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# EXTENDED TO NOVEMBER 15, 2017

 $\mathbf{990}$ 

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)

16

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

A FUI	uie Z	o to calendar year, or tax year beginning and	enaing					
B Chec	k if icable:	C Name of organization		D Employer identific	cation number			
A	ddress nange	UNITED WAY OF FORSYTH COUNTY, INC.						
	ame nange	Doing business as		58-1	925396			
in re	itial itum	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	- <del></del>			
Fi	inal iturn/	P.O. BOX 1350						
te	rmin- led	City or town, state or province, country, and ZIP or foreign postal code	770-781-4110 G Gross receipts \$ 1,901,161.					
A.	mended turn			H(a) is this a group re				
T A	pplica-	F Name and address of principal officer:RUTH M. GOODE		for subordinates				
	ending	SAME AS C ABOVE		H(b) Are all subordinates in	· · · · · · · · · · · · · · · · · · ·			
I Tax	-exem	opt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 527	1 ' '	list. (see instructions)			
		► WWW.UNITEDWAYFORSYTH.COM	<u>01                                    </u>	H(c) Group exemption				
		ganization; X Corporation Trust Association Other	I Vear		State of legal domicile: GA			
Part		Summary	L I Gai	OF TOTTIANON, LJJOIN	of State of legal dofflicite. SA			
	1 Br	nefly describe the organization's mission or most significant activities. THE	ORGANI	ZATION'S PR	IMARY			
Activities & Governance	E	XEMPT PURPOSE IS TO ENRICH LIVES IN FOR	SYTH &	DAWSON COU	NTIES BY			
[ 일 ]	2 Cr	neck this box  if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets.			
8   8		umber of voting members of the governing body (Part VI, line 1a)		3	22			
ق ا		umber of independent voting members of the governing body (Part VI, line 1b)		4	22			
<b>8</b> 0		otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	6			
ig		otal number of volunteers (estimate if necessary)		. 6	1157			
좋니.		otal unrelated business revenue from Part VIII, column (C), line 12	• •	7a	0.			
<b>4</b>		et unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
ء ا ء	B Co	ontributions and grants (Part VIII, line 1h)		1,929,210.	1,829,906.			
3   3		ogram service revenue (Part VIII, line 2g)	•	0.	0.			
ر ا ﴿		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,055.	3,842.			
₹ &   ;		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		74,178.	44,305.			
9		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·	2,007,443.	1,878,053.			
<u> </u>		rants and similar amounts paid (Part IX, column (A), lines 1-3)		1,236,000.	1,350,219.			
≨ ) l		enefits paid to or for members (Part IX, column (A), line 4)	•	0.	0.			
0) .		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	243,523.	275,897.			
		rofessional fundraising fees (Part (2, column (A)) ine 11,9)		0.	0.			
, e '			ا 10		•			
,   <u>™</u>	יו ט	(60)	<del></del>	189,297.	178,115.			
,   '	17 O	ther expenses (Part IX Column (A), lines 12a (7 d, 1 to 24e)	⊢	1,668,820.	1,804,231.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·					
2 8	19 R	evenue less expenses. Subtract line 18 from line 12		338,623.	73,822.			
Net Assets or Fund Balances	. T.		RE	eginning of Current Year	End of Year			
Sage 2		otal assets (Part X, line 16)	-	3,869,612.	3,944,072.			
#E 2		otal liabilities (Part X, line 26)	·	<u>266,067.</u>	266,707.			
Part		et assets or fund balances. Subtract line 21 from line 20 Signature Block		3,603,545.	3,677,365.			
		es of perjury, I declare that I have examined this return, including accompanying schedule	on and states	ante and to the best of m	ny kaomindan and haliaf it is			
	•	and complete. Declaration of preparer (other, than officer) is based on all information of w		•	iy kilowicuye allu bellel, it is			
iiue, ci	J11601,	and complete. Decidiation of preparer (officer) is based on an information of w	mich prepare	I ilas arīy kriowieuge.	10			
Ci		Signature of officer		Date	<del>//-/</del>			
Sign		RUTH M. GOODE, EXECUTIVE DIRECTOR		•	•			
Here		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		EEORGE POPE		(1)(4)/7 if self-employ	yed P01461270			
Prepar		irm's name FRAZIER & DEETER, L.L.C.		Firm's EIN	58-1433845			
Use Or			E 1500		<u> </u>			
	~   '	ATLANTA, GA 30309		Phone no. ( 4	104) 253-750 <u>0</u>			
Mav tl	he IRS	6 discuss this return with the preparer shown above? (see instructions)		1. 110110 1101 ( 3	X Yes No			
632001			ions.		Form <b>990</b> (2016)			

