$29,894. HER BENEFITS WERE COMPRIS	
FOLLOWING: LIFE/DISABILITY INSURANCE \$552, WORKERS COMPENS	ATION
INSURANCE \$1,272, NC UNEMPLOYMENT INSURANCE \$294, 401K EMP	LOYER
CONTRIBUTION \$21,195, 401K MATCH \$6,359, AND A COMPANY VEH	ICLE \$222.
FORM 990, PART XII, LINE 2C:	
THE OVERSIGHT/SELECTION PROCESS HAS NOT CHANGED FROM THE P	RIOR YEAR.
	**
·	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 890, Part IV, line 33, 34, 35b, 36, or 37.

▼ Attach to Form 990.

Open to Public Inspection 2019

OMB No 1545-0047

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

COUNTY FOUNDATION

FORSYTH

OF

UNITED WAY

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 20-2649556

(g) Section 512(b)(13) controlled ٥ × Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets A/N status (if section 501(c)(3)) (e) Public charity Total income Exempt Code € section 501(C)3 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) NORTH CAROLINA TO IDENTIFY & ADDRESS Primary activity Primary activity COMMUNITY NEEDS 23-7357234, 301 NORTH MAIN STREET, SUITE Name, address, and EIN (if applicable) OF FORSYTH COUNTY, INC. Name, address, and EIN of related organization of disregarded entity WINSTON-SALEM, NC 27101 UNITED WAY Part I Part II 1700,

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

Schedule R (Form 990) 2019

Page 2 20-2649556

> UNITED WAY OF FORSYTH COUNTY FOUNDATION Schedule R (Form 990) 2019

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

Part III

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year 3 Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling
entity (c)
Legal
domicite
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization <u>e</u> Part IV

	_		_	_							_	
	e	DX 13) rolled	ž									
	) 3	512(b)(13) controlled entity?	Yes									
	(h)	Percentage ownership										 
	(6)	Share of end-of-year										
	(t)	Share of total income										
	(e)	Type of entity (C corp, S corp,	or trust)									
	(p)	Direct controlling Type of entity Si entity (C corp., S corp.,						•				
	(0)	Legal domicile (state or	country)									
וט ווופ ומא אפמו	(q)	Primary activity										
organizations neated as a corporation of trust doring the tax year	(e)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2019

932162 09-10-19

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			•		Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed i	n Parts II-1V?			$\lceil , \rceil$
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				13		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1	9	×	
c Gift, grant, or capital contribution from related organization(s)				၃		×
d Loans or loan guarantees to or for related organization(s)				19	×	
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				<b>=</b>		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				£	7	×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				F		×
1. I see a femiliar of the see about the see about the see a			I	÷		×
Pease of facilities, equipment, or other assets from related organization	(4)		<u>. F.</u>	٤ ;	Ī	>
reflormance of services of membership of fundraising solicitations for related organization(s)	nization(s)		1	╡,	Ť	4 >
m Performance of services or membership or fundraising solicitations by related organization(s)	ızatıon(s)			퇸	1	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	×	
			•			
p Reimbursement paid to related organization(s) for expenses				10		×
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	lved		
(1) UNITED WAY OF FORSYTH COUNTY, INC.	В	200,203.FMV	FMV			
2) UNITED WAY OF FORSYTH COUNTY, INC.	Q	150,000. FMV	FMV			
(3) UNITED WAY OF FORSYTH COUNTY, INC.	0	90,821. FMW	FWW			
(4)						

Schedule R (Form 990) 2019

(**6**) 932163 09-10-19

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Schedule R (Form 990) 2019 UNITED WAY OF FORSYTH COUNTY FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

bisproportonale amount in box 20 managing ownership

ves No (Form 1065) Yes No 3 Ξ end-of-year Share of assets **6** (f) Share of total income Predominant income parties sections 512-514)

(e)

Are all parties sections sections 512-514)

Area in that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Legal domicile (state or foreign country) ত Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019	UNITED	WAY	OF	FORSYTH	COUNTY	FOUNDATION	20-2649556 Page 5
Schedule R (Form 990) 2019 Part.VII   Supplemental Info	ormation						
Provide additional infor		nses to d	uesti	ons on Schedule	R See instru	ctions.	
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