**Return of Organization Exempt From Income Tax** 

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

► Do not enter social security numbers on this form as it may be made public 06 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	Department of the Treasury  Do not enter social security numbers on this form as it may be made public Open to Public Open to Public									
	_	nue Service	▶ Go to www.irs.gov/Form990 for instructions and	d the latest	information.\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Inspection				
<u>A F</u>	or the	2018 calend	ar year, or tax year beginning $JUL 1, 2018$ and	ending J	· -					
B C	heck if oplicabl	C Name of	organization		D Employer identific	cation number				
	Addre	ss UNIT	ED WAY OF FORSYTH COUNTY, INC.							
	Name chang	e Doing bu	usiness as		23-7	357234				
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	1				
	Final	301	NORTH MAIN ST.	1700	336-	723-3601				
	termin ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,878,806.				
	Ameno return	MIND	TON-SALEM, NC 27101		H(a) Is this a group re					
	Application pendir	a- F Name a	nd address of principal officer. BARRY LEONARD	1	for subordinates	? Yes X No				
		SAME	AS C ABOVE	<del>/</del>	H(b) Are all subordinates in					
			X 501(c)(3)	or 527	1	list (see instructions)				
			FORSYTHUNITEDWAY.ORG	1	H(c) Group exemption					
	orm of rt I	Summary	X Corporation	L Year	of formation: 19/4 N	State of legal domicile: NC				
Га			e the organization's mission or most significant activities: UNIT	TNC TH	E COMMINITARY	TO BRING				
ė	1	TOCETIES THE	R RESOURCES TO IDENTIFY AND ADDRES	S OUR	COMMINITY'S	NEEDS.				
Governance			x If the organization discontinued its operations or dispos							
/err			ring members of the governing body (Part VI, line 1a)	sea or more	3	26				
ģ			ependent voting members of the governing body (Part VI, line 1b)		4	25				
≪ರ			of individuals employed in calendar year 2018 (Part V, line 13)		5	49				
ities			of volunteers (estimate if necessary)		6	3257				
Activities			d business revenue from Part VIII, column (C), line 12		7a	0.				
ď			business taxable income from Form 990-T, line 38	<del></del>	7ь	0.				
			RECEIVED		Prior Year	Current Year				
Revenue	8	Contributions	and grants (Part VIII, line 1h)	7있  [	15,490,169.	13,549,124.				
	9	Program servi	ce revenue (Part VIII, line 2g)	S-08C	347,952.	321,506.				
eve		_	come (Part VIII, column (A), lines 3, 4, and 7d)	RS	<20,623.>	0.				
Œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	┚╧╽┢	6,118.	8,176.				
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,823,616.	13,878,806.				
	13	Grants and sır	nilar amounts paid (Part IX, column (A), lines 1-3)		11,009,396.	9,900,433.				
		•	to or for members (Part IX, column (A), line 4)	_	0.	0.				
es			compensation, employee benefits (Part IX, column (A), lines 5-10)	_	2,692,546.	3,023,478.				
Expenses			undraising fees (Part IX, column (A), line 11e)	<u>ہ</u> کہ	0.	0.				
Š			ng expenses (Part IX, column (D), line 25) 1,053,5	<del>96.</del>  -	2 105 746	2 720 010				
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	3,195,746. 16,897,688.	2,729,018. 15,652,929.				
i		•	s Add lines 13-17 (must equal Part IX, column (A), line 25)		1,074,072.>	<1,774,123.>				
or ces		Revenue less	expenses Subtract line 18 from line 12		ginning of Current Year	End of Year				
its o	20	Total assets (F	Part V Ivos 16\	<u>                                   </u>	7,555,947.	7,845,846.				
t Assets	21	•	(Part X, line 26)		6,651,203.	8,976,071.				
Net/	22		fund balances Subtract line 21 from line 20		904,744.	<1,130,225.>				
	irt II	Signature								
$\overline{}$		ilties of perjury,	I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is				
true,	correc	t, and complete.	Declaration of prepara (other than officer) is based on all information of wi	hich preparer	has any knowledge.	<u> </u>				
Sign Signature of officer Date										
Here CYNTHIA S. GORDINEER, PRESIDENT & CEO 3/14/2020										
Type or print name and title										
		Print/Type pre	11 2. 12 12 1		Date Check [1]	PTIN				
Paid		JANE R		ļ	- Tacii cilipio)					
						56-1138530				
Use Only   Firm's address   100 CLUB OAKS COURT   Phone no. 336-768-2310										
		<u> </u>	WINSTON-SALEM, NC 27104		Phone no. 3 3					
May	the II	RS discuss this	s return with the preparer shown above? (see instructions)		<u> </u>	X Yes No				

Form	990 (2018) UNITED WAY OF FORSYTH COUNTY, INC. 23-7357234 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
4	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.  (Code ) (Expenses \$ 8,898,769 . including grants of \$ 8,211,526 . ) (Revenue \$ 217,016 . )
4a	(Code) (Expenses +
	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 \$ 1,945,996. including grants of \$ 1,613,907.) (Revenue \$ 47,457.)
710	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.
	INTEGRATED PROGRAMS TO ADDRESS OUR COMMONTH S NEEDS.
4c	(Code) (Expenses \$1,710,934. including grants of \$0.) (Revenue \$\$
	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 SPECFICIALLLY 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.
	CODERDORATIVE
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 627,712. including grants of \$ 75,000.) (Revenue \$ 15,308.)
4e	Total program service expenses ▶ 13,183,411.
	Form <b>990</b> (2018)

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4		Х
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 98-197 If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			ļ. <u></u> .
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 169 if "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٠.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<del> </del>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
	Schedule D, Parts XI and XII	12a		^
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			х
13	•	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or exposess of more than \$10,000 from grantmaking, fundraising, business.	14a		<del>  ^</del> -
Ü	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? If "Yes," complete Schedule F, Parts I and IV	14b		х
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? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		х
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? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			Γ
_	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 12 if "Vas " complete Schoolule I. Parts Land II.	21	x	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
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? // "Yes,"			
	complete Schedule L, Part II	26		<u>X</u>
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? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
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? If "Yes," complete Schedule R, Part I	_33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	ļ		
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u> _
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? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197	1		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		,	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 129	ļ		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>		
	(gambling) winnings to paze winners?	10	X	1

Form 990 (2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Х 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 6a any contributions that were not tax deductible as chantable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 146 Sponsoring organizations maintaining donor advised funds. 9 a Did the sponsoring organization make any taxable distributions under section 4966? <u>9a</u> b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b. Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 130 X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O

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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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Ves 26 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 0. 25 16 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 3 of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b 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? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliboration and decision? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NC · 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website \_\_ Another's website X Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records 20 BARRY LEONARD - (336)721-9343 301 NORTH MAIN STREET, SUITE 1700, WINSTON-SALEM 27101