	990 (2016) UNITED WAY OF FORSYTH COUNTY, INC. 58-1925	<u> 396</u>	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<del> </del>	
1	Briefly describe the organization's mission:		
	THE MISSION OF THE UNITED WAY OF FORSYTH COUNTY IS TO IMPROVE L	IVES	IN
	FORSYTH AND DAWSON COUNTIES BY MOBILIZING THE CARING POWER AND		
	OF OUR CITIZENS.		<del>-</del>
	0. 00. 022202.00		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	5	Yes [	ਹ
		Yes L	Δ.] No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes L	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	xpenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex		d
	roughly if any far each program continues and d		-
4a	(Code) (Expenses \$1, 486, 327. including grants of \$1, 350, 219.) (Revenue \$		
	STATEMENT ATTACHED		— '
	STATEMENT ATTACHED		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		)
	Other program con uses (Decombs in Cohodula O.)		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 1,486,327.		
		Form 99	<b>90</b> (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			į
	If "Yes," complete Schedule A	1_	X	<b></b>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.,
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	<u> </u>	<u>X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•		_		X_
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7_	<del> </del>	
J	Schedule D, Part III	8	}	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-	ļ	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			ļ
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	}	x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		_	<del>                                     </del>
	as applicable.	}	}	}
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	}	1	1
	Part VI	11a	X	L
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		1	1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	L	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1	1	1
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<del> </del> -	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<del>├</del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		]	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	┼
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<del> </del>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	400	1	X
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	├	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ı)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	<del>                                     </del>	X
		148	<del> </del>	<del>  ^</del>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	Ì	1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	}	$\mathbf{x}_{-}$
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1		T
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	$\mathbf{x}_{-}$
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
. •	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			I
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1	ļ	
	complete Schedule G, Part III	19	ـيل	X
		Ea-	, aan	(2016)

202	Did the organization operate one or more bountal facilities? If "Yes " complete Sahadula II	000	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		v	
20	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	_X_	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	-		x
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ		
	Schedule J	000		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Colored to M. Martin, and the con-	04-		v
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
þ		24b	<del>                                     </del>	<del></del>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	<b> </b>		ĺ
	any tax-exempt bonds?	24c		<b>—</b>
d 	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
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	25a	ļ	X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	_25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26	<del> </del>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<b></b>	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	├
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		l
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ļ	
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1	1	
	Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	38	X	
		Forn	990	(201

Enter the number reported in Box 3 of Form 1095. Enter 0- if not applicable   1e   0   19.   0   0   0   0   0   0   0   0   0		Check if Schedule O contains a response or note to any line in this Part V			
16   Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable   1				Yes	No
b Enter the number of Forms W.SS included in line 1s. Enter 0- if not applicable   Del the vorganization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  Set Test the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements,  filed for the calandar year ending with or within the year covered by this return  I to X  Set Test than the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements,  filed for the calandar year ending with or within the year covered by this return  Note. If the sum of Innes 1 and 2 as greater than 250, you may be required to #elle (see instructions)  Journal of the organization have unrelated businesses gross income of \$1,000 or more during the year?  Journal of the organization have unrelated businesses gross income of \$1,000 or more during the year?  Journal of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account (see the calendar year, did the organization have an interest in, or a signature or other authority over, a financial scoount in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  Journal of the sum of the foreign country is a bank account securities account or other financial accounts (FBAR).  Journal of the sum of the foreign country is a bank account securities account or other financial accounts (FBAR).  Journal of the organization and the sum of a party to a prohibitions that shall be organization fore organization free form 88861?  Journal of the organization foreign country is a party organization foreign and the organization solicit any contributions that were not tax deductible organization foreign and the sum of the organization solicit any contributions that were not tax deductible organization foreign and the organization foreign and solicitation and exprease payment in excess of 37s made spatily solicitation and solici	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Gambling) winnings to pitze winners?  Enter the number of amplyoses reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  I it a lasst one is reported on line 2a, did the organization file all required for effect of the contributions.  Note: if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions).  If it Yes, I see it filed a form 900 for for this year if "Note, 1 in the your daw explanation in Schedule 0.  If Yes, an it filed a form 900 for for this year if "Note, 1 in the your daw explanation in Schedule 0.  If Yes, an it filed a form 900 for for this year if "Note, 1 in the your daw explanation in Schedule 0.  If Yes, an it filed a form 900 for for this year if "Note, 1 in the your daw explanation in Schedule 0.  If Yes, an it is filed a form 900 for the year if "Note, 1 in the your daw explanation in Schedule 0.  If Yes, an it is the same of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Be here if Yes, and the organization that it was or is a party to a prohibited tax shelter transaction?  If Yes, an it is same and the organization the form 8880-17.  If Yes, an it is the organization have annual gross sceepts that are normally greater than \$100,000, and did the organization schedular to tax adductibles and charable contributions?  If Yes, and the organization have annual gross sceepts that are normally greater than \$100,000, and did the organization schedular to tax adductibles and charable contribution and party for goods and services provided to the payor?  Organizations that may receive deductible contributions under section 17(c).  If Yes, and the organization netwer as a charable contribution of the payor and the organization receive a payment in excess of \$15 made party is a contribution and party for goods and ser	ь				
2a Ester the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Befor for the calendary year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
held for the calendary year andling with or within the year covered by this return    Mote. If the sum of imes 1s and 2s greater than 250, you may be required to e-file (see instructions)   Mote. If the sum of lines 1s and 2s greater than 250, you may be required to e-file (see instructions)   White the common of the common of \$1,000 or more during the year?   Who, 1s of line 3b, provide an explanation in Schedule 0   3b   X     If Yea, "san 1st file a form 990 F1 or this year? If Yho, 1s of line 3b, provide an explanation in Schedule 0   3b   X     If Yea, "and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; line 1s a bank account, a cecurities account in a foreign country (such as a bank account, and organization or other financial account)?   4a   X     If Yea, "enter the name of the foreign country; line 3b a bank account, and cecurities account?   5c   X     If Yea, "other the name of the foreign country; line 3b a bank account, and the country of the securities account in a foreign country; line 3b a bank account, and the country of the securities accounts (FBAR).   5c   X     If Yea, "other the name of the foreign country; line 3b a bank account, and the securities account in a foreign acc		(gambling) winnings to prize winners?	1c	Х	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If "Yes," to line 3b, provide an explanation in Schedulio 0.  3b A At any time during the calendary year, did the organization have an interset in, or a signature or other euthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5c Possion instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  5c Possion instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  5c Possion instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  5c Possion instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  5c Possion instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  5c Possion instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  5c Possion instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  5c Possion instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  5c Possion instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  5c Possion instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  5c Possion instructions foreign annual gross receipts that a recommend for filing annual gross receipts for filing annual gross re	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		-	
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c	_				
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Form 990' (2016) UNITED WAY OF FORSYTH COUNTY, INC. 58-1925396 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

