

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service

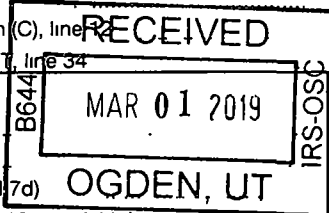
Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: UNITED WAY OF FORSYTH COUNTY, INC. D Employer identification number: 23-7357234. E Telephone number: 336-723-3601. G Gross receipts \$: 15,844,311. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.FORSYTHUNITEDWAY.ORG. K Form of organization: Corporation. L Year of formation: 1974. M State of legal domicile: NC.

Part I Summary

Table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission... 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation, employee benefits... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.



Part II Signature Block

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

Sign Here: Signature of officer: C. S. Gordiner, Date: 1-25-2019. Type or print name and title: CYNTHIA S. GORDINEER, PRESIDENT & CEO

Paid Preparer Use Only: Print/Type preparer's name: JANE R POTTER, Preparer's signature: Jane R Potter, Date: 1/24/19, Check if self-employed: No, PTIN: P01057495, Firm's name: BUTLER + BURKE, LLP, Firm's address: 100 CLUB OAKS COURT WINSTON-SALEM, NC 27104, Firm's EIN: 56-1138530, Phone no.: 336-768-2310

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED APR 16 2019

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Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission

UNITED WAY OF FORSYTH COUNTY IS A CATALYST FOR STRENGTHENING OUR COMMUNITY BY IDENTIFYING AND ADDRESSING ITS MOST SIGNIFICANT NEEDS THROUGH ALIGNMENT OF RESOURCES AND STRATEGIC PARTNERSHIPS TO ACHIEVE MEASUREABLE, LASTING IMPACT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 9,930,958. including grants of \$ 9,008,447.) (Revenue \$ 237,941.)

UNITED WAY'S APPROACH TO CREATING LASTING CHANGES IN COMMUNITY OUTCOMES BY INVESTING FUNDING IN COMMUNITY-WIDE INITIATIVES FOCUSING ON EDUCATION, ECONOMIC STABILITY AND HEALTH. UNITED WAY ENCOURAGES FUNDED PARTNERS TO WORK TOGETHER TO CREATE COMPREHENSIVE, INTEGRATED PROGRAMS TO ADDRESS OUR COMMUNITY'S NEEDS.

4b (Code) (Expenses \$ 2,238,456. including grants of \$ 1,910,949.) (Revenue \$ 53,632.)

UNITED WAY'S APPROACH TO CREATING LASTING CHANGES IN COMMUNITY OUTCOMES BY INVESTING FUNDING IN A PLACEBASED STRATEGY (PLACE MATTERS) IN THIRTEEN NEIGHBORHOODS IN NORTHEAST WINSTON SALEM. UNITED WAY ENCOURAGES FUNDED PARTNERS TO WORK TOGETHER TO CREATE COMPREHENSIVE, INTEGRATED PROGRAMS TO ADDRESS OUR COMMUNITY'S NEEDS.

4c (Code) (Expenses \$ 459,969. including grants of \$ 90,000.) (Revenue \$ 11,021.)

THE FORSYTH PROMISE FACILITATES EDUCATION-FOCUSED COLLABORATIVE, COMMUNITY-WIDE PLANNING AND ACTION. WE PROVIDE A FRAMEWORK TO HELP ALL COMMUNITY STAKEHOLDERS WORK EFFECTIVELY TOGETHER TOWARD THE GOAL OF IMPROVED EDUCATIONAL OUTCOMES FOR FORSYTH COUNTY'S STUDENTS FROM CRADLE TO CAREER. OUR CORE VALUES ARE EDUCATIONAL EQUITY, INCLUSIVE STAKEHOLDER ENGAGEMENT, AND DATA-DRIVEN DECISION MAKING.

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,893,110. including grants of \$ 0.) (Revenue \$ 45,358.)

4e Total program service expenses 14,522,493.

ABDIJKO

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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?		
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 transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b and corresponding Yes/No columns. Includes sub-questions for various IRS forms and tax compliance issues.