#### UNITED WAY OF FORSYTH COUNTY, Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

**Employees, and Independent Contractors** 

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

 $\mathbf{X}$ 

<u> Page</u> **7** 

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

- 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)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do		Posi heck r		l than c	one	Reportable	Reportable	Estimated
	hours per	box.	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		ler all		- CIO	ii/uus	(66)	from	from related	other
	(list any	recto						the	organizations	compensation from the
	hours for	or d				sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related organizations	ustee	trus		99,	ubeu		(***2/1099****150/		and related
	below	Jual t	ltona		(old in	stcoi	<u></u>			organizations
	line)	individual trustee or director	Institutional trustee	Officer	кеу етріоуее	Highest compensated employee	Forme			ŭ
(1) BETTY LOU VONTSOLOS	1.00								- "	
BOARD MEMBER		X						0.	0.	0.
(2) MARTIN L. HOLTON III	1.00	İ					l			_
BOARD MEMBER		X		Ш		L	ļ	0.	0.	0.
(3) CHRIS FOX	1.00	1						_	_	
BOARD MEMBER		X			L	ļ		0.	0.	0.
(4) JOHN ELLIOTT	1.00									•
BOARD MEMBER	1 00	X	_	<u> </u>		L		0.	0.	0.
(5) ALVIN L. ATKINSON	1.00								0	0
BOARD MEMBER	1 00	Х	├—		-	├	-	0.		0.
(6) VICTOR ISLER	1.00	,,				ŀ		0.	0.	0.
BOARD MEMBER	1.00	X			┢	ł —	$\vdash$	0.	0.	· · ·
(7) KIM MANN BOARD MEMBER	1.00	x						0.	0.	0.
(8) TRISHA COLEMAN	1.00	Ĥ	┢		-	$\vdash$		· · · · · · ·		
BOARD MEMBER	1.00	x					İ	0.	0.	0.
(9) ELWOOD ROBINSON	1.00	-	t			$\vdash$				
BOARD MEMBER		x		1			l	0.	0.	0.
(10) MENDY MCNEEL	1.00									
BOARD MEMBER		x						0.	0.	0.
(11) JANET SPRIGGS	1.00									
BOARD MEMBER		X	lacksquare		L		<u> </u>	0.	0.	0.
(12) ANDY BROWN	1.00	1	İ				ŀ		_	_
BOARD MEMBER		X		<u>L</u>	L	_	ļ	0.	0.	0.
(13) ROGAN KERSH	1.00						•			
BOARD MEMBER		X	ļ	<u> </u>	_	-	₩	0.	0.	0.
(14) JOHN D. MCCONNELL	1.00	١								
BOARD MEMBER	1 00	X	<del> </del>	<u> </u>	<del> </del>	╁	┝	0.	0.	0.
(15) COLEMAN TEAM	1.00	<b>↓</b>							۱ ,	_ ر
BOARD MEMBER	1 00	X	$\vdash$	₩	$\vdash$	╁	╁	0.	0.	0.
(16) JOHN C. FOX	1.00	x		x				0.	0.	0.
EXEC COMM - CHAIR (17) MICHAEL S. JESKE	1.00	┢	$\vdash$	┝≏	$\vdash$	$\vdash$	┼~	<del>                                     </del>	· ·	<del></del>
EXEC COMM - PAST CHAIR	1.00	x						0.	0.	0.
DALC CORF - FRST CRAIR	<del></del>	1 2	1			1_	_			5 990 (2018)

1>

Part VII   Section A. Officers. Directors, Trustees, Key Employees, and Highest Compensated Employees (continued).   A	Form 990 (2018) UNITED WA	AY OF FO	RS	ΓY	'H'	CO	UN	T	Y, INC.	23-73	<u>572</u>	234	Page 8
Name and title    Average   Name and title   Average   Name and title   Average   Name and title   Average   Name and title   Average   Name and title   Average   Name and title   Name and titl	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(B) EVAN RALEIGH  1.00  EXEC COMM - SECRETARY  1.00  EXEC COMM - SECRETARY  1.00  EXEC COMM - TREASURER  1.00  EXEC COMM - TREASURER  1.00  EXEC COMM - TREASURER  1.00  EXEC COMM - TREASURER  1.00  EXEC COMM - TREASURER  1.00  EXEC COMM - TREASURER  1.00  EXEC COMM - TREASURER  1.00  EXEC COMM - TREASURER  1.00  EXEC COMM - TREASURER  1.00  EXEC COMM - TREASURER  1.00  EXEC COMM - TREASURER  1.00  EXEC COMM - TREASURER  1.00  EXECUTIVE COMMITTEE  X  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	, (A)	(B)			(C)				(D)	(E)	1		(F)
Complete the stable for our proper lawer week (lest any hours for related organizations)   Complete state of more than a continuation and the complete state of the complete s	Name and title	Average			000	Reportable	Reportable		Esti	mated			
(181 BYAN RALEIGH   1.00   X   X   X   X   X   X   X   X   X		hours per	box, unless person is both a		n an	compensation	compensation	ı	amo	ount of			
Total Information   Tot			<u> </u>	cer ar	ndad T	recto	or/trus	tee)	from	1		0	ther
Total Information   Tot			ector		ł								
(18) EVAN RALEIGH		1	iğ iç	gg.			ated	l	organization	(W-2/1099-MIS	<sup>(2)</sup>		
(18) EVAN RALEIGH			ustee	Fust		_ پر	Suadi		(W-2/1099-MISC)			•	
(18) EVAN RALEIGH		*	ual tr	Egg		glog	5 8	l _	İ				
1.00			JA N	nstitu	Officer	ey en	dghe,	i iii				o.gu.	
Name	(18) EVAN RALEIGH	1.00	┢	╅	۲	×	-"	Ť			一		
Second - Treasurer	EXEC COMM - SECRETARY		x		X				0.		0.		0.
X	(19) BRYAN W. SWERBINSKY	1.00						T					
RECUTIVE COMMITTEE	EXEC COMM - TREASURER		$\mathbf{x}$		X				0.		0.		0.
C21   JENNIFER HEATON   1.00   X   0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(20) MARY DAME	1.00											-
C21   JENNIFER HEATON   1.00   X   0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	EXECUTIVE COMMITTEE		x						0.		0.		0.
C22) DOUG DEBRECHT	(21) JENNIFER HEATON	1.00											
EXECUTIVE COMMITTEE	EXECUTIVE COMMITTEE		X						0.		0.		0.
CATRINA THOMPSON   1.00   X	(22) DOUG DEBRECHT	1.00											
EXECUTIVE COMMITTEE  X  X  X  X  X  X  X  X  X  X  X  X	EXECUTIVE COMMITTEE		x		ł				0.		0.		0.
SECUTIVE COMMITTEE	(23) CATRINA THOMPSON	1.00											
EXECUTIVE COMMITTEE	EXECUTIVE COMMITTEE		$\mathbf{x}$						0.		0.		0.
EXECUTIVE COMMITTEE	(24) MARTHA LOGEMANN	1.00											
EXECUTIVE COMMITTEE	EXECUTIVE COMMITTEE		X		X		L		0.		0.		0.
CYNTHIA S. GORDINEER   50.00   X   X   207,091.   0. 24,557.	(25) W. BENNETT BRADLEY	1.00											
PRESIDENT AND CEO  1.00 X X X 207,091. 0. 24,557.  1b Sub-total  C Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   A  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   A  Yes No  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  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  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  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)  (B)  (C)	EXECUTIVE COMMITTEE		X	L	L		L		0.		0.		0.
1b Sub-total	(26) CYNTHIA S. GORDINEER		1										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  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  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  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  5 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) (B) (C)	PRESIDENT AND CEO	1.00	X		X								
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from 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  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  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	1b Sub-total							▶					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No	c Total from continuation sheets to Part VI	I, Section A											
Compensation from the organization    Yes   No								▶	· · · · · · · · · · · · · · · · · · ·	<del></del>	0.	79	,053.
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  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  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  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) (B) (C)	2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wr	o r	eceived more than \$100	,000 of reportable			
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  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  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  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) (B) (C)	compensation from the organization											· · ·	
Inne 1a? If "Yes," complete Schedule J for such individual  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  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  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) (B) (C)											r		Yes No
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  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  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) (B) (C)	3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	ŀ		
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  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.  5 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) (B) (C)	• •										┝	3	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.  5 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) (B) (C)										he organization	ŀ		<del>.,</del>
rendered to the organization? If "Yes." complete Schedule I for such person.  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) (B) (C)											- }	4	<u> </u>
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) (B) (C)	- 1							elat	ted organization or indivi-	dual for services			- <del>-</del>
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) (B) (C)		plete Schedul	e ./ 1	or s	uch	oers	on		· · · · · · · · · · · · · · · · · · ·			5	
the organization Report compensation for the calendar year ending with or within the organization's tax year  (A) (B) (C)								4	l	1100 000 -1			
(A) (B) (C)											ensati	ion troi	n
		tne calengar y	ear	endi	ng w	/itn c	or w	ıtnıı		/ear		(C)	
	(A) Name and business	address	N	∩NT	R					services	Cr		
	MOME Description of services Compensation												
			-										
												- Ъ	

