

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2019

Open to Public Inspection

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

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF FORSYTH COUNTY, INC.		D Employer identification number 23-7357234
	Doing business as		E Telephone number 336-723-3601
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	301 NORTH MAIN ST.		G Gross receipts \$ 12,792,783.
	City or town, state or province, country, and ZIP or foreign postal code WINSTON-SALEM, NC 27101		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer BARRY LEONARD SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list (see instructions)	
J Website: WWW.FORSYTHUNITEDWAY.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1974	M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities UNITING THE COMMUNITY TO BRING TOGETHER RESOURCES TO IDENTIFY AND ADDRESS OUR COMMUNITY'S NEEDS.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)	3 29		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 28		
5 Total number of individuals employed in calendar year 2019 (Part VII, line 2a)	5 45		
6 Total number of volunteers (estimate if necessary)	6 1356		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.		
b Net unrelated business taxable income from Form 990-T, line 39	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,549,124.	12,406,661.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	321,506.	386,122.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,176.	0.
		13,878,806.	12,792,783.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,900,433.	8,218,587.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,023,478.	3,116,219.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 978,412.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,729,018.	3,120,539.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	15,652,929.	14,455,345.	
19 Revenue less expenses. Subtract line 18 from line 12	<1,774,123.>	<1,662,562.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	7,845,846.	7,288,066.
	22 Net assets or fund balances - Subtract line 21 from line 20	8,976,071.	10,537,387.
	<1,130,225.>	<3,249,321.>	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	CYNTHIA S. GORDINEER, PRESIDENT & CEO	3/23/2021			
Paid Preparer Use Only	Print/Type preparer's name JANE R POTTER	Preparer's signature <i>Jane R Potter</i>	Date 3/19/21	Check if self-employed <input type="checkbox"/>	PTIN P01057495
	Firm's name BUTLER + BURKE, LLP	Firm's EIN 56-1138530	Firm's address 100 CLUB OAKS COURT WINSTON-SALEM, NC 27104		
Phone no. 336-768-2310					

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

SCANNED MAR 23 2022 Activities & Governance

RECEIVED
 MAR 29 2021
 OGDEN, UT
 IRS-OIG

945

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission

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

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

Yes No X

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

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

Yes No X

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 7,927,211. including grants of \$ 6,859,075.) (Revenue \$ 253,320.)

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 \$ 1,627,270. including grants of \$ 1,359,511.) (Revenue \$ 52,001.)

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

4c (Code) (Expenses \$ 1,921,250. including grants of \$ 0.) (Revenue \$ 61,395.)

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

4d Other program services (Describe on Schedule O)

(Expenses \$ 607,315. including grants of \$ 0.) (Revenue \$ 19,406.)

4e Total program service expenses 12,083,046.

ABDI DJR

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax compliance, and organizational status.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALVIN L. ATKINSON BOARD MEMBER (THROUGH 12/31/2019)	1.00	X						0.	0.	0.
(2) ANDY BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(3) BARBARA DUCK BOARD MEMBER (EFFECTIVE 1/1/2020)	1.00	X						0.	0.	0.
(4) BETTY LOU VONTSOLOS BOARD MEMBER	1.00	X						0.	0.	0.
(5) BOBBY KIMBROUGH, JR. BOARD MEMBER (EFFECTIVE 1/1/2020)	1.00	X						0.	0.	0.
(6) BRENT WADDELL BOARD MEMBER (EFFECTIVE 2/1/2020)	1.00	X						0.	0.	0.
(7) BRYAN W. SWERBINSKY BOARD MEMBER (THROUGH 12/31/2019)	1.00	X						0.	0.	0.
(8) CATRINA THOMPSON EXEC COMM - CHAIR	1.00	X		X				0.	0.	0.
(9) CHRIS FOX BOARD MEMBER	1.00	X						0.	0.	0.
(10) CLAIRE TUTTLE BOARD MEMBER	1.00	X						0.	0.	0.
(11) COLEMAN TEAM BOARD MEMBER	1.00	X						0.	0.	0.
(12) CYNTHIA S. GORDINEER PRESIDENT AND CEO	50.00	X		X				211,951.	0.	29,894.
(13) DAVID BARKSDALE BOARD MEMBER (EFFECTIVE 1/1/2020)	1.00	X						0.	0.	0.
(14) DOUG DEBRECHT BOARD MEMBER (THROUGH 10/31/2019)	1.00	X						0.	0.	0.
(15) DR. ANGELA HAIRSTON BOARD MEMBER (EFFECTIVE 1/1/2020)	1.00	X						0.	0.	0.
(16) ELWOOD ROBINSON, PH.D. BOARD MEMBER	1.00	X						0.	0.	0.
(17) EVAN RALEIGH EXEC COMM - SECRETARY	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JANET SPRIGGS BOARD MEMBER	1.00	X						0.	0.	0.
(19) JEFFREY SKINNER BOARD MEMBER (EFFECTIVE 1/1/2020)	1.00	X						0.	0.	0.
(20) JENNIFER HEATON EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(21) JOHN C. FOX EXEC COMM - PAST CHAIR	1.00	X		X				0.	0.	0.
(22) JOHN D. MCCONNELL BOARD MEMBER (THROUGH 12/31/2019)	1.00	X						0.	0.	0.
(23) JOHN ELLIOTT BOARD MEMBER	1.00	X						0.	0.	0.
(24) KELLY SUTTON EXEC COMM (EFFECTIVE 1/1/2020)	1.00	X						0.	0.	0.
(25) KIM MANN EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(26) MARTHA LOGEMANN EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
1b Subtotal								211,951.	0.	29,894.
c Total from continuation sheets to Part VII, Section A								385,979.	0.	45,907.
d Total (add lines 1b and 1c)								597,930.	0.	75,801.