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 in Schedule O. See instructions

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	29		
b	Enter the number of voting members included in line 1a, above, who are independent		
	28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

- 17** List the states with which a copy of this Form 990 is required to be filed **NC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **BARRY LEONARD - (336)721-9343**
301 NORTH MAIN STREET, SUITE 1700, WINSTON-SALEM, NC 27101

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BETTY LOU VONTSOLOS BOARD MEMBER	1.00	X						0.	0.	0.
(2) MARTIN L. HOLTON III BOARD MEMBER	1.00	X						0.	0.	0.
(3) CHRIS FOX BOARD MEMBER	1.00	X						0.	0.	0.
(4) DEBRA DONAHUE BOARD MEMBER	1.00	X						0.	0.	0.
(5) ALVIN L. ATRINSON BOARD MEMBER	1.00	X						0.	0.	0.
(6) REV. TOURE MARSHALL BOARD MEMBER	1.00	X						0.	0.	0.
(7) PETER LAROCHE BOARD MEMBER	1.00	X						0.	0.	0.
(8) TRISHA COLEMAN BOARD MEMBER	1.00	X						0.	0.	0.
(9) ELWOOD ROBINSON BOARD MEMBER	1.00	X						0.	0.	0.
(10) STEPHEN MOTEW BOARD MEMBER	1.00	X						0.	0.	0.
(11) OLLIE CHANDHOK BOARD MEMBER	1.00	X						0.	0.	0.
(12) ANDY BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(13) ROGAN KERSH BOARD MEMBER	1.00	X						0.	0.	0.
(14) JOHN D. MCCONNELL BOARD MEMBER	1.00	X						0.	0.	0.
(15) COLEMAN TEAM BOARD MEMBER	1.00	X						0.	0.	0.
(16) BEVERLY EMORY BOARD MEMBER	1.00	X						0.	0.	0.
(17) JOHN C. FOX EXEC COMM - CHAIR	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL S. JESKE EXEC COMM - PAST CHAIR	1.00	X		X				0.	0.	0.
(19) EVAN RALEIGH EXEC COMM - SECRETARY	1.00	X		X				0.	0.	0.
(20) BRYAN W. SWERBINSKY EXEC COMM - TREASURER	1.00	X		X				0.	0.	0.
(21) MARY DAME EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(22) JENNIFER HEATON EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(23) DOUG DEBRECHT EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(24) CATRINA THOMPSON EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(25) MARTHA LOGEMANN EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(26) W. BENNETT BRADLEY EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								534,694.	0.	88,504.
d Total (add lines 1b and 1c)								534,694.	0.	88,504.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEIGHBORS FOR BETTER NEIGHBORHOODS INC. PO BOX 20473, WINSTON-SALEM, NC 27105	SUBCONTRACTOR FOR NEIGHBORHOOD ORGANIZ	227,514.
WINSTON TOWER MAIN, LLC 301 NORTH MAIN ST, WINSTON-SALEM, NC 27011	RENT	158,330.
GOODWILL INDUSTRIES OF NW NC, INC. PO BOX 4299, WINSTON-SALEM, NC 27115	SUBCONTRACTOR FOR HOMELESS CLIENT PROC	149,901.
SALVATION ARMY, 1311 SOUTH EUGENE STREET, GREENSBORO, NC 27406	SUBCONTRACTOR FOR HOMELESS CLIENT PROC	125,961.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	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	1f 15,490,169.				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		15,490,169.			
Program Service Revenue	2 a	ADMINISTRATIVE FEE	Business Code 900099	347,952.	347,952.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		347,952.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		72.		72.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
					20,695.		
					<20,695.>		
	b	Less cost or other basis and sales expenses					
c	Gain or (loss)						
d	Net gain or (loss)		<20,695.>		<20,695.>		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities See Part IV, line 19	a					
		b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a					
		b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS		900099	6,118.		6,118.	
		b					
		c					
		d	All other revenue				
		e	Total. Add lines 11a-11d		6,118.		
12	Total revenue. See instructions.		15,823,616.	347,952.	0.	<14,505.>	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,009,396.	11,009,396.		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	550,830.	45,913.	405,439.	99,478.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,681,512.	814,810.	433,302.	433,400.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	106,500.	54,458.	33,682.	18,360.
9 Other employee benefits	200,551.	100,256.	59,351.	40,944.
10 Payroll taxes	153,153.	58,726.	57,189.	37,238.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	30,897.	17,976.	8,488.	4,433.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,092.		7,092.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	89,435.	89,341.	62.	32.