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

Form 990 (2018) UNITED

Rart VIII Statement of Revenue

ACM. TO	Check if Schedule O contains a response or note to any line in this Part VIII								
		2.43	CHECK II SCHEDULE O'COLL	TO THE PROPERTY OF THE PROPERT	ann an an an an an an an an an an an an	(A) Total revenue	(B) Helated or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants	2	abcdef ghabcde	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gransimilar amounts not included about Noncash contributions included in lines Total. Add lines 1a-1f  ADMINISTRATIVE FEE	1a	13,549,124.  Business Code 900099	13,549,124.	321,506.		
			All other program service reve <b>Total.</b> Add lines 2a-2f	nue 	. •	321,506.			
	3 4 5		Investment income (including other similar amounts) Income from investment of tax Royalties		<b>•</b>				
		b	Gross rents Less. rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
		а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities	(II) Other				
venue		d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising including \$  contributions reported on line	of	•				
Other Revenu		b c	Part IV, line 18 Less direct expenses Net income or (loss) from func Gross income from gaming ac	t draising events					
	•	b	Part IV, line 19 Less: direct expenses -Net-income or-(loss)-from-gam	á I					
	10	a b	Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale	returns a I					
		a b	Miscellaneous Revenu		Business Code 900099	8,176.			8,176.
	12		All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions	<u> </u>	<b>P</b>	8,176. 13,878,806.	321,506.	0.	8,176.

# Form 990 (2018) UNITED WAY OF Part X 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.	(A)	(B)	(C) Management and	(D) Fundraising						
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses						
1	Grants and other assistance to domestic organizations		•								
	and domestic governments. See Part IV, line 21	9,900,433.	9,900,433.								
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			只要PSES 等。							
5	Compensation of current officers, directors,										
•	trustees, and key employees	665,781.	231,132.	194,431.	240,218.						
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	1,671,834.	717,480.	617,288.	337,066.						
8	Pension plan accruals and contributions (include			,	• • • •						
3	section 401(k) and 403(b) employer contributions)	301,753.	132,369.	106,262.	63,122.						
9	Other employee benefits	216,687.	95,414.	80,555.	40,718.						
10	Payroll taxes	167,423.	70,786.	56,167.	40,470.						
11	Fees for services (non-employees):		, , , , , , , ,	<u> </u>							
''	Management										
b	Legal	-									
c	Accounting	32,218.	16,936.	8,870.	6,412.						
d	Lobbying	32,2101	10,330.	0,0,0	0,1220						
e	Professional fundraising services. See Part IV, line 17										
f	Investment management fees		AND STATE OF THE S	St. Markette Carrier, Charles of Carrier							
9	column (A) amount, list line 11g expenses on Sch 0.)	9,530.	9,530.								
12	Advertising and promotion	120,947.	27,486.	10,711.	82,750.						
13	Office expenses	141,348.	48,656.	52,132.	40,560.						
14	Information technology	111,510.	10,030.	32,132.	10,300.						
15	Royalties										
16	Occupancy	166,495.	65,326.	61,905.	39,264.						
	Travel	26,976.	12,091.	3,415.	11,470.						
17		20,570.	12,001.	3,113.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
40	Conferences, conventions, and meetings	72,480.	45,678.	22,368.	4,434.						
19	Interest	12,400.	43,070	22,300.	1,151.						
20 21		223,151.	101,245.	73,116.	48,790.						
21 22	Depreciation, depletion, and amortization	16,920.	7,637.	5,501.	3,782.						
23	Insurance	16,626.	5,165.	9,462.	1,999.						
24	Other expenses, Itemize expenses not covered		7-6-27	7,102.	2,7333						
<b>2</b> +	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 0.)										
а	CONTRACT LABOR	962,321.	861,880.	47,908.	52,533.						
a b	PROGRAM EXPENSES	777,433.	777,433.	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
C	CONTINUING EDUCATION	64,277.	26,754.	22,336.	15,187.						
d	MISCELLANEOUS	55,562.	11,697.	26,621.	17,244.						
	All other expenses	42,734.	18,283.	16,874.	7,577.						
25	Total functional expenses Add lines 1 through 24e	15,652,929.	13,183,411.	1,415,922.	1,053,596.						
<u>25</u> 26	Joint costs. Complete this line only if the organization	,,	10,100,411.	_,,	_, 555,556.						
20	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here If following SOP 98-2 (ASC 958-720)										
83201	0 12-31-18				Form <b>990</b> (2018)						

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 255,617. 922,937. 1 Cash - non-interest-bearing <u>45,</u>177. 32,887. 2 2 Savings and temporary cash investments 4,063,298. 4,292,323. 3 Pledges and grants receivable, net 3 018,436. 551,882. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Assets 7 Notes and loans receivable, net Inventories for sale or use 8 30,988. 22,325 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 266,436. basis. Complete Part VI of Schedule D 10a 226,364. 43,905. 40,072. b Less accumulated depreciation 10b 10c Investments - publicly traded secunties 11 11 2,098,526. 1,983,420. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 7,555,947. 7,845,846. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,191,140. 559,520. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 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 6,091,683. 7,784,931. 25 Schedule D 6,651,203. 8,976,071. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <3,189,501.> <4,717,680.> 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 4,094,245. 3,587,455. 29 29 Permanently restricted net assets --- Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds <1,130,225.> 904,744. 33 33 Total net assets or fund balances 7,555,947. 34 7,845,846. Total liabilities and net assets/fund balances

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

Form 990 (2018)

6

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

## **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

2018

Open to Public Inspection

**Employer identification number** Name of the organization 23-7357234 UNITED WAY OF FORSYTH COUNTY. Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 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. 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. \_\_\_\_ 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. 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. 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 Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (iii) Type of organization our governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")	18027683.	16262079.	<u> 15896094.</u>	15490169.	13549124.	79225149.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	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	18027683.	16262079.	15896094.	15490169.	13549124.	79225149.
5	The portion of total contributions		44.4				
	by each person (other than a						
	governmental unit or publicly			Con Car			
	supported organization) included	4 (#				Act of Arms	
	on line 1 that exceeds 2% of the			<b>学校会交易</b> 。	<b>建筑设置</b>		
	amount shown on line 11,			12.4			
	column (f)	AND AND A					7739729.
	Public support. Subtract line 5 from line 4				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		71485420.
	ction B. Total Support	1	T	1		Т	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	<u> 18027683.</u>	<u> 16262079.</u>	<u> 15896094.</u>	<u> 15490169.</u>	<u> 13549124.</u>	79225149.
8	Gross income from interest,		<b>;</b>				
	dividends, payments received on						
	securities loans, rents, royalties,	254					F 4:0
	and income from similar sources	351.	92.	27.	72.	0.	542.
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			1,582.	6,118.	8,176.	15,876.
	assets (Explain in Part VI)		CONTRACTOR CONTRACTOR	1,304.		6,176.	
11	Total support. Add lines 7 through 10		Design that A Table 2000 to	15 To 15 To 15 To 15 To 15 To 15 To 15 To 15 To 15 To 15 To 15 To 15 To 15 To 15 To 15 To 15 To 15 To 15 To 15	E ESSENSE (TH - PANE) 248.		,487,559.
12	Gross receipts from related activities, First five years. If the Form 990 is fo	•	•	d fourth or fifth to		<del></del>	.,401,337.
13	=	_	s iirst, second, triir	d, lourth, or little	ix year as a section	1 50 1(0)(3)	<b>▶</b> □
Sec	organization, check this box and stoction C. Computation of Publi		centage				
	Public support percentage for 2018 (			column (fl)		14	90.21 %
15	Public support percentage from 2017		•	olariir (i)		15	90.19 %
	33 1/3% support test - 2018. If the	·		n line 13. and line	14 ıs 33 1/3% or m	<del></del>	
	stop here. The organization qualifies					,	►X
b	33 1/3% support test - 2017. If the		-		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances test				13, 16a, or 16b,	and line 14 is 10%	or more;
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			•		J	
t	10% -facts-and-circumstances test	•	•		-	17a, and line 15 is	10% or
	more, and if the organization meets to	-	•				
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a public	ly supported orga	nization	▶□
18	Private foundation. If the organization		=				s
					Sch	edule A (Form 990	0 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 UNITED WAY OF FORSYTH COUNTY, Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked			. •	4	<b>g</b>	
qualify under the tests listed be Section A. Public Support	elow, please comp	olete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not		,		==	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					X	
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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			/	ĺ		
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	· · ·	/	1	-		
8 Public support. (Subtract line 7c from line 6)		30 M 1 / 25 3	· ŽeráŠi JA. 69	1-18-4-18-12		
Section B. Total Support	~ 1000 ( 1,1,1,150° )( *2017)( *90000.	<u> </u>	The second secon	a cent that the desirable	1700 11 2000 2000 1000 100	<u>.</u>
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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>b</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, 109, 11, and 12)						
14 First five years. If the Form 990 is for check this box and stop here	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2018 (I			column (fl)		15	
16 Public support percentage from 2017	• • • • • • • • • • • • • • • • • • • •	•	<del> </del>		16	
Section D. Computation of Inves			***************************************		· · · · ·	
			ine 13, column (fl)		17	
17 Investment income percentage for 20		,,, ==== =, "				•
, ,		Part III. line 17			18	
18 Investment income percentage from	<b>2017</b> Schedule A,		on line 14, and line	e 15 is more than 3		
18 Investment income percentage from 19a 33 //3% support tests - 2018. If the	<b>2017</b> Schedule A, organization did r	not check the box			33 1/3%, and line 1	7 is not ▶
18 Investment income percentage from	2017 Schedule A, e organization did rand stop here. The eorganization did r	not check the box organization qual not check a box or	ifies as a publicly s I line 14 or line 19a	supported organiza a, and line 16 is mo	33 1/3%, and line 1 ation ore than 33 1/3%, a	7 is not