500	Check if Schedule O contains a response or note to any line in this Part VI			X
360	tion A. Governing body and Management		<del>-</del> - 1	
٠.			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		}	
	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	
_	Enter the number of voting members included in line 1a, above, who are independent		- 1	
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?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		j	
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			1
	more members of the governing body?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			l
а	The governing body?	8a	X	L
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			1
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>x</u>
Sec	tion 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?	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		}
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	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	12a	x	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	, <u></u>		
_	in Schedule O how this was done	12c	x	ĺ
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1-1-		<del> </del>
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	ł	}
_		15-	v	1
a L	The organization's CEO, Executive Director, or top management official	15a	X	<del> </del>
b	Other officers or key employees of the organization	15b	A	
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	٠,
	taxable entity during the year?	16a	<del> </del>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1	}	}
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	} .	}	
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	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:			
	RUTH GOODE - 770-781-4110			
	240 ELM STREET, CUMMING, GA 30040			

Form 990 (2016)	UNITED	WAY	OF	FORSYTH	COUNTY,	INC.	58-19
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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.

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Page 7

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

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

(A) Name and Title	(B) Average hours per	box	not d unle:	ss per	rtion more rson	than o	าลก	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
1) MELISSA M. BANKER	1.00							_	_	
DIRECTOR		X			<b>!</b>	-		0.	0.	0
2) BLAKE BOLING	1.00				l					•
DIRECTOR		X	┝╌			-		0.	0.	0
3) JULIE BRENNAN	5.00	x		x				0.	0.	o
BECRETARY	1.00	^	-	Δ	-	-		<u> </u>	<u></u>	
4) LINDA CARNAHAN DIRECTOR	1.00	x			l			0.	0.	0
5) BRAD COLLINS	5.00		-		$\vdash$	$\vdash$				
PRESIDENT	- 3,00	x		X		ļi		0.	0.	C
6) BETTINA HAMMOND	5.00									
PRESIDENT-ELECT		X		X				0.	0.	C
7) MARK HOFFMAN	5.00									
P COMMUNITY INVESTMENT		X		X				0.	0.	C
(8) JAYNE IGLESIAS	1.00	)	Ì		1			1		
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.	0.	C
(9) JAMES LENGLE	1.00		l	l	l				_	_
DIRECTOR		X	ļ.,	<u> </u>	ـــ	<u> </u>	_	0.	0.	<u>_</u>
10) KRISTINA LOTT	1.00	┨	ļ	ļ	ļ					
DIRECTOR	1 00	X	-	-		ļ		0.	0.	
(11) TINA MAILLET	1.00	7.	}		1				1	
DIRECTOR	5.00	X	├	├	-	┼-	┝	0.	0,	
(12) MATT MCCLURE	3.00	x		x			1	0.	0.	1
PAST PRESIDENT; TREASURER	1.00	^	┼─	^	$\vdash$	╁╌	-	·	· · · · · · · · · · · · · · · · · · ·	ļ
(13) CINDY JONES MILLS	1.00	x	1	Ì	•		]	0.	0.	_ (
(14) NITI PATEL	1.00		$t^-$	$t^-$	t	+	$\vdash$	† <del>-</del>	<u>-</u>	<del>                                     </del>
DIRECTOR		X						0.	0.	
(15) BRIAN PENDLEY	5.00		T			1		1		
/P COMMUNITY INVESTMENT		X		X	_			0.	0.	(
(16) TAMMY QUIRION	1.00									
DIRECTOR		X	_	$\perp$				0.	0.	(
(17) JAMIE RIFE	1.00	1		1						
DIRECTOR		X	1	١	<u></u>		<u> </u>	0.	0.	<u> </u>

UNITED WAY OF FORSYTH COUNTY,

INC.