12 Advertising and promotion	109,741.	5,037.	7,040.	97,664.
13 Office expenses	146,593.	50,696.	53,097.	42,800.
14 Information technology				
15 Royalties				
16 Occupancy	164,756.	68,027.	63,545.	33,184.
17 Travel	24,634.	10,788.	3,220.	10,626.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,555.	37,572.	20,487.	1,496.
20 Interest				
21 Payments to affiliates	294,978.	103,967.	154,066.	36,945.
22 Depreciation, depletion, and amortization	19,549.	4,989.	9,555.	5,005.
23 Insurance	11,543.	4,087.	5,452.	2,004.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	974,177.	974,177.	0.	0.
b CONTRACT LABOR	886,855.	801,975.	46,810.	38,070.
c MISCELLANEOUS	263,728.	219,702.	8,420.	35,606.
d CONTINUING EDUCATION	91,505.	45,803.	31,525.	14,177.
e All other expenses	20,708.	4,797.	10,600.	5,311.
25 Total functional expenses Add lines 1 through 24e	16,897,688.	14,522,493.	1,418,422.	956,773.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	517,518.	1	255,617.
	2	Savings and temporary cash investments	171,853.	2	45,177.
	3	Pledges and grants receivable, net	4,261,775.	3	4,063,298.
	4	Accounts receivable, net	285,187.	4	1,018,436.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	69,768.	9	30,988.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	284,197.		
	10b	Less accumulated depreciation	240,292.	10c	43,905.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	2,302,112.	12	2,098,526.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,670,989.	16	7,555,947.	
Liabilities	17	Accounts payable and accrued expenses	1,236,775.	17	559,520.
	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	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	5,081,301.	25	6,091,683.
	26	Total liabilities. Add lines 17 through 25	6,318,076.	26	6,651,203.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	<2,477,667.>	27	<3,189,501.>
	28	Temporarily restricted net assets	3,071,693.	28	3,043,724.
	29	Permanently restricted net assets	758,887.	29	1,050,521.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,352,913.	33	904,744.	
34	Total liabilities and net assets/fund balances	7,670,989.	34	7,555,947.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,823,616.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,897,688.
3	Revenue less expenses Subtract line 2 from line 1	3	<1,074,072.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,352,913.
5	Net unrealized gains (losses) on investments	5	151,597.
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 in Schedule O)	9	474,306.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	904,744.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization: **UNITED WAY OF FORSYTH COUNTY, INC.** Employer identification number: **23-7357234**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations 07
 - g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17176434.	18027683.	16262079.	15896094.	15490169.	82852459.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17176434.	18027683.	16262079.	15896094.	15490169.	82852459.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8122629.
6 Public support. Subtract line 5 from line 4						74729830.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	17176434.	18027683.	16262079.	15896094.	15490169.	82852459.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	331.	351.	92.	27.	72.	873.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				1,582.	6,118.	7,700.
11 Total support. Add lines 7 through 10						82861032.
12 Gross receipts from related activities, etc. (see instructions)					12	1,495,222.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	90.19 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	91.45 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
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 (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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c 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.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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		
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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 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 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7.			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