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, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARTIN L. HOLTON III BOARD MEMBER	1.00	X						0.	0.	0.
(28) MARY DAME EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(29) MENDY MCNEEL BOARD MEMBER (THROUGH 12/31/2019)	1.00	X						0.	0.	0.
(30) MICHAEL S. JESKE BOARD MEMBER (THROUGH 12/31/2019)	1.00	X						0.	0.	0.
(31) ROBERT QUICK BOARD MEMBER (EFFECTIVE 2/1/2020)	1.00	X						0.	0.	0.
(32) ROGAN KERSH BOARD MEMBER	1.00	X						0.	0.	0.
(33) SALLYE LINER BOARD MEMBER (EFFECTIVE 1/1/2020)	1.00	X						0.	0.	0.
(34) TRISHA COLEMAN EXEC COMM - TREASURER	1.00	X		X				0.	0.	0.
(35) VICTOR ISLER BOARD MEMBER	1.00	X						0.	0.	0.
(36) W. BENNETT BRADLEY EXEC COMM (THROUGH 12/31/2019)	1.00	X						0.	0.	0.
(37) BARRY LEONARD CFO	50.00			X				149,450.	0.	15,666.
(38) DEBBIE WILSON COO	50.00			X				114,362.	0.	16,376.
(39) MARK UREN VP, RESOURCE DEVELOPMENT	50.00				X			122,167.	0.	13,865.
Total to Part VII, Section A, line 1c								385,979.		45,907.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,406,661.				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f			12,406,661.			
Program Service Revenue	2 a ADMINISTRATIVE FEE	Business Code	900099	386,122.	386,122.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			386,122.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	(ii) Personal			
		6b					
		6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
		7b					
		7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a					
		8b					
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	9a					
9b							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
	10b						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions				12,792,783.	386,122.	0.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,218,587.	8,218,587.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	537,855.	235,859.	196,393.	105,603.
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	1,988,466.	871,310.	653,323.	463,833.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	205,773.	99,107.	61,983.	44,683.
9 Other employee benefits	205,018.	88,071.	69,458.	47,489.
10 Payroll taxes	179,107.	80,961.	57,406.	40,740.
11 Fees for services (nonemployees)				
a Management				
b Legal				
c Accounting	43,611.	21,351.	14,910.	7,350.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,870.	416.	1,443.	11.
12 Advertising and promotion	73,624.	5,481.	6,893.	61,250.
13 Office expenses	252,817.	130,862.	66,351.	55,604.
14 Information technology				
15 Royalties				
16 Occupancy	176,646.	88,008.	52,220.	36,418.
17 Travel	18,574.	9,686.	2,463.	6,425.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	73,218.	42,949.	26,800.	3,469.
20 Interest				
21 Payments to affiliates	189,056.	89,850.	61,666.	37,540.
22 Depreciation, depletion, and amortization	17,460.	8,522.	5,749.	3,189.
23 Insurance	14,257.	3,516.	9,478.	1,263.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	1,191,811.	1,191,811.	0.	0.
b CONTRACT LABOR	983,159.	870,776.	68,268.	44,115.
c CONTINUING EDUCATION	34,290.	12,616.	18,091.	3,583.
d MISCELLANEOUS	21,893.	472.	8,650.	12,771.
e All other expenses	28,253.	12,835.	12,342.	3,076.
25 Total functional expenses Add lines 1 through 24e	14,455,345.	12,083,046.	1,393,887.	978,412.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	922,937.	1	1,496,568.
	2	Savings and temporary cash investments	32,887.	2	233,368.
	3	Pledges and grants receivable, net	4,292,323.	3	3,435,524.
	4	Accounts receivable, net	551,882.	4	244,243.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	22,325.	9	9,552.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 268,660.		
	b	Less: accumulated depreciation	10b 244,242.	10c	24,418.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	1,983,420.	12	1,844,393.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	7,845,846.	16	7,288,066.	
Liabilities	17	Accounts payable and accrued expenses	1,191,140.	17	1,644,967.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	7,784,931.	25	8,892,420.
	26	Total liabilities. Add lines 17 through 25	8,976,071.	26	10,537,387.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	<4,717,680.>	27	<6,170,445.>
	28	Net assets with donor restrictions	3,587,455.	28	2,921,124.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	<1,130,225.>	32	<3,249,321.>
33	Total liabilities and net assets/fund balances	7,845,846.	33	7,288,066.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,792,783.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,455,345.
3	Revenue less expenses Subtract line 2 from line 1	3	<1,662,562.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<1,130,225.>
5	Net unrealized gains (losses) on investments	5	45,923.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	<502,457.>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	<3,249,321.>