58-1925396

Page 8

Form 990 (2016)

Total revenue Repetition of Control Program service revenue Repetition of East Income (floss)  1 a Federated campaigns b Membership dues repetitions of All Coller control Unions, 185, graits, and revenue Repetitions, 187, 514  1 a Federated campaigns b Membership dues repetitions of Related organizations organization			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
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by Membership dues   10   26,894   1   152,652   1   1   1   1   1   1   1   1   1	इइ	1 a	Federated campaigns	1a 1.	650,350.				
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Business Code  2 a	52					1 020 006	}		
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b c d All other revenue e Total. Add lines 11a-11d b 1,878,053. 0. 0. 48,147.					Business Code	1	1		
c       d All other revenue         e Total. Add lines 11a-11d       ►         12 Total revenue. See instructions.       ► 1,878,053.         0.       0.	İ					<del> </del>	<del> </del>	<del> </del>	<del> </del>
d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions  1 1,878,053  1 200 cess	1					<del> </del>	<del> </del>	ļ	<del> </del>
e Total. Add lines 11a-11d  12 Total revenue. See instructions.  ▶ 1,878,053.  0. 0. 48,147.						<del> </del>	<del> </del>	<del> </del>	<del> </del>
12 Total revenue. See instructions. ▶ 1,878,053. 0. 0. 48,147.	1				L	<del> </del>	<del> </del>	<del> </del>	<del> </del>
E 000 too to	1		•		•	1 050 055	<del> </del>	<del> </del>	40 147
				<del></del>	<del></del>	ц,878,053.	<u> </u>	<u> </u>	Form <b>990</b> (2016)

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX	······································	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,350,219.	1,350,219.		
2	Grants and other assistance to domestic		j		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			}	
	organizations, foreign governments, and foreign	Ì	1		
	individuals. See Part IV, lines 15 and 16	<del></del>		<del></del>	
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,	64 200	27 606	16 600	10 000
6	trustees, and key employees	64,200.	27,606.	16,692.	19,902.
0	persons (as defined under section 4958(f)(1)) and		}	ĺ	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	174,340.	74,967.	45,328.	EA OAE
8	Pension plan accruals and contributions (include	1/4,340.	/4,30/.	43,340.	54,045
0	section 401(k) and 403(b) employer contributions)			Į	
9	Other employee benefits	19,086.	8,207.	4,962.	5,917
10	Payroll taxes	18,271.	7,857.	4,750.	5,664
11	Fees for services (non-employees):	10,2,10	7,057.	4,750.	3,00=
''a		ĺ			
b			··		
c	Aggregation	16,737.		16,737.	<del></del>
d			<del></del>	20,757.	
e					<del> </del>
f	Investment management fees				
9					
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	59,226.			59,226
13	Office expenses	41,404.	11,540.	11,772.	18,092
14	Information technology				
15	Royalties				
16	Occupancy	11,979.	5,151.	3,115.	3,713
17	Travel	117.		117.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	}			
19	Conferences, conventions, and meetings	4,292.		4,292.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,940.		10,970.	10,970
23	Insurance [	1,814.	780.	472.	562
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	THAT MED TAKES A PROPERTY AND CARE	18,971.		18,971.	
b		1,635.		1,635.	
c		~, ~, ~,		-,	
d			<del></del>	<del></del>	
e					
25	Total functional expenses. Add lines 1 through 24e	1,804,231.	1,486,327.	139,813.	178,091
<u>20</u> 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 11 following SOP 98-2 (ASC 958-720)				

Form 990 (2016)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing . . . ...... .. ... 0. 2,940. 1 1 1,521,823. 2 Savings and temporary cash investments 1,584,527. 2 1.647.752. 3 Pledges and grants receivable, net 1,623,168. 3 Accounts receivable, net 4 4 . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use ...... 8 Prepaid expenses and deferred charges 79 7,910. 9 10a Land, buildings, and equipment: cost or other 839,247. basis. Complete Part VI of Schedule D 10a l b Less: accumulated depreciation . .... 135,364. 721,602. 10b 703,883. 10c Investments - publicly traded securities . . . . 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 3,869,612 3,944,072. 16 16 391. 17 Accounts payable and accrued expenses 17 18 18 Deferred revenue . . . . . . . 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 265,676. 265,941. Schedule D 25 . .... . . . . . Total liabilities, Add lines 17 through 25 266,707. 266,067. 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 1,847,017. 1,926,102. 27 27 Temporarily restricted net assets . . . . 1,756,528. 1,751,263. 28 28 Permanently restricted net assets . .... 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 3,677,365. Total net assets or fund balances 3,603,545 33 3,944,072. 3,869,612 Total liabilities and net assets/fund balances