#### Rant V Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a—Was-the organization controlled directly-or-indirectly-at-any-time during the tax-year-by one or-more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes." provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1	4	
	2		
	3a	, H	
	3b		37.5
	3c 4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	9a	, 100 100 100 100 100 100 100 100 100 100	
	9b	7	
	9c 10a	54 4-2-7-2	(Sati
	108		

	300717.000000000000000000000000000000000	/35/234 Page 5
'F.Q.	Supporting Organizations (continued)	Va. Na
٠,	II. II. II. II. II. II. II. II. II. II.	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	440
	below, the governing body of a supported organization?	11a
	A family member of a person described in (a) above?	11b
<u>c</u>	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. tion B. Type I Supporting Organizations	11c
360	tion B. Type I Supporting Organizations	Yes No
	Did the directors, triptoes, or membership of one or more supported arganizations have the newer to	Tes 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	1
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year  Did the organization operate for the benefit of any supported organization other than the supported	1400
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Sec	tion 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
Sec	tion 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
Sec	tion E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).
а	The organization satisfied the Activities Test Complete line 2 below	
b	The organization is the parent of each of its supported organizations. Complete line 3 below	
— c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	
2	Activities Test. Answer (a) and (b) below.	Yes No
а	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	2a
<b>.</b>	that these activities constituted substantially all of its activities  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
D	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	2b
3	activities but for the organization's involvement  Parent of Supported Organizations. Answer (a) and (b) below.	25 20 PM V T
_	District and the second	
а	trustees of each of the supported organizations? Provide details in Part VI.	3a
b		
J	of its supported organizations? If "Yes," describe in Part VI the role placed by the organization in this regard.	3b
_	The same of the sa	

Sche <b>Pa</b> i	dule A (Form 990 or 990 EZ) 2018 UNITED WAY OF FORSYTH (			3-7357234 Page 6
1 `	Check here if the organization satisfied the integral Part Test as a qualifying	_	• • •	art VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	complete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1_		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	3		44404-463
	instructions for short tax year or assets held for part of year).	2.5.5		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	200		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for 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	CANAL STATE OF BRIDE	
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	Check here if the current year is the organization's first as a non-function	ally integra	ted Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

	dule A (Form 990 or 990-EZ) 2018 UNITED WAY OF Type III Non-Functionally Integrated 509(	FORSYTH COUNTY (a)(3) Supporting Orga		3-7357234 Page 7
	on D - Distributions	<u></u>	1 Section 1 Section 1	Current Year
	Amounts paid to supported organizations to accomplish exer	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<b>S</b>	
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	ie organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1_	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-	<b>有一种种</b>		
	able cause required- explain in Part VI) See instructions	and the second		
3	Excess distributions carryover, if any, to 2018	and the second		
а	From 2013			
b	From 2014 .			
С	From 2015			
d	From 2016			
е	From 2017 ·			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	经制度的证明		
h	Applied to 2018 distributable amount			and the second warrant appropriately section and
i	Carryover from 2013 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f.	The state of the s		
4	Distributions for 2018 from Section D,			
	line 7 \$			A PAGE TANKS OF THE STATE OF TH
a	Applied to underdistributions of prior years		A COMMENT TOWN THOUSE TOUGHT PROGRAMS SHOWN THE	
b	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.	Printed CHEAD, GROWING SPACES, SECTION SPACES		
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in		8.34#G	
	Part VI. See instructions.			
<b>-7-</b>	Excess distributions carryover to 2019. Add lines 3j			J. Charles
	and 4c			
8	Breakdown of line 7		No. at .	\$4.00 (0.00
	Excess from 2014			SACRAGE AND AND AND AND AND AND AND AND AND AND
	Excess from 2015	Page 1		
	Excess from 2016	STATE OF THE STATE		
a	Excess from 2017	SHOW AND THE THE PARTY OF SHOWING THE PARTY OF THE PARTY	Committee of the Control of the Cont	Seed to the real transfer of the seed of t

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 UNITED WAY OF FORSYTH COUNTY, INC.	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any a	lines 1 and 2, Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions)	
		···
		· ·
		*

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of from from related other per organizations week the compensation Highest compensated employee (W-2/1099-MISC) Individual trustee or director organization from the (list any (W-2/1099-MISC) organization hours for Institutional trustee and related related organizations organizations Key employee below Former Officer line) 50.00 (27) DEBBIE WILSON X 110,825. 0. 17,031. COO 50.00 (28) BARRY LEONARD Х 125,833. 0. 18,682. CFO 50.00 (29) MARK UREN <u>18,7</u>83. X 116,691. 0. RESOURCE DEVELOPMENT 54,496. 353,349 Total to Part VII, Section A, line 1c



### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection

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

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	,
	Preservation of land for public use (e g , recreation or e	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserva	ation easements during the year,
_	Does each conservation easement reported on line 2(d) above	e establishe regularments of eaching 170	1/b)/4//D)()
8	•	e satisfy the requirements of section 170	Yes No
•	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	an appearants in its revenue and evinence	
9		·	
	include, if applicable, the text of the footnote to the organization passements	don's illiancial statements that describes	the organization's accounting for
Pa	conservation easements t III   Organizations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		it and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ea	• •	
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
_	the following amounts required to be reported under SFAS 1		··· • · · · · · · · · · · · · · · · · ·
а	Revenue included on Form 990, Part VIII, line 1	The state of the s	<b>&gt;</b> \$
	Assets included in Form 990, Part X		. \$