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	16262079.	15896094.	15490169.	13549124.	12406661.	73604127.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16262079.	15896094.	15490169.	13549124.	12406661.	73604127.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7209492.
6 Public support. Subtract line 5 from line 4						66394635.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	16262079.	15896094.	15490169.	13549124.	12406661.	73604127.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	92.	27.	72.			191.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		1,582.	6,118.	8,176.		15,876.
11 Total support. Add lines 7 through 10						73620194.
12 Gross receipts from related activities, etc (see instructions)					12	1,586,945.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	90.19	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	90.21	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7	\$		
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

23-7357234

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Form with multiple sections: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,571,618.	1,488,983.	1,170,793.	1,046,840.	1,120,035.
b Contributions	22,484.	25,658.	291,634.	23,283.	3,600.
c Net investment earnings, gains, and losses	<23,423.>	68,289.	96,884.	125,670.	<24,225.>
d Grants or scholarships					
e Other expenditures for facilities and programs	52,228.	2,184.	70,328.	25,000.	52,570.
f Administrative expenses	9,453.	9,128.			
g End of year balance	1,508,998.	1,571,618.	1,488,983.	1,170,793.	1,046,840.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment 70.94 %
 - b Permanent endowment 29.06 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		268,660.	244,242.	24,418.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) 24,418.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALGER SMALL CAP FOCUS		
(B) FUND	21,174.	END-OF-YEAR MARKET VALUE
(C) ALGER SMALL CAP FOCUS		
(D) FUND CLASS Z	30,106.	END-OF-YEAR MARKET VALUE
(E) BENEFICIAL INTEREST HELD		
(F) BY OTHERS	944,425.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,844,393.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATION TO AGENCIES AND OTHER	
(3) UNITED WAYS	1,655,340.
(4) DUE TO UNITED WAY FOUNDATION	6,689,580.
(5) PAYROLL PROTECTION PROGRAM LOAN	
(6) PAYABLE	547,500.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,892,420.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

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

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

Part XIII Supplemental Information (continued)

PART X, LINE 2:

UNITED WAY 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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
23-7357234