<u>-orm</u>	990(2016) UNITED WAY OF FORSYTH COUNTY, INC.	<u> 58-194</u>	<u> </u>	Pag	e <u>1</u> 2	
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			
		ĺ				
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>1,87</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>1,80</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	7	3,8	<u> 22.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,60	3,5 <sub>4</sub>	<u>45.</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
_	column (B))	10	<u>3,67</u>	<u>7,3</u>	<u>67.</u>	
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		ليا	
				Yes	No	
1	Accounting method used to prepare the Form 990: L Cash LX Accrual L 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?		_2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
Ь	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				l	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	Ì			
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_	000		
			Form	990	(2016)	

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

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number UNITED WAY OF FORSYTH COUNTY. 58-1925396 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ß X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document (described on lines 1-10 support (see instructions) organization support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 UNITED WAY OF FORSYTH COUNTY, INC. 58-1925396 Page 2 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.)

<u>Sec</u>	tion A. Public Support						·
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1645818.	1669972.	1792937.	1887210.	1761012.	8756949.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	į				ļ <b> </b>	
	the organization without charge						
4	Total. Add lines 1 through 3	1645818.	1669972.	1792937.	1887210.	1761012.	8756949.
5	The portion of total contributions						
	by each person (other than a					}	
	governmental unit or publicly						
	supported organization) ıncluded						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						737,859.
	Public support. Subtract line 5 from line 4						8019090.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1645818.	1669972.	1792937.	1887210.	1761012.	8756949.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			•			
	and income from similar sources	5,389.	3,625.	3,320.	4,055.	3,842.	20,231.
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 )	71,062.	102,524.	101,620.	106,158.	42,000.	
	<b>Total support.</b> Add lines 7 through 10		<u> </u>				9200544.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
~	organization, check this box and stor	here	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	▶□
	ction C. Computation of Publ					T 1	
	Public support percentage for 2016 (		•	column (f))		14	87.16 %
	Public support percentage from 2015	•	• • • • • • • • • • • • • • • • • • • •			15	83.17 %
16a	33 1/3% support test - 2016. If the c				14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		•	• ••			<b>▶</b> [X]
b	33 1/3% support test - 2015. If the c	-			l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual		• • •				▶∟
17a	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fac					rt VI how the organ	nization
	meets the "facts-and-circumstances"	•	•				▶∟
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the		•				Ð
	organization meets the "facts-and-cire		-	•	• •		▶⊑
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ) 2016

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.)

Se	ction A. Public Support			·			
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-					ļ	
	formed, 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 bus-		i				
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		•				
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				. =-		
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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		ļ.				
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,	1					
	dividends, payments received on securities loans, rents, royalties	ı		]			
	and income from similar sources	ł					
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses	i		İ			
	acquired after June 30, 1975						
(	Add lines 10a and 10b					]	
11							
	activities not included in line 10b,						
	whether or not the business is regularly carried on				1		
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)						
	First five years. If the Form 990 is for	the organization	's first, second, this	rd, fourth, or fifth	tax vear as a secti	on 501(c)(3) organi	zation.
	check this box and stop here						i <b>▶</b> □
Se	ction C. Computation of Publ	ic Support Pe	ercentage	•			
	Public support percentage for 2016 (l			column (f))		15	%
	Public support percentage from 2015		<u>-</u>			16	%
	ction D. Computation of Inves						
	investment income percentage for 20					17	%
18	investment income percentage from	•			•••	18	<u> </u>
	33 1/3% support tests - 2016. If the			on line 14, and lin	e 15 is more than		
130	more than 33 1/3%, check this box a						▶□
	33 1/3% support tests - 2015. If the	•	-	· · ·			and
•	line 18 is not more than 33 1/3%, che	=					. —
20	Private foundation. If the organization		-				
⊻-	realisation in the signification	J		,,,,		- <u></u>	

### 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.)

- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
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}			
-	_2		
	3a		
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$\vdash$	<u>3b</u>		-
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	10a		
ᆜ	10b		

Part IV   Supporting Organizations (continued)   Yes   No	Sche Par	dule A (Form 990 or 990-EZ) 2016 UNITED WAY OF FORSYTH COUNTY, INC. 58-19	<u> ∠539</u>	<u>b</u> Pa	<u>ge 5</u>
11. Has the organization accepted a gift or contribution from any of the following persons?  2. A person who directly or influency controls, either active or to expend the persons described in (b) and (c) below, the governing body of a supported organization?  2. A 35% controlled entity of a person described in (a) or (b) above?  3. 25% controlled the strip of a person described in (a) or (b) above? If "yee" to a, b, or c, provide detail in Part VI.  1. Did the direction, trustees, or membership of one or more supported organizations have the power to regulately appoint or elect at least a magnity of the organizations directions or trustees at all times during the tax year? If Vin," (association Part V Inov the supported organizations factories) or trustees at all times during the tax year. If Vin," (association Part V Inov the organization of electrics or trustees are adoctored 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 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 of the than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the third than the supported organization of the third than the supported organization of the third than the supported organization of the supported organization of the than the supported organization of the supported organization of the than the supported organization of the supported organization of the supported organization of the supported organization of the third than the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization or	ı .aı	t IV   Supporting Organizations (continued)		Van	N <sub>C</sub>
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of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  2b  3 Parent of Supported Organizations. Answer (a) and (b) below.  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.  3 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.  3 b		that these activities constituted substantially all of its activities.	<u>2a</u>	<b>↓</b>	<b>-</b>
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activities but for the organization's involvement.  2b  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.  5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  3b					
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.  3b					
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.  3b		-	_2b	↓	<del> </del>
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.  3a  3b	3				
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  3b	а				1
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			<u>3a</u>	╁	+-
	b		34	1	
				90-E7	201