Par		ollections of Art				Othe	r Simila		3/234	
	Using the organization's acquisition, accession									
3,	·	in, and other records	s, Check arry t	oi tile it	bilowing that a	are a si	grillicant	136 OI IIS C	Ollection	51113
_	(check all that apply)	a.		ar aval						
a	Public exhibition	d	_		nange progran	ns				
b	Scholarly research	е	Other	·——						
C	Preservation for future generations		L 4b 6	مالد بـ مال <b>د</b> ـ				D	VIII	
4	Provide a description of the organization's co							se in Part	XIII	
5	During the year, did the organization solicit or to be sold to raise funds rather than to be ma					Similar	asseis	_	Yes	☐ No
Par						/es" on	Form 99	n Part IV I		1 110
	reported an amount on Form 990, Part		ite ii tile olga	IIIZALIOI	i alisweled	es on	1 01111 331	o, i ait iv, i	ine 5, 0i	
12	Is the organization an agent, trustee, custodia		any for contri	hutions	or other asse	ets not	included			
10	on Form 990, Part X?	ar or other intermedia	ary for contain	Dations	701 011101 4550	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table.							
	in roo, oxplain the arrangement in rate xime	and complete the rem	oming tubio						Amount	
С	Beginning balance						1c		,	
	Additions during the year		•				1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	21, for escrov	w or cu	stodial accou	nt liabil	ıty?		Yes	□ No
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII										
Par	t V Endowment Funds. Complete if	the organization ans	swered "Yes'	on Fo	rm 990, Part I	V, line	10			
		(a) Current year	(b) Prior y	ear	(c) Two years	back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	1,488,983.	1,170	,793.	1,046	,840.	1,:	120,035.	1,1	18,335.
b	Contributions	25,658.	291	,634.	23	,283.		3,600.		4,350.
С	Net investment earnings, gains, and losses	68,289.	96	,884.	125	,670.	<:	24,225.>		32,230.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	2,184.	70	,328.	25	,000.		52,570.		34,880.
f	Administrative expenses	9,128.								
g	End of year balance	1,571,618.	1,488	,983.	1,170	,793.	1,	046,840.	1,1	20,035.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, coli	umn (a))	) held as.					
а	Board designated or quasi-endowment	.00	_%							
b	Permanent endowment ► 72.10	%								
С	Temporarily restricted endowment ▶27	7 <b>.</b> 90%								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are l	held an	d administere	d for th	ne organiz	ation	_	
	ph.									es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations	•							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizate	•							3b	
HDo-	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipme		D-+0/ I	44- 0	F 000	D-4 V	lun = 40			
	Complete if the organization answered				1			<del></del> .		<del></del>
	Description of property	(a) Cost or of	II	basis (	or other		ccumulat preciation		(d) Book	√aiue
	Land	basis (investm	ierių	Da313 (	(Ou lei)	ue	Piecialio		· · · · · ·	
_	Land						···	<del>-  </del>		
b	Buildings									
C	Leasehold improvements			26	6,436.		226,3	64.	4 0	,072.
d	Equipment				0, 2000		<u> </u>	<u> </u>		, , , , , ,
	. Add lines 1a through 1e (Column (d) must en	rual Form 000, Part )	Y column (P)	lino 1/	20.1		_		40	,072.

Schedule D (Form 990) 2018

hedule D	(Form <u>990)</u>	2018

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" or the organization and the or	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 v	aluation. Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				•
(A) BENEFICIAL INTEREST HELD				
(B) BY OTHERS	972,87	79. END-OF-Y	EAR MARKET	VALUE
(C) JANUS HENDERSON STRATEGIC		•		
(D) INCOME FUND CLASS I				
(E) (HFAIX)	43,79	3. END-OF-Y	EAR MARKET	VALUE
(F) VANGUARD DIVIDEND GROWTH				
(G) FUND	140,83	32. END-OF-Y	EAR MARKET	VALUE
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1.983.42	20.		
Part VIII Investments - Program Related.		1	Carlo Carlos Control Carlos Ca	The state of the s
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			I-of-year market value
	(3)	(-,		
(1) (2)				
(3) (4)				
		<del></del>		
(5)		<del>-  </del>		
(6)				
(7)				
(8)		<del></del>		
(9) Tatal (Col. /h) must equal Form 200 Part V. and (P) line 12.)		THE PART OF THE PA	a sa far to the same of the	
Total (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part XX Other Assets.		# 300 S. W. 180 C. Dec. Sec.		Seri Ba. A. 160 M. Antibert L. 1886 ANTIBER CAR
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11d See Form 990	Part Y June 15	
	Description	, line 11d. See Form 330,	Tart X, line 15	(b) Book value
				(5) 55011 16.05
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X: Other Liabilities.	<u>. 15.)                                    </u>		<b>_</b>	
- Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25	•
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DESIGNATION TO AGENCIES AN	ND OTHER			<b>*</b> \$
- (3)UNI-TED-WAYS_		2,075,791.		
(4) DUE TO UNITED WAY FOUNDAT	ION	5,709,140.		

(5) (6) (7) (8) (9) 7,784,931 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2018 UNITED WAY OF FORSY		23-7357234 Page 4
Part XI: Reconciliation of Revenue per Audited Finance	•	eturn.
Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a	<del></del>
1 Total revenue, gains, and other support per audited financial statem	nents	1 , 35.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 - 1	
a Net unrealized gains (losses) on investments	. <u>2a</u>	
b Donated services and use of facilities	. <u>2b</u>	
c Recoveries of prior year grants	. <u>2c</u>	
d Other (Describe in Part XIII ) e Add lines 2a through 2d	2d	
	•	2e 3
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1</li></ul>	•	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>***</b>
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	L. line 12.)	5
Part XII Reconciliation of Expenses per Audited Finan	icial Statements With Expenses per	Return.
Complete if the organization answered "Yes" on Form 990, I	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:	1 1	
a Donated services and use of facilities		
<b>b</b> Prior year adjustments	<u>2b</u>	
c Other losses	2c	- <b>İ</b>
d Other (Describe in Part XIII )	<u>2d   </u>	<u></u>
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.	1 4-1	H SE TO F SE TO
a investment expenses not included on Form 990, Part VIII, line 7b	4a   4b	
b Other (Describe in Part XIII ) c Add lines 4a and 4b	40 ]	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Pa.	ort I lino 18 )	5
Part XIII Supplemental Information.	111.1111-1101	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	s 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		
PART V, LINE 4:		
THE VOLUNTARY ACTION CENTER TRAINING	ENDOWMENT- THE PURPOSE (	ਤਮਾ ਜ
THE TOPONTIES ROLL OF THE PROPERTY OF THE PROP		<u> </u>
ENDOWMENT IS TO AID AND SUPPORT THE T	TRAINING PROGRAMS OF THE	VOLUNTARY
ACTION CENTER OF FORSYTH COUNTY, INC.	. WHOSE PROGRAMS ARE CONI	DUCTED UNDER
THE AUSPICES OF UNITED WAY.		
THE UNITED WAY JOEL A. WESTON, JR. ME	MORIAL ENDOWMENT- THE PU	JRPOSE OF THE
ENDOUBLEMENT TO MO DIDIO AND ALUADO DOD DEC	SELLENGE THE MONDOCETE MAI	из стритації
ENDOWMENT IS TO FUND AN AWARD FOR EXC	SELLENCE IN NONPROFIT MAI	NAGEMENT,
DEDICATED TO THE MEMORY OF JOEL A. WE	STON .TR. WHO SERVED A	S CHATRMAN OF
DEDICATED TO THE MEMORI OF CORE A: WI	IDION, UK., WHO BERVED AL	5 CIMITALIN OI
UNITED WAY'S BOARD OF DIRECTORS FROM	1980-1982.	
THE UNITED WAY CARING SHARES ENDOWMEN	NT- THE PURPOSE OF THE E	NDOWMENT IS TO
		•
PROVIDE FUNDS FOR THE WELFARE OF THE	COMMUNITY AS DEEMED NEC	ESSARY BY THE
BOARD OF DIRECTORS OF UNITED WAY.		•

Schedule D (Form 990) 2018 UNITED WAY OF FORSYTH COUNTY, INC. 23-7357234 Page 5 Part XIII   Supplemental Information (continued)
Supplemental information (continued)
PART X, LINE 2:
UNITED WAY IS A NOT-FOR-PROFIT ORGANIZATION AND IS EXEMPT FROM INCOME
TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY,
INCOME TAX EXPENSE IS LIMITED TO ACTIVITIES THAT ARE DEEMED BY THE
INTERNAL REVENUE SERVICE TO BE UNRELATED TO THEIR EXEMPT PURPOSES.
UNITED WAY'S PRIMARY TAX POSITION RELATES TO THEIR STATUS AS
NOT-FOR-PROFIT ENTITY EXEMPT FROM INCOME TAXES AND CLASSIFICATION OF
ACTIVITIES RELATED TO ITS EXEMPT PURPOSES. IT IS THE OPINION OF MANAGEMENT
THAT UNITED WAY HAS NO UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO
CHANGE UPON EXAMINATION.
UNITED WAY IS REQUIRED TO FILE A FEDERAL EXEMPT ORGANIZATION TAX RETURN
(FORM 990) ANNUALLY TO RETAIN THE EXEMPT STATUS. UNITED WAY IS ALSO
REQUIRED TO FILE AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM
990T) FOR ANY YEAR GROSS UNRELATED BUSINESS INCOME EXCEEDS \$1,000. UNITED
WAY'S FORM 990 FILINGS ARE GENERALLY SUBJECT TO EXAMINATION BY THE
INTERNAL REVENUE SERVICE FOR THREE YEARS AFTER THEY ARE FILED.