Series of horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

23-7357234

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... are the organization's property...?, 6 Did the organization inform all grantees, donors, and donor advisors... for charitable purposes...?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations...?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations... during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations... during the year, 8 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)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

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

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

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

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

	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,170,793.	1,046,840.	1,120,035.	1,118,335.	981,715.
b Contributions	291,634.	23,283.	3,600.	4,350.	9,071.
c Net investment earnings, gains, and losses	96,884.	125,670.	<24,225.>	32,230.	164,022.
d Grants or scholarships					
e Other expenditures for facilities and programs	70,328.	25,000.	52,570.	34,880.	36,473.
f Administrative expenses					
g End of year balance	1,488,983.	1,170,793.	1,046,840.	1,120,035.	1,118,335.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 70.55 %
- c Temporarily restricted endowment 29.45 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		284,197.	240,292.	43,905.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 43,905.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ISHARES S&P SMALLCAP 600		
(B) INDEX	25,038.	END-OF-YEAR MARKET VALUE
(C) BENEFICIAL INTEREST HELD		
(D) BY OTHERS	906,412.	END-OF-YEAR MARKET VALUE
(E) JANUS HENDERSON STRATEGIC		
(F) INCOME FUND CLASS I		
(G) (HFAIX)	60,151.	END-OF-YEAR MARKET VALUE
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,098,526.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATION TO AGENCIES AND OTHER	
(3) UNITED WAYS	2,045,982.
(4) DUE TO UNITED WAY FOUNDATION	4,045,701.
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,091,683.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE VOLUNTARY ACTION CENTER TRAINING ENDOWMENT- THE PURPOSE OF THE ENDOWMENT IS TO AID AND SUPPORT THE TRAINING PROGRAMS OF THE VOLUNTARY ACTION CENTER OF FORSYTH COUNTY, INC. WHOSE PROGRAMS ARE CONDUCTED UNDER THE AUSPICES OF UNITED WAY.

THE UNITED WAY JOEL A. WESTON, JR. MEMORIAL ENDOWMENT- THE PURPOSE OF THE ENDOWMENT IS TO FUND AN AWARD FOR EXCELLENCE IN NONPROFIT MANAGEMENT, DEDICATED TO THE MEMORY OF JOEL A. WESTON, JR., WHO SERVED AS CHAIRMAN OF UNITED WAY'S BOARD OF DIRECTORS FROM 1980-1982.

THE UNITED WAY CARING SHARES ENDOWMENT- THE PURPOSE OF THE ENDOWMENT IS TO PROVIDE FUNDS FOR THE WELFARE OF THE COMMUNITY AS DEEMED NECESSARY BY THE BOARD OF DIRECTORS OF UNITED WAY.

Part XIII Supplemental Information *(continued)*

PART X, LINE 2:

UNITED WAY'S PRIMARY TAX POSITIONS RELATE TO ITS STATUS AS A
NOT-FOR-PROFIT ENTITY EXEMPT FROM INCOME TAXES AND CLASSIFICATION OF
ACTIVITIES RELATED TO ITS EXEMPT PURPOSE. IT IS THE OPINION OF MANAGEMENT
THAT UNITED WAY HAS NO UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO
CHANGE UPON EXAMINATION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
23-7357234

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINSTON-SALEM FORSYTH COUNTY SCHOOLS - P O BOX 2513 - WINSTON-SALEM, NC 27102	56-0795164		921,274.	0.			GENERAL SUPPORT
THE SALVATION ARMY 836 OAK STREET, SUITE 310 WINSTON-SALEM, NC 27102	58-0660607	501(C)(3)	870,451.	0.			GENERAL SUPPORT
FAMILY SERVICES, INC. 1200 S. BROAD STREET WINSTON-SALEM, NC 27101	56-0689235	501(C)(3)	783,058.	0.			GENERAL SUPPORT
CENTER FOR EXCEPTIONAL CHILDREN 2315 COLISEUM DRIVE WINSTON-SALEM, NC 27106	56-0615188	501(C)(3)	665,954.	0.			GENERAL SUPPORT
YWCA 1300 S. MAIN STREET WINSTON-SALEM, NC 27127	56-0564345	501(C)(3)	521,641.	0.			GENERAL SUPPORT
YMCA OF NORTHWEST NC 301 NORTH MAIN STREET, SUITE 1900 WINSTON-SALEM, NC 27101	56-0530015	501(C)(3)	498,286.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **56.**