Sche Rai	dule A (Form 990 or 990 EZ) 2016 UNITED WAY OF FORSYTH C			58-1925396 Page 6
	, , , , , , , , , , , , , , , , , , , ,			- Dant 1/1 \ O = 1 = 1
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		Part VI.) See Instructions. All
Secti	other Type III non-functionally integrated supporting organizations must co on A - Adjusted Net Income	mplete S	(A) Prior Year	(B) Current Year
		<del></del>		(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	1 1		
	maintenance of property held for production of income (see instructions)	6		<u> </u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			<u> </u>
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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,	i		
_	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<del></del>	
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	_8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4_	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly intear	ated Type III supporting or	rganization (see
-	, , , , , , , , , , , , , , , , , , , ,		,, ,, ,, <sub>0</sub>	•

<u>Schee</u> <b>Par</b>	t V Type III Non-Functionally Integrated 509			8-1925396 Page 7
	on D - Distributions	digas oupporting Orga	inizations (continued)	Current Year
	Amounts paid to supported organizations to accomplish exer	mpt numoses		Ourient real
	Amounts paid to perform activity that directly furthers exemp			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
	Amounts paid to acquire exempt-use assets	so or supported organizations	· · · · · · · · · · · · · · · · · · ·	
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions	<del></del>		
7	Total annual distributions. Add lines 1 through 6	<del></del>	<del></del>	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	<del></del>	
•	(provide details in Part VI). See instructions	io organization to respensive		
9	Distributable amount for 2016 from Section C, line 6	<del></del>	<del></del>	
10	Line 8 amount divided by Line 9 amount	<del></del>		<del></del>
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
d	From 2014			
e_	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
_i_	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			<u>                                     </u>
d	Excess from 2015			
	Excess from 2016			

Schedule A	(Form 990 or 990	EZ) 2016	UNITE	D WAY	OF	FORS	YTH	COUN	TY,	INC.		<u>58-1925</u>	396	Page 8
Part VI	Part IV, Section A line 1; Part IV, Section D, lines S	al Inform A, lines 1, action D, li 5, 6, and 6	<b>nation.</b> P 2, 3b, 3c, 4 ines 2 and 3	rovide the b, 4c, 5a, 3: Part IV.	e explai 6, 9a, Sectio	nations re 9b, 9c, 11 n E. lines	quired a, 11b 1c. 2a.	by Part   , and 11 2b, 3a, a	ll, line 1 c; Part i and 3b.	0; Part II, lin IV, Section E Part V. line	3, lines 1 1: Part V	17b, Part III, Irr and 2; Part IV, Section B. line	ie 12; Section e 1e: Par	C.
	(See instructions	5.)		<del></del>	<del></del>									
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### SCHEDULE D

(Form 990)