Schedule D (Form 990) UNITED WAY OF Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.	<del></del> .	<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
VANGUARD EMERGING MARKETS STOCK INDEX		
ADMIRAL SHARES	33,109.	FMV
VANGUARD INFLATION-PROTECTED SECURITIES FUND		
ADMIRAL SHARES	8,884.	FMV
	20 070	TIME
VANGUARD INTERNATIONAL VALUE FUND	39,879.	FMV
VANGUARD MATERIALS INDEX FUND	91,843.	FMV
VANGUARD MID-CAP VALUE INDEX FUND	105,087.	FMV
VANGUARD PRIME MONEY MARKET FUND	93,679.	FMV
VANGUARD PRIMECAP FUND	82,990.	FMV
VANGUARD SHORT-TERM INVESTMENT-GRADE FUND	,	
ADMIRAL SHARES	27,562.	FMV
VANGUARD SMALL-CAP VALUE INDEX FUND	32,715.	FMV
VANGUARD SPDR BARCLAYS CONVERTIBLE	215,022.	FMV
VANGUARD TOTAL INTERNATIONAL STOCK INDEX	41,573.	FMV
ALGER SMALL CAP FOCUS FUND	53,573.	FMV
	·	
	<del> </del>	
	, · · · · ·	
	<u> </u>	<u> </u>

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service
Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete of 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.

INC.

UNITED WAY OF FORSYTH COUNTY,

OMB No 1545-0047

Employer identification number 23-7357234 Open to Public Inspection

Part I General Information on Grants and Assistance	nd 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	o substantiate the	amount of the grants o	or assistance, the c	grantees' eligibility	or the grants or assis	tance, and the selection	
criteria used to award the grants or assistance?	tance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the i	cedures for monito		ise of grant funds in the United States	States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.	<b>Jomestic Organiz</b>	ations and Domestic		omplete if the orga	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	V, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if addition	nal space is neede	þ			
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 noncash assistance	(h) Purpose of grant or assistance
ALEXANDER YOUTH NETWORK							
6220 THERMAL ROAD CHARLOTTE NC 28211	56-0554413	501(C)(3)	128,798.	0		_ <b>.</b>	GENERAL SUPPORT
					4		
AMERICAN RED CROSS 690 COLISEUM DRIVE							
WINSTON-SALEM, NC 27106	31-1589795	501(C)(3)	78,239.	0.			GENERAL SUPPORT
NOTHER THEFT ITEMS OF WATER TO SOME							
3325 SILAS CREEK PARKWAY							
WINSTON-SALEM, NC 27103	56-0532138	501(C)(3)	77,268.	0.			SENERAL SUPPORT
BETHESDA CENTER FOR THE HOMELESS							
930 NORTH PATTERSON AVENUE							
WINSTON-SALEM, NC 27101	55-0543242	501(C)(3)	14,967.	0.			GENERAL SUPPORT
BOWMAN GRAY CHILD GILDANCE							
MEDICAL CENTER BOULEVARD							
WINSTON-SALEM, NC 27157	11-1111113 501(C)(	501(C)(3)	125,591.	0.			SENERAL SUPPORT
CANCER SERVICES, INC.							
3175 MAPLEWOOD AVENUE							
WINSTON-SALEM, NC 27103	56-0656375 501(c)(	501(C)(3)	154,812.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	janizations listed in the	line 1 table				
3 ' Enter total number of other organizations listed in the line 1 table	s listed in the line 1	table					<b>A</b>

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

Schedule I (Form 990) (2018)

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Schedule	e I (Form 990)	UNITED	WAY	OF	F FORSYTH COUNTY,	CO	UNTY,	INC.		23-7357
Part II	Continuation of	Grants and O	ther As	sistani	ce to Governr	ments :	and Organ	stance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Schedule I (Form 990), Part II	(