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHESDA CENTER FOR THE HOMELESS 930 NORTH PATTERSON AVENUE WINSTON-SALEM, NC 27101	56-0543242	501(C)(3)	17,497.	0.			GENERAL SUPPORT
FIRST CHRISTIAN CHURCH 2320 COUNTRY CLUB ROAD WINSTON-SALEM, NC 27104	56-6001706	501(C)(3)	23,357.	0.			GENERAL SUPPORT
LEAD GIRLS OF NC 500 WEST FOURTH STREET, STE 203B WINSTON-SALEM, NC 27101	82-0984711	501(C)(3)	28,500.	0.			GENERAL SUPPORT
UNITED WAY OF NORTH CAROLINA 875 WALNUT STREET CARY, NC 27511	56-0564547	501(C)(3)	29,224.	0.			GENERAL SUPPORT
CROSBY SCHOLARS COMMUNITY PARTNERSHIP - 2701 UNIVERSITY PARKWAY - WINSTON-SALEM, NC 27106	31-1523230	501(C)(3)	32,389.	0.			GENERAL SUPPORT
MEDIATION SERVICES 310 EAST 3RD STREET, SUITE 75 WINSTON-SALEM, NC 27101	58-1556490	501(C)(3)	37,627.	0.			GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW COMMUNION 2320 COUNTRY CLUB ROAD WINSTON-SALEM, NC 27104	82-0824351	501(C)(3)	38,038.	0.			GENERAL SUPPORT
CHILD ABUSE RESOURCE EDUCATION PO BOX 1541 LITTLETON, NC 27805	56-2108200	501(C)(3)	47,500.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES DIOCESE OF CHARLOTTE - 1123 S CHURCH STREET - CHARLOTTE, NC 28203	56-1058954	501(C)(3)	52,346.	0.			GENERAL SUPPORT
COMMUNITY CARE CENTER OF FORSYTH COUNTY - 2135 WALKERTOWN ROAD - WINSTON-SALEM, NC 27101	58-1403699	501(C)(3)	52,444.	0.			GENERAL SUPPORT
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	56-0554413	501(C)(3)	65,711.	0.			GENERAL SUPPORT
WINSTONNET, INC. 411 NORTH CHERRY STREET WINSTON-SALEM, NC 27101	31-1815083	501(C)(3)	69,350.	0.			GENERAL SUPPORT
AMOS COTTAGE REHABILITATION 3325 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27103	56-0532138	501(C)(3)	71,941.	0.			GENERAL SUPPORT
TURN INC. 4951 MANNING STREET WINSTON-SALEM, NC 27105	90-0805318	501(C)(3)	77,900.	0.			GENERAL SUPPORT
SPRINGWELL NETWORK, INC. 3820 N PATTERSON AVENUE WINSTON-SALEM, NC 27105	56-1097900	501(C)(3)	78,687.	0.			GENERAL SUPPORT

UNITED WAY OF FORSYTH COUNTY, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE PRESBYTERIAN CHURCH USA 3901 CARVER SCHOOL RD. WINSTON-SALEM, NC 27105	56-0653369	501(C)(3)	85,520.	0.			GENERAL SUPPORT
CANCER SERVICES, INC. 3175 MAPLEWOOD AVENUE WINSTON-SALEM, NC 27103	56-0656375	501(C)(3)	102,975.	0.			GENERAL SUPPORT
THE FELLOWSHIP HOME OF WINSTON-SALEM, INC. - 661 NORTH SPRING STREET - WINSTON-SALEM, NC 27101	58-1400131	501(C)(3)	115,095.	0.			GENERAL SUPPORT
IMPRINTS 502 NORTH BROAD STREET WINSTON-SALEM, NC 27101	56-0949178	501(C)(3)	119,831.	0.			GENERAL SUPPORT
MENTAL HEALTH ASSOCIATION 1509 SOUTH HAWTHORNE ROAD WINSTON-SALEM, NC 27103	56-0776248	501(C)(3)	121,698.	0.			GENERAL SUPPORT
GOODWILL INDUSTRIES OF NORTHWEST NC, INC. - 2701 UNIVERSITY PARKWAY - WINSTON-SALEM, NC 27115	56-0588474	501(C)(3)	125,438.	0.			GENERAL SUPPORT
WINSTON-SALEM STATE UNIVERSITY PO BOX 19422 WINSTON-SALEM, NC 27110	56-6001466		129,675.	0.			GENERAL SUPPORT
LEGAL AID SOCIETY OF NORTHWEST NC, INC. - 216 WEST FOURTH STREET -- WINSTON-SALEM, NC 27101	59-1774692	501(C)(3)	141,272.	0.			GENERAL SUPPORT
THE PARENTING PATH 500 WEST NORTHWEST BOULEVARD WINSTON-SALEM, NC 27105	58-1443692	501(C)(3)	153,652.	0.			GENERAL SUPPORT