## Supplemental Financial Statements

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

➤ Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public

Name of the organization Employer identification number UNITED WAY OF FORSYTH COUNTY, 58-1925396 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year .... ..... 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ... ...... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche Par		WAY OF FOR							25396	
3	Using the organization's acquisition, accessi									
	(check all that apply):	on, and other record	o, 01100A	any or are r	Ollowing trial	t ale a sig	micani	230 OI 113 C	JOHOG COOT II	61116
а	Public exhibition	d		oan or eych	ange progra	me				
b	Scholarly research	e			ange progra					
c	Preservation for future generations	·	٠ ــــــ ،	Julio1						
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	e organizatio	nn'e avem	nt nurne	see in Part	YIII	
5	During the year, did the organization solicit o							Joe III i all	. 7	
•	to be sold to raise funds rather than to be ma					or our man e	100010	_	Yes	☐ No
Par	t IV Escrow and Custodial Arran					Yes" on F	orm 990	) Part IV		
	reported an amount on Form 990, Par			4.84				,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributions	s or other as:	sets not in	cluded			
	on Form 990, Part X?								Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII						•••••	—		
									Amount	
С	Beginning balance						1c		7.00.00	
d	A of office was advantage about a construction				• ••		1d			
е	Distributions during the year						1e		<del></del>	
f	Ending balance		.,	•••	•		1f			
2a	Did the organization include an amount on Fe		21. for e	scrow or cu	stodial acco	 unt habilit			Yes	No
	If "Yes," explain the arrangement in Part XIII.						, .			一
Par							).		<del>*************************************</del>	
		(a) Current year			(c) Two year	<del></del>		ears back	(e) Four vo	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
đ	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					1				
f	Administrative expenses				- <del></del>					
g	End of year balance								<del></del>	
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	a, column (a	)) held as:				·	
а	Board designated or quasi-endowment	•	%	<b>0</b> , <b>(</b>	,,					
b	Permanent endowment	%	_							
C	Temporarily restricted endowment ▶	<del></del>								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	•	ation tha	at are held a	nd administe	red for th	e organi	zation		
	by.	ū					Ū		Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations				•	., , ,		•	3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?		• •			3b	
4	Describe in Part XIII the intended uses of the	•			• •	•	•	•		
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part i\	V, line 11a. S	See Form 990	), Part X, i	ıne 10.			
	Description of property	(a) Cost or o			or other		cumulat	ed	(d) Book	value
		basis (investi		, , ,	(other)		reciation		(4)	
1a	Land		<del></del>		0,000.	<u>·</u>			130	,000.
	Buildings				6,967.		71,7	55.		,212.
	Leasehold improvements									
	Equipment			7	0,791.		63,6	09.	7	,182.
	Other			·	1,489.				1	,489.
	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	nn (B), line 1					703	,883.

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) ALLOCATIONS PAYABLE	265,941.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	265,941.

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

	t XI Reconciliation of Revenue per Audited Financial Statemen				.925396 Page 4
i .ai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ito Aaitii	nevellue pei ni	stui II	•
1	Total revenue, gains, and other support per audited financial statements		<u>-</u>	1	1,901,161.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			_,_	1,701,101.
a	Net unrealized gains (losses) on investments	2a		- 1	
b	Donated services and use of facilities	2b		]	
С	Recoveries of prior year grants	2¢		}	
d	Other (Describe in Part XIII.)	2d	23,108.	1	
е	Add lines 2a through 2d			2e	23,108.
3	Subtract line 2e from line 1			3	1,878,053.
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		1	
b	Other (Describe in Part XIII.)	4b			^
c	Add lines 4a and 4b		<i>.</i>	4c	1,878,053.
Pa	Total revenue. Add lines 3 and 4c, (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per	5 Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1100 11101	Expended poi		
1	Total expenses and losses per audited financial statements		<del></del>	1	1,827,339.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		- [	
b	Prior year adjustments,	2b		}	
C	Other losses	2c		}	
d	Other (Describe in Part XIII.)	2d	23,108.	1	
е	Add lines 2a through 2d			2e	23,108.
3	Subtract line 2e from line 1			3	1,804,231.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a   4b	<del></del>	i 1	
C		40 1		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•		5	1,804,231.
Pa	rt XIII Supplemental Information.				<del></del>
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b	and 2b, Part V, line 4	1; Part	X, line 2; Part XI,
lınes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional inforn	nation.		
	Del 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
PA.	RT X, LINE 2:				
mu.	E ODCANITAAMION IC EVENDM EDOM EEDEDAI INGON	מט שא	ec imper m	ur i	DDOUTGTONG
<u>1 II.</u>	E ORGANIZATION IS EXEMPT FROM FEDERAL INCOM	IE TAA	ES UNDER I	ne .	- KOATOTONO
OΨ	SECTION 501(C)(3) OF THE INTERNAL REVENUE	CODE	(TRC), TH	e Ti	MTERNAT.
<u> </u>	DECITOR SOLVEY, ST. THE INTERIOR REPORTED	<u> </u>	1110/1	<u></u>	.,
RE	VENUE SERVICE HAS DETERMINED THE ORGANIZATI	ON IS	NOT A PRI	VAT:	E
<u>FO</u>	UNDATION AS DEFINED BY 509(A)(1) OF THE IRC	. TH	E ORGANIZA	TIO	N
RE	COGNIZES THE TAX BENEFIT FROM AN UNCERTAIN	TAX P	OSITION ON	LY	IF IT IS
	DE LIVELL MILL NOW WILL WITE WAY DOCTORS LIT		CTICMS TAIDS	- 037	
MO.	RE LIKELY THAN NOT THAT THE TAX POSITION WI	ממ יויו	SUSTAINED	ON	
υv	AMINAMION DV MUR MAVING ALIMUODIMV RACED ON	ישטים ז	MECUNITON I	MED	דייים אני יישובי
₽V	AMINATION BY THE TAXING AUTHORITY, BASED ON	IUE	TECHNICAL	MEK	115 OF IRE
PΩ	SITION. TAX YEARS THAT REMAIN SUBJECT TO E	EXAMTN	ATTON BY M	סדיעו	R TAX
<u></u>	DIIION IMPILATED LIMIT NAMED DODOUGI TO I		iii ioii Di i	4.00	
JŪ	RISDICTIONS DATE BACK TO THE YEAR ENDED DEC	CEMBER	31, 2012.	A	SOF
<u>DE</u>	CEMBER 31, 2015, THERE ARE NO KNOWN ITEMS V	VHICH	WOULD RESU	LT	IN A
	MUDITAL ACCOUNT DEFAMOR OF COURSE OUT COCCUS	, a m = ^	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		OD COLUMN
мΔ	TERIAL ACCRUAL RELATED TO WHERE THE ORGANIZ	AUTION	HAS FEUER	AL	UK STATE