(a) Name and address of c) EIN (b) EIN (c) IRC seconganization or government if applicat	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	tion (d) Amount of (e) Amount of (f) Method of (cash grant non-cash susistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant on assistance
CAROLINA COMFORT COALITION 1100 CENTRE CHURCH ROAD MOORESVILLE, NC 28117	20-4114888	501(C)(3)	11,500.	0.			GENERAL SUPPORT
CATHOLIC SOCIAL SERVICES PO BOX 20185 CHARLOTTE, NC 28211	56-1058954	501(C)(3)	109,540.	0			GENERAL SUPPORT
CENTER FOR EXCEPTIONAL CHILDREN 2315 COLISEUM DRIVE WINSTON-SALEM, NC 27106	56-0615188 501(C)(3)	501(C)(3)	615,036.	0.			GENERAL SUPPORT
CHILD ABUSE RESOURCE EDUCATION PO BOX 1541 LITTLETON, NC 27805	56-2108200 501(C)(3)	501(C)(3)	35,000.	0.			GENERAL SUPPORT
COMMUNITY CARE CENTER 2135 WALKERTOWN ROAD WINSTON-SALEM, NC 27101	58-1403699 501(C)(3)	501(C)(3)	226,263.	0			GENERAL SUPPORT
CRISIS CONTROL MINISTRY 200 E, 10TH STREET WINSTON-SALEM, NC 27101	23-7348168	501(C)(3)	48,063.	0.			GENERAL SUPPORT
CROSBY SCHOLARS COMMUNITY PARTNERSHIP - 2701 UNIVERSITY PARKWAY - WINSTON-SALEM, NC 27106	31-1523230	501(C)(3)	19,107.	.0			GENERAL SUPPORT
ENRICHMENT CENTER 1006 SOUTH MARSHALL STREET WINSTON-SALEM, NC 27101	56-1481122	501(C)(3)	172,635.	.0			GENERAL SUPPORT
EXCHANGE SCAN, INC. 500 WEST NORTHWEST BOULEVARD WINSTON-SALEM, NC 27105	58-1443692	501(C)(3)	117,978.	0			GENERAL SUPPORT
							Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and	ssistance to Gov		Organizations in the United States		(Schedule I (Form 990), Part II)	(III)	
(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
EXPERIMENT IN SELF RELIANCE 1550 UNIVERSITY COURT WINSTON-SALEM, NC 27106	56-6060100	501(C)(3)	203,830.	.0			GENERAL SUPPORT
FAMILY SERVICES, INC. 1200 S. BROAD STREET WINSTON-SALEM, NC 27101	56-0689235	501(C)(3)	610,199.	.0			GENERAL SUPPORT
FELLOWSHIP HOME 661 NORTH SPRING STREET WINSTON-SALEM, NC 27101	58-1400131	501(C)(3)	83,875.	0			GENERAL SUPPORT
FINANCIAL PATHWAYS OF THE PIEDMONT 7820 NORTH POINT BOULEVARD WINSTON-SALEM, NC 27106	56-1015074	501(C)(3)	197,998.	0.			GENERAL SUPPORT
FIRST CHRISTIAN CHURCH 2320 COUNTRY CLUB ROAD WINSTON-SALEM, NC 27104	56-6001706	501(C)(3)	61,894.	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
GIRL SCOUTS CAROLINA PEAKS TO PIEDMONT - 8818 W MARKET ST, APT. 76 - COLFAX, NC 27235	56-0577629	501(C)(3)	19,975.	.0			GENERAL SUPPORT
GOODWILL INDUSTRIES OF NORTHWEST NC, INC 2701 UNIVERSITY PARKWAY - WINSTON-SALEM, NC 27115	56-0588474	501(C)(3)	142,728.	°o			GENERAL SUPPORT
GRACE PRESBYTERIAN CHURCH USA 3901 CARVER SCHOOL RD. WINSTON-SALEM, NC 27105	56-0653369 501(C)(3)	501(C)(3)	27,026.	°			GENERAL SUPPORT
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(a) Name and address of (b) EIN (c) IRC sect organization or government	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	ton (d) Amount of (e) Amount of cash grant non-cash stance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or or assistance
GREATER FORSYTH COUNTY YOUNG LIFE 420 N CASCADE AVE COLORADO SPRINGS, CO 80903	84-0385934 501(C)(3)	501(C)(3)	10,000.	.0			GENERAL SUPPORT
GROUP HOMES OF FORSYTH COUNTY 526 WEST FIRST STREET WINSTON-SALEM, NC 27101	56-1097900 501(C)(3)	501(C)(3)	82,522.	.0			GENERAL SUPPORT
GUIDING INSTITUTE FOR DEVELOPMENT OF EDUCATION - 2020 E, 14TH STREET - WINSTON-SALEM, NC 27105	56-2108796 501(C)(3)	501(C)(3)	27,352.	0			GENERAL SUPPORT
HANDS ON NORTHWEST NC 751 WEST FOURTH STREET WINSTON-SALEM, NC 27101	26-0824793	501(C)(3)	24,623.	0			GENERAL SUPPORT
HISPANIC LEAGUE OF THE TRIAD, INC. 251 SPRUCE STREET NORTH WINSTON-SALEM, NC 27101	56-1791215	501(C)(3)	28,140.	.0			GENERAL SUPPORT
IMPRINTS 502 NORTH BROAD STREET WINSTON-SALEM, NC 27101	56-0949178	501(C)(3)	135,921.	.0			GENERAL SUPPORT
LEGAL AID SOCIETY OF NORTHWEST NC, INC 216 WEST FOURTH STREET - WINSTON-SALEM, NC 27101	59-1774692	501(C)(3)	169,113.	.0			GENERAL SUPPORT
LIBERTY EAST REDEVELOPMENT INC. 2531 LADERA CREST LANE WINSTON-SALEM, NC 27105	58-1809489	\$01(C)(3)	116,094.	°			GENERAL SUPPORT
MEDIATION SERVICES 310 EAST 3RD STREET, SUITE 75 WINSTON-SALEM, NC 27101	58-1556490 501(C)(3)	501(C)(3)	37,556.	.0			GENERAL SUPPORT
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Schedule I (Form 990) UNITED WAY	Y OF FORSYTH	YTH COUNTY,	INC.			2	23-7357234 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Gov	ernments and Organi	izations in the Un		(Schedule I (Form 990), Part II.)	t 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 or assistance
MENTAL HEALTH ASSOCIATION 1509 SOUTH HAWTHORNE ROAD WINSTON-SALEM, NC 27103	56-0776248 501(C)(3)	501(C)(3)	70,813.	0.0			GENERAL SUPPORT
MUSE WINSTON-SALEM 226 S. LIBERTY STREET WINSTON-SALEM, NC 27101	56-2039230	501(C)(3)	12,500.	0.			GENERAL SUPPORT
PARTNERSHIP FOR A DRUG FREE NC, INC, - 665 WEST FOURTH STREET - WINSTON-SALEM, NC 27101	56-0951129	501(C)(3)	228,970.	.0			GENERAL SUPPORT
SECOND HARVEST FOOD BANK OF NWNC, INC 3655 REED STREET - WINSTON-SALEM, NC 27107	58-1457912 501(C)(3)	501(C)(3)	7,500,	.0			GENERAL SUPPORT
SENIOR SERVICES 2895 SHOREFAIR DRIVE WINSTON-SALEM, NC 27105	56-1085968 501(C)(3)	501(C)(3)	15,000.	0			GENERAL SUPPORT
SERVING OUR SAVIOR 2000 WEST FIRST STREET, SUITE 411 WINSTON-SALEM, NC 27104	3 <u>5</u> -1742237 501(C)(3)	501(C)(3)	15,000.	0			GENERAL SUPPORT
SMARTSTART OF FORSYTH COUNTY 7820 N. POINT BOULEVARD, SUITE 200 WINSTON-SALEM, NC 27106	55-1899564 501(C)(3)	501(C)(3)	15,000.	0			GENERAL SUPPORT
THE SALVATION ARMY 836 OAK STREET, SUITE 310 WINSTON-SALEM, NC 27102	58-0660607	501(C)(3)	828,820.	0			GENERAL SUPPORT
THE SHALOM PROJECT 639 S. GREEN STREET WINSTON-SALEM, NC 27101	20-2136431 501(C)(3)	501(C)(3)	6,000.	.0			GENERAL SUPPORT
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Schedule   (Form 990) UNITED WAY	Y OF FORSYTH		INC.		400 000 mm 27/1 cl. k		23-7357234 Page 1
Part II Continuation of Grants and Other Assistance to Governments and	ssistance to Go		Organizations in the United States	- 1	(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 on assistance
UNITED WAY OF ALAMANCE COUNTY 220 E. FRONT STREET BURLINGTON, NC 27215	56-0599239 501(C)(3)	501(C)(3)	7,500.	.0			GENERAL SUPPORT
UNITED WAY OF CAPE FEAR 5919 OLEANDER DRIVE, SUITE 115 WILMINGTON, NC 28403	56-0529949	501(C)(3)	7,500.	0.			GENERAL SUPPORT
UNITED WAY OF CUMBERLAND COUNTY 222 MAIDEN LANE FAYETTEVILLE, NC 28301	56-0564342 501(C)(3)	501(c)(3)	7,500.	.0			GENERAL SUPPORT
UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	56-0668555	501(C)(3)	15,000.	0			GENERAL SUPPORT
UNITED WAY OF IREDELL/STATESVILLE 1835 DAVIE AVE, SUITE 401 STATESVILLE, NC 28677	56-0792674	501(C)(3)	15,000.	.0			GENERAL SUPPORT
UNITED WAY OF NORTH CAROLINA 875 WALNUT STREET CARY, NC 27511	56-0564547	501(C)(3)	43,836,	0			GENERAL SUPPORT
UNITED WAY OF THOMAS JEFFERSON AREA, VA - 806 EAST HIGH STREET - CHARLOTTESVILLE, VA 22902	54-0505882	501(C)(3)	7,500.	0			GENERAL SUPPORT
WE TEAM YOUTH SERVICES, INC. 415 W CLEMMONSVILLE ROAD WINSTON-SALEM, NC 27127	85-1973079 501(C)(3)	501(C)(3)	10,000.	°°			GENERAL SUPPORT
WINSTON-SALEM FORSYTH COUNTY SCHOOLS - P O BOX 2513 - WINSTON-SALEM, NC 27102	56-0795164		765,682.	,		į	GENERAL SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) UNITED WAY OF FORSYTH COUN Part II Continuation of Grants and Other Assistance to Governments and	Y OF FORSYTH Assistance to Governme	(TH COUNTY, ernments and Organi	TY, INC. Organizations in the United States		(Schedule I (Form 990), Part II)		23-7357234 Page 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 STATE UNIVERSITY PO BOX 19422 WINSTON-SALEM, NC 27110	56-6001466		78,149.	.0			GENERAL SUPPORT
WINSTON-SALEM URBAN LEAGUE 201 WEST FIFTH STREET WINSTON-SALEM, NC 27101	56-0532301	501(C)(3)	186,802.	0			GENERAL SUPPORT
WORK FAMILY RESOURCE CENTER 530 N. SPRING STREET WINSTON-SALEM, NC 27101	56-1755762 501(C)(3)	501(C)(3)	116,051.	.0			GENERAL SUPPORT
YMCA OF NORTHWEST NC 301 NORTH MAIN STREET, SUITE 1900 WINSTON-SALEM, NC 27101	56-0530015	501(C)(3)	409,416.	.0			GENERAL SUPPORT
YWCA 1300 S. MAIN STREET WINSTON-SALEM, NC 27127	56-0564345	501(C)(3)	575,886.	0.			GENERAL SUPPORT
							Schedule I (Form 990)