UNITED WAY OF FORSYTH COUNTY, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXPERIMENT IN SELF RELIANCE 1550 UNIVERSITY COURT WINSTON-SALEM, NC 27106	56-6060100	501(C)(3)	154,711.	0.			GENERAL SUPPORT
ENRICHMENT CENTER 1006 SOUTH MARSHALL STREET WINSTON-SALEM, NC 27101	56-1481122	501(C)(3)	159,900.	0.			GENERAL SUPPORT
BOWMAN GRAY CHILD GUIDANCE MEDICAL CENTER BOULEVARD WINSTON-SALEM, NC 27157	11-1111113	501(C)(3)	179,921.	0.			GENERAL SUPPORT
WINSTON-SALEM FORSYTH COUNTY SCHOOLS - P O BOX 2513 - WINSTON-SALEM, NC 27102	56-0795164		204,970.	0.			GENERAL SUPPORT
INSIGHT HUMAN SERVICES 665 WEST FOURTH STREET WINSTON-SALEM, NC 27101	56-0951129	501(C)(3)	257,104.	0.			GENERAL SUPPORT
FINANCIAL PATHWAYS OF THE PIEDMONT 7820 NORTH POINT BOULEVARD WINSTON-SALEM, NC 27106	56-1015074	501(C)(3)	293,099.	0.			GENERAL SUPPORT
YMCA OF NORTHWEST NC 301 NORTH MAIN STREET, SUITE 1900 WINSTON-SALEM, NC 27101	56-0530015	501(C)(3)	427,623.	0.			GENERAL SUPPORT
CENTER FOR EXCEPTIONAL CHILDREN 2315 COLISEUM DRIVE WINSTON-SALEM, NC 27106	56-0615188	501(C)(3)	460,535.	0.			GENERAL SUPPORT
FAMILY SERVICES, INC. 1200 S. BROAD STREET WINSTON-SALEM, NC 27101	56-0689235	501(C)(3)	464,803.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA 1300 S. MAIN STREET WINSTON-SALEM, NC 27127	56-0564345	501(C)(3)	578,879.	0.			GENERAL SUPPORT
THE SALVATION ARMY 836 OAK STREET, SUITE 310 WINSTON-SALEM, NC 27102	58-0660607	501(C)(3)	658,444.	0.			GENERAL SUPPORT

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
23-7357234

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CYNTHIA S. GORDINEER PRESIDENT AND CEO	211,951. 0.	0. 0.	0. 0.	27,554. 0.	2,340. 0.	241,845. 0.	0. 0.
(2) BARRY LEONARD CFO	149,450. 0.	0. 0.	0. 0.	8,967. 0.	6,699. 0.	165,116. 0.	0. 0.

Part III Supplemental Information

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

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

23-7357234

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

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 EDUCATION EQUITY, INCLUSIVE STAKEHOLDER
ENGAGEMENT, AND DATA-DRIVEN DECISION MAKING.

EXPENSES \$ 437,878. INCLUDING GRANTS OF \$ 0. REVENUE \$ 13,993.

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 INSITITUTIONS. 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 \$ 169,437. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,413.

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.

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

23-7357234

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 CONFLICTS. BOARD MEMBERS AND STAFF SELF IDENTIFY CONFLICTS DURING THE YEAR.

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

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

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

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

23-7357234

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

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

ALL DOCUMENTS RELATED TO CONFLICTS OF INTEREST POLICIES, FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE ON OUR WEBSITE AT WWW.FORSYTHUNITEDWAY.ORG OR BY CALLING 336-721-9300.

FORM 990, PART VII, SECTION A:

CYNTHIA GORDINEER'S 2019 CALENDAR YEAR BENEFITS PAID BY THE UNITED WAY OF FORSYTH COUNTY WERE \$29,894 HER BENEFITS WERE COMPRISED OF THE FOLLOWING: LIFE/DISABILITY INSURANCE \$552, WORKERS COMPENSATION INSURANCE \$1,272, NC UNEMPLOYMENT INSURANCE \$294, 401K EMPLOYER CONTRIBUTION \$21,195, 401K MATCH \$6,359, AND A COMPANY VEHICLE \$222.

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

FASB 158 ADJUSTMENT -502,457.

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R
(Form 990)**

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

OMB No. 1545-0047
2019
 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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
UNITED WAY OF FORSYTH COUNTY FOUNDATION - 20-2649556, 301 NORTH MAIN STREET SUITE 1700, WINSTON-SALEM, NC 27101	TO PROVIDE SUPPORT TO THE UNITED WAY OF FORSYTH COUNTY	NORTH CAROLINA	501(C)(3)	11			X

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

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

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
 - f Dividends from related organization(s)
 - g Sale of assets to related organization(s)
 - h Purchase of assets from related organization(s)
 - i Exchange of assets with related organization(s)
 - j Lease of facilities, equipment, or other assets to related organization(s)
 - k Lease of facilities, equipment, or other assets from related organization(s)
 - l Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o Sharing of paid employees with related organization(s)
 - p Reimbursement paid to related organization(s) for expenses
 - q Reimbursement paid by related organization(s) for expenses
 - r Other transfer of cash or property to related organization(s)
 - s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	UNITED WAY OF FORSYTH COUNTY FOUNDATION	C	200,203.FMV			X
(2)	UNITED WAY OF FORSYTH COUNTY FOUNDATION	E	650,000.FMV			X
(3)	UNITED WAY OF FORSYTH COUNTY FOUNDATION	O	112,314.FMV		X	
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs? <input type="checkbox"/>		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations? <input type="checkbox"/>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? <input type="checkbox"/>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