3 Enter total number of other organizations listed in the line 1 table **2.**

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

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP FOR A DRUG FREE NC, INC. - 665 WEST FOURTH STREET - WINSTON-SALEM, NC 27101	56-0951129	501(C)(3)	355,308.	0.			GENERAL SUPPORT
EXPERIMENT IN SELF RELIANCE 1550 UNIVERSITY COURT WINSTON-SALEM, NC 27106	56-6060100	501(C)(3)	259,150.	0.			GENERAL SUPPORT
FINANCIAL PATHWAYS OF THE PIEDMONT 8064 NORTH POINT BOULEVARD, SUITE 2 WINSTON-SALEM, NC 27106	56-1015074	501(C)(3)	224,045.	0.			GENERAL SUPPORT
CANCER SERVICES, INC. 3175 MAPLEWOOD AVENUE WINSTON-SALEM, NC 27103	56-0656375	501(C)(3)	209,295.	0.			GENERAL SUPPORT
ENRICHMENT CENTER 1006 SOUTH MARSHALL STREET WINSTON-SALEM, NC 27101	56-1481122	501(C)(3)	179,576.	0.			GENERAL SUPPORT
WINSTON-SALEM URBAN LEAGUE 201 WEST FIFTH STREET WINSTON-SALEM, NC 27101	56-0532301	501(C)(3)	164,253.	0.			GENERAL SUPPORT
COMMUNITY CARE CENTER 2135 WALKERTOWN ROAD WINSTON-SALEM, NC 27101	58-1403699	501(C)(3)	159,079.	0.			GENERAL SUPPORT
IMPRINTS 502 NORTH BROAD STREET WINSTON-SALEM, NC 27101	56-0949178	501(C)(3)	152,033.	0.			GENERAL SUPPORT
GOODWILL INDUSTRIES OF NORTHWEST NC, INC. - 2701 UNIVERSITY PARKWAY - WINSTON-SALEM, NC 27115	56-0588474	501(C)(3)	152,030.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	56-0554413	501(C)(3)	136,517.	0.			GENERAL SUPPORT
BOWMAN GRAY CHILD GUIDANCE MEDICAL CENTER BOULEVARD WINSTON-SALEM, NC 27157	11-1111113	501(C)(3)	133,704.	0.			GENERAL SUPPORT
EXCHANGE SCAN, INC. 500 WEST NORTHWEST BOULEVARD WINSTON-SALEM, NC 27105	58-1443692	501(C)(3)	129,714.	0.			GENERAL SUPPORT
LEGAL AID SOCIETY OF NORTHWEST NC, INC. - 216 WEST FOURTH STREET - WINSTON-SALEM, NC 27101	59-1774692	501(C)(3)	117,185.	0.			GENERAL SUPPORT
CATHOLIC SOCIAL SERVICES PO BOX 20185 CHARLOTTE, NC 28211	56-1058954	501(C)(3)	115,288.	0.			GENERAL SUPPORT
TURN INC. 3901 CARVER SCHOOL ROAD WINSTON-SALEM, NC 27105	56-0653369	501(C)(3)	102,396.	0.			GENERAL SUPPORT
FELLOWSHIP HOME 661 NORTH SPRING STREET WINSTON-SALEM, NC 27101	58-1400131	501(C)(3)	91,173.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY 1026 W. 14TH STREET WINSTON-SALEM, NC 27105	56-1448955	501(C)(3)	86,145.	0.			GENERAL SUPPORT
MENTAL HEALTH ASSOCIATION 1509 SOUTH HAWTHORNE ROAD WINSTON-SALEM, NC 27103	56-0776248	501(C)(3)	85,992.	0.			GENERAL SUPPORT

UNITED WAY OF FORSYTH COUNTY, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ABUSE RESOURCE EDUCATION PO BOX 1541 LITTLETON, NC 27805	56-2108200	501(C)(3)	85,000.	0.			GENERAL SUPPORT
GROUP HOMES OF FORSYTH COUNTY 526 WEST FIRST STREET WINSTON-SALEM, NC 27101	56-1097900	501(C)(3)	84,643.	0.			GENERAL SUPPORT
WINSTON-SALEM STATE UNIVERSITY PO BOX 19422 WINSTON-SALEM, NC 27110	56-6001466		83,229.	0.			GENERAL SUPPORT
AMOS COTTAGE REHABILITATION 3325 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27103	56-0532138	501(C)(3)	82,514.	0.			GENERAL SUPPORT
FIRST CHRISTIAN CHURCH 2320 COUNTRY CLUB ROAD WINSTON-SALEM, NC 27104	56-6001706	501(C)(3)	65,918.	0.			GENERAL SUPPORT
CHILDREN'S LAW CENTER FOR FORSYTH COUNTY - 8 WEST 3RD STREET, SUITE M-6 - WINSTON-SALEM, NC 27101	54-2185218	501(C)(3)	63,567.	0.			GENERAL SUPPORT
CRISIS CONTROL MINISTRY 200 E. 10TH STREET WINSTON-SALEM, NC 27101	23-7348168	501(C)(3)	59,601.	0.			GENERAL SUPPORT
WINSTON-SALEM FOUNDATION 751 WEST FOURTH STREET WINSTON-SALEM, NC 27101	56-6037615	501(C)(3)	45,000.	0.			GENERAL SUPPORT
MEDIATION SERVICES 310 EAST 3RD STREET, SUITE 75 WINSTON-SALEM, NC 27101	58-1556490	501(C)(3)	40,334.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHLEHEM COMMUNITY CENTER 520 NORTH CLEVELAND AVE. WINSTON-SALEM, NC 27101	54-0543242	501(C)(3)	40,000.	0.			GENERAL SUPPORT
WINSTONNET INC 411 N. CHERRY STREET, 2ND FLOOR WINSTON-SALEM, NC 27101	31-1815083	501(C)(3)	36,144.	0.			GENERAL SUPPORT
CROSBY SCHOLARS COMMUNITY PARTNERSHIP - 2701 UNIVERSITY PARKWAY - WINSTON-SALEM, NC 27106	31-1523230	501(C)(3)	34,837.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 690 COLISEUM DRIVE WINSTON-SALEM, NC 27106	31-1589795	501(C)(3)	33,434.	0.			GENERAL SUPPORT
GRACE PRESBYTERIAN CHURCH USA 3901 CARVER SCHOOL RD. WINSTON-SALEM, NC 27105	56-0653369	501(C)(3)	29,247.	0.			GENERAL SUPPORT
GUIDING INSTITUTE FOR DEVELOPMENT OF EDUCATION - 2020 E. 14TH STREET - WINSTON-SALEM, NC 27105	56-2108796	501(C)(3)	29,130.	0.			GENERAL SUPPORT
UNITED WAY OF NORTH CAROLINA 875 WALNUT STREET CARY, NC 27511	56-0564547	501(C)(3)	28,725.	0.			GENERAL SUPPORT
HANDS ON NORTHWEST NC 751 WEST FOURTH STREET WINSTON-SALEM, NC 27101	26-0824793	501(C)(3)	25,385.	0.			GENERAL SUPPORT
LIBERTY EAST REDEVELOPMENT INC. 2531 LADERA CREST LANE WINSTON-SALEM, NC 27105	58-1809489	501(C)(3)	24,769.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TARHEEL TRIAD GIRL SCOUT COUNCIL 8818 WEST MARKET STREET COLFAX, NC 27235	56-0543237	501(C)(3)	21,631.	0.			GENERAL SUPPORT
WORK FAMILY RESOURCE CENTER 530 N. SPRING STREET WINSTON-SALEM, NC 27101	56-1755762	501(C)(3)	21,199.	0.			GENERAL SUPPORT
FORSYTH TECHNICAL COMMUNITY COLLEGE FOUNDATION - 2100 SILAS CREEK PARKWAY - WINSTON-SALEM, NC 27103	56-1070364	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SENIOR SERVICES 2895 SHOREFAIR DRIVE WINSTON-SALEM, NC 27105	56-1085968	501(C)(3)	20,000.	0.			GENERAL SUPPORT
BETHESDA CENTER FOR THE HOMELESS 930 NORTH PATTERSON AVENUE WINSTON-SALEM, NC 27101	56-0543242	501(C)(3)	17,191.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA 6600 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27106	56-0529985	501(C)(3)	15,861.	0.			GENERAL SUPPORT
SAMARITAN MINISTRIES 414 E. NORTHWEST BLVD WINSTON-SALEM, NC 27105	56-1490019	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SERVING OUR SAVIOR 2000 WEST FIRST STREET, SUITE 411 WINSTON-SALEM, NC 27104	31-1742237	501(C)(3)	15,000.	0.			GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION - 216 W. MARKET STREET - GREENSBORO, NC 27401	23-1907729	501(C)(3)	15,000.	0.			GENERAL SUPPORT

UNITED WAY OF FORSYTH COUNTY, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS AND BIG SISTERS 107 WESTDALE AVENUE WINSTON-SALEM, NC 27101	56-1161118	501(C)(3)	13,372.	0.			GENERAL SUPPORT
NEW WINSTON MUSEUM 418 N. MARSHALL ST., STE 204 WINSTON-SALEM, NC 27101	56-2039230	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FORSYTH JAIL & PRISON MINISTRY PO BOX 11802 WINSTON-SALEM, NC 27116	58-1334695	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH - MISSION EMMANUEL - 300 NORTH CHERRY STREET - WINSTON-SALEM, NC 27101	56-0582028	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FORSYTH MEDICAL CENTER FOUNDATION 1701 S. HAWTHORNE RD WINSTON-SALEM, NC 27103	56-2120959	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	56-0668555	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNITED WAY OF IREDELL/STATESVILLE 1835 DAVIE AVE, SUITE 401 STATESVILLE, NC 28677	56-0792674	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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

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

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

PART I, LINE 2:

UNITED WAY OF FORSYTH COUNTY, INC. ANNUALLY REVIEWS THE ALLOCATIONS MADE AND THE RELATED PROGRAMMATIC RESULTS. INDIVIDUAL AGENCIES ARE REVIEWED ADMINISTRATIVELY BI-ANNUALLY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

23-7357234

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

Multiple horizontal lines for providing supplemental information.

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

2017

Open to Public
Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

23-7357234

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

HOUSING MATTERS IS AN INITIATIVE OF UNITED WAY IN PARTNERSHIP WITH THE
CITY OF WINSTON-SALEM AND FORSYTH COUNTY TO SUPPORT THE
WINSTON-SALEM/FORSYTH COUNTY CONTINUUM OF CARE IMPLEMENT AND ACHIEVE
ITS STRATEGIC GOALS. UNITED WAY'S STAFF SPECIFICALLY PROVIDES
LEADERSHIP TO THE CONTINUUM OF CARE INCLUDING THE COMMISSION ON ENDING
HOMELESSNESS, OPERATES THE COMMUNITY INTAKE CENTER AND PROVIDES
LEADERSHIP AND COORDINATION TO THE FORSYTH RAPID RE-HOUSING
COLLABORATIVE.

EXPENSES \$ 1,893,110. INCLUDING GRANTS OF \$ 0. REVENUE \$ 45,358.

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

THE 990 IS PRESENTED TO THE BOARD AND REVIEWED BY THE AUDITOR AND FINANCE
COMMITTEE IN CONJUNCTION WITH THE AUDIT. BOTH THE 990 AND THE AUDIT ARE
APPROVED BY THE FULL BOARD PRIOR TO ANY OFFICIAL DISSEMINATION OF THE
DOCUMENTS.

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

ANNUALLY, THE UNITED WAY OF FORSYTH COUNTY, INC. DISTRIBUTES ITS
COMPREHENSIVE CODE OF ETHICS TO BOTH THE BOARD AND STAFF OF THE
ORGANIZATION. THIS CODE OF ETHICS IS AN IMPORTANT WAY FOR US TO REAFFIRM
OUR ETHICAL COMMITMENTS. IT SETS FORTH THE PRINCIPLES AND STANDARDS THAT
GUIDE OUR DECISIONS AND ACTIONS. MANY OF THE IDEAS THAT ARE INCLUDED WITHIN
THE CODE HAVE COME FROM DISCUSSIONS WITH OUR EMPLOYEES AND VOLUNTEERS OVER
THE LAST FEW YEARS. THIS COLLABORATIVE PROCESS HAS BEEN ESSENTIAL IN
DEVELOPING THE CODE AND HAS MADE IT A DOCUMENT THAT REFLECTS AND IS MORE

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

23-7357234

RESPONSIVE TO OUR NEEDS. THIS CODE IS MEANT TO HELP US FURTHER THE DISCUSSION OF ETHICS IN OUR WORKPLACE. IT ALSO ENCOURAGES US TO SEEK GUIDANCE AND CLARIFICATION WHEN WE HAVE QUESTIONS ABOUT APPLYING OUR PRINCIPLES AND STANDARDS. THE INVOLVEMENT OF ALL OUR EMPLOYEES AND VOLUNTEERS IS ESSENTIAL TO UPHOLDING THESE PRINCIPLES AND STANDARDS. ONLY BY CONTINUING TO WORK TOGETHER ON THESE ISSUES CAN WE ENSURE THAT THE UNITED WAY OF FORSYTH COUNTY FULFILLS ITS COMMITMENT TO BUILD AND MAINTAIN THE PUBLIC TRUST IN ALL THAT WE DO. AFTER THE CODE HAS BEEN REVIEWED A "CERTIFICATION FORM" IS SIGNED, INDICATING ANY ACTUAL OR PERCEIVED CONFLICTS. BOARD MEMBERS AND STAFF SELF IDENTIFY CONFLICTS DURING THE YEAR.

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

THE PERSONNEL COMMITTEE SHALL BE COMPOSED OF THE FOLLOWING: THE CHAIRMAN OF THE BOARD, IMMEDIATE PAST CHAIRMAN, THE CHAIRMAN ELECT, AND TWO BOARD MEMBERS AT LARGE, NOMINATED BY THE FIRST THREE MEMBERS AND APPROVED BY THE BOARD.

THE PERSONNEL COMMITTEE SHALL SERVE ON BEHALF OF THE BOARD OF DIRECTORS TO CONSIDER AND ADVISE ON PERSONNEL MATTERS SPECIFICALLY RELATING TO THE CHIEF EXECUTIVE OFFICER. THIS INCLUDES CONDUCTING PERIODIC PERFORMANCE REVIEWS, FRINGE BENEFIT PROGRAMS, AND CONSIDERATION OF AN EMPLOYMENT CONTRACT, CONTRACT RENEWAL, DISCIPLINARY ACTION, AND/OR SIMILAR MATTERS THAT MAY ARISE.

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

ALL DOCUMENTS RELATED TO CONFLICTS OF INTEREST POLICIES, FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE ON OUR WEBSITE AT

Name of the organization UNITED WAY OF FORSYTH COUNTY, INC.	Employer identification number 23-7357234
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WWW.FORSYTHUNITEDWAY.ORG OR BY CALLING 336-721-9300.

FORM 990, PART VII, SECTION A:

CYNTHIA GORDINEER'S 2017 CALENDAR YEAR BENEFITS PAID BY THE UNITED WAY OF FORSYTH COUNTY WERE \$21,995. HER BENEFITS WERE COMPRISED OF THE FOLLOWING: LIFE/DISABILITY INSURANCE \$1,083, WORKERS COMPENSATION INSURANCE \$624, NC UNEMPLOYMENT INSURANCE \$1,622, 401K EMPLOYER CONTRIBUTION \$12,237, 401K MATCH \$6,119, A COMPANY VEHICLE \$238, AND AN FSA FEE \$72.

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

FASB 158 ADJUSTMENT	474,306.
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FORM 990, PART XII, LINE 2C:

THE OVERSIGHT/SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
23-7357234

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY OF FORSYTH COUNTY FOUNDATION - 20-2649556, 301 NORTH MAIN STREET SUITE 1700, WINSTON-SALEM, NC 27101	TO PROVIDE SUPPORT TO THE UNITED WAY OF FORSYTH COUNTY	NORTH CAROLINA	501(C)(3)	11			X

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

Schedule R (Form 990) 2017

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information 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
1 UNITED WAY OF FORSYTH COUNTY FOUNDATION	C	206,496.FMV	
2 UNITED WAY OF FORSYTH COUNTY FOUNDATION	E	600,000.FMV	
3 UNITED WAY OF FORSYTH COUNTY FOUNDATION	O	88,084.FMV	
4 UNITED WAY OF FORSYTH COUNTY FOUNDATION	Q	350,000.FMV	
5			
6			