23-7357234 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 UNITED WAY OF FORSYTH COUNTY, INC. Schedule I (Form 990) (2018) Part III

Page 2

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information INC. ANNUALLY REVIEWS THE ALLOCATIONS MADE AND THE RELATED PROGRAMMATIC RESULTS. INDIVIDUAL AGENCIES ARE REVIEWED (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients UNITED WAY OF FORSYTH COUNTY, ADMINISTRATIVELY BI-ANNUALLY (a) Type of grant or assistance ~ PART I, LINE

Schedule I (Form 990) (2018)

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## SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number 23-7357234

**Questions Regarding Compensation** ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII. Section A. line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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 X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 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? **4**a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 40 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. 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: 5a a The organization? **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III 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 The organization? 6a X 6h b Any related organization? If "Yes" on line 6a or 6b, describe in Part III 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 - - - - - -Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2018

Regulations section 53 4958-6(c)?

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

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

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(ii) Other reportable compensation	other deferred compensation	benefits	(D)·(0)(B)	<u>-</u>
(1) CYNTHIA S. GORDINEER	3	207,091.	0	0	18,638.	5,919.	231,648.	0
PRESIDENT AND CEO	3	0	0	0	0	0	·I	0
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Schedule J (Form 990) 2018

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number 23-7357234

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
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.
EXPENSES \$ 584,858. INCLUDING GRANTS OF \$ 75,000. REVENUE \$ 14,263.
THE WINSTON-SALEM POVERTY THOUGHT FORCE IS A COMMUNITY WIDE
COLLABORATION SPEARHEADED BY THE CITY OF WINSTON-SALEM TO IDENTIFY
STEPS BOTH FEASIBLE AND IMPACTFUL TO REDUCE THE NUMBER OF RESIDENTS
LIVING IN POVERTY. THE POVERTY THOUGHT FORCE WAS FORMED IN OCTOBER 2015
AND COMPRISES 22 MEMBERS REPRESENTING A BROAD RANGE OF WINSTON-SALEM'S
CIVIC AND ACADEMIC INSTITUTIONS. THE POVERTY THOUGHT FORCE HAS FIVE
SUBCOMMITTEES THAT FOCUS ON VARIOUS ASPECTS OF POVERTY, INCLUDING
HEALTH AND WELLNESS, HOUSING AND HOMELESSNESS, JOBS AND WORKFORCE
DEVELOPMENT, EDUCATION AND LIFE SKILLS, AND HUNGER AND FOOD INSECURITY.
EXPENSES \$ 42,854. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,045.
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.

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** 23-7357234 UNITED WAY OF FORSYTH COUNTY, INC. 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 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 BOARD MEMBERS AND STAFF SELF IDENTIFY CONFLICTS DURING THE CONFLICTS. 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

THE PERSONNEL COMMITTEE SHALL SERVE ON BEHALF OF THE BOARD OF DIRECTORS TO

MEMBERS AT LARGE, NOMINATED BY THE FIRST THREE MEMBERS AND APPROVED BY THE

BOARD.

Name of the organization UNITED WAY OF FORSYTH COUNTY, INC.	Employer identification number 23-7357234
CONSIDER AND ADVISE ON PERSONNEL MATTERS SPECIFICALLY RELA	TING TO THE CHIEF
EXECUTIVE OFFICER. THIS INCLUDES CONDUCTING PERIODIC PERF	ORMANCE REVIEWS,
FRINGE BENEFIT PROGRAMS, AND CONSIDERATION OF AN EMPLOYMEN	
CONTRACT RENEWAL, DISCIPLINARY ACTION, AND/OR SIMILAR MATT	
ARISE.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS RELATED TO CONFLICTS OF INTEREST POLICIES, F	INANCIAL
STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE ON OUR WE	BSITE AT
WWW.FORSYTHUNITEDWAY.ORG OR BY CALLING 336-721-9300.	
FORM 990, PART VII, SECTION A:	
CYNTHIA GORDINEER'S 2018 CALENDAR YEAR BENEFITS PAID BY TH	E UNITED WAY
OF FORSYTH COUNTY WERE \$24,557. HER BENEFITS WERE COMPRIS	ED OF THE
FOLLOWING: LIFE/DISABILITY INSURANCE \$1,139, WORKERS COMPE	NSATION
INSURANCE \$3,905, NC UNEMPLOYMENT INSURANCE \$638, 401K EMP	LOYER
CONTRIBUTION \$12,425, 401K MATCH \$6,213, AND A COMPANY VEH	ICLE \$237.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FASB 158 ADJUSTMENT	-324,041.
FORM 990, PART XII, LINE 2C:	
THE OVERSIGHT/SELECTION PROCESS HAS NOT CHANGED FROM THE P	RIOR YEAR.
	•

SCHEDULE R (Form 990)

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

▶ Attach to Form 990.

OMB No 1545-0047

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

INC.

UNITED WAY OF FORSYTH COUNTY,

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 23-7357234

Schedule R (Form 990) 2018 (g) Section 512(b)(13) controlled ŝ × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) Total income Exempt Code section 501(C)(3) ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) NORTH CAROLINA TO PROVIDE SUPPORT TO THE UNITED WAY OF FORSYTH Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. COUNTY UNITED WAY OF FORSYTH COUNTY FOUNDATION 20-2649556, 301 NORTH MAIN STREET SUITE Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity WINSTON-SALEM, NC 27101 Part I Part II 1700,

23-7357234

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Schedule R (Form 990) 2018 UNITED WAY OF FORSYTH COUNTY, INC.

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 freated as a partnership during the tax year Part III

General or Percentage managing ownership · 동 Yes  $\odot$ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)  $\equiv$ Disproportionate Yes allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
( Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization <u>a</u>

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 Part IV

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	512(	ente	Yes										
£	Percentage 512(b)(13)									•			
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€	Shar												
(e)	Type of entity	(C corp, S corp,	(200.10										
(p)	Direct controlling	entity		!									
(0)	Legal domicile	foreign	country)										
(q)	Primary activity												
(a) (b)	Name, address, and EIN	or related organization									,	-	

Schedule R (Form 990) 2018

Page 3

Yes

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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 PartV

organizations listed in Parts II-IV?	
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- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- Performance of services or membership or fundraising solicitations by related organization(s) Ε

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- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property to related organization(s) \_
- s Other transfer of cash or property from related organization(s)

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(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	U	123,183.FMV	FMV
(2) UNITED WAY OF FORSYTH COUNTY FOUNDATION	Ħ	150,000. FMV	FMV
(3) UNITED WAY OF FORSYTH COUNTY FOUNDATION	0	90,821. FMV	FMV
(4) UNITED WAY OF FORSYTH COUNTY FOUNDATION	α	1,400,000. FMV	FMV
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(9)			

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Schedule R (Form 990) 2018 UNITED WAY OF FORSYTH COUNTY, INC.

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Dispropor-3 Yes No Ξ end-of-year Share of assets Share of total income Are all partners sec 501(c) 3 orgs ? . Predominant income par (related, unrelated, excluded from tax under sections 512-514) ਉ (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

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Part VII	(Form 990) 2018 Supplemental Info	rmation.							
	Provide additional inform		nses to d	questo	ons on Schedule	R See instruct	ions.		
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