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Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 UNITED WAY OF FORSYTH COUNTY, INC. 58-192  Part XIII   Supplemental Information (continued)	5396 Page 5
ATTRIBUTABLE TAX POSITIONS.	
ATTRIBUTABLE TAX POSITIONS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	<del></del>
FUNDRAISING EVENTS - DIRECT EXPENSES	
TONDUATION EVENTS - DIRECT EXPENSES	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENTS - DIRECT EXPENSES	
SCH D, PART X, LINE 2:	
THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PRO	VISIONS
OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). THE INTE	RNAL
REVENUE SERVICE HAS DETERMINED THE ORGANIZATION IS NOT A PRIVATE	
FOUNDATION AS DEFINED BY 509(A)(1) OF THE IRC. THE ORGANIZATION	
RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF	IT IS
MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON	
EXAMINATION BY THE TAXING AUTHORITY, BASED ON THE TECHNICAL MERITS	OF THE
POSITION. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR T	'AX
JURISDICTIONS DATE BACK TO THE YEAR ENDED DECEMBER 31, 2012. AS O	)F
DECEMBER 31, 2015, THERE ARE NO KNOWN ITEMS WHICH WOULD RESULT IN	Α
MATERIAL ACCRUAL RELATED TO WHERE THE ORGANIZATION HAS FEDERAL OR	STATE
ATTRIBUTABLE TAX POSITIONS.	

### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

Schedule G (Form 990 or 990-EZ) 2016

Name of the organization						Employer ide	ntification number
	WAY OF FORSYTH COU					<u>58-1925</u>	
Part I Fundraising Activities required to complete this part	Complete if the organization answett.	red "Y	es" or	Form 990, Part IV, i	ine 1	7. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the</li> </ul>	e Solicitat  f Solicitat  g Special  or oral agreement with any individual  cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-ge govern ising of ling of ional f	overnment grants nment grants events ificers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	to (	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
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Tatal	<del></del>	<del>-L</del> -	L		-		
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notifie	d it is	exempt from re	egistration

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PCL GOLF UPS GOLF (add col. (a) through TOURNAMENT TOURNAMENT col. (c)) (event type) (total number) (event type) *57,279*. 37,027. 94,306. 2 Less: Contributions 26,893 26,893. 57,279 Gross income (line 1 minus line 2) 10,134 67,413. 4 Cash prizes ..... Direct Expenses Rent/facility costs Food and beverages 8 Entertainment . . . Other direct expenses ... 245 23,108. 141 10 Direct expense summary. Add lines 4 through 9 in column (d) 23,108. 11 Net income summary, Subtract line 10 from line 3, column (d) 44.305 Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_ Yes \_] No b if "Yes," explain:

58-1925396 Page 2

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 UNITED WAY OF FORSYTH COUNTY, INC.

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	edule G (Form 990 or 990-EZ) 2016 UNITED WAY OF FORSYTH COUNTY, INC. 58-1925396 Page 3
	Does the organization conduct gaming activities with nonmembers?
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address >
	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount
	of gaming revenue retained by the third party ▶\$
C	If "Yes," enter name and address of the third party:
	Name
	Address >
16	Gaming manager information:
	Name >
	Gaming manager compensation > \$
	Description of services provided
	·
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	s the organization required under state law to make charitable distributions from the gaming proceeds to
Ī	retain the state gaming license?
H	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
•	organization's own exempt activities during the tax year > \$
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b,
يت.	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
	Too, To and Tro as approached the provide any assumental miletimation cost metascione
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Schedule (	G (Form 990 or 99	90-EZ)	UNITED	WAY	OF	FORSYTH	COUNTY,	INC.	58-1925396	Page 4
Part IV	Supplemer	ntal Infor	mation (cont	tinued)						
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Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. INC UNITED WAY OF FORSYTH COUNTY General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti

Part II

Open to Public

Inspection

Employer identification number 2 [] 58-1925396 (h) Purpose of grant or assistance X Yes 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 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 . . . . . . . (g) Description of noncash assistance : (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 1,350,219 (c) IRC section (if applicable) (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government SEE ATTACHED

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) Page 2 (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) PROVIDE Part IV | Supplemental Information, Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PURPOSE OF FUNDS ARE TO PROVIDE FOR NEW PROJECTS OR EXPANSION OF ONGOING COUNTY WILL MAKE FUNDS ACCESSIBLE THROUGH COMMUNITY GRANTS FOR COMMUNITY , MADE UP OF COMMUNITY 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. THE BOARD OF DIRECTORS OF UNITED WAY OF FORSYTH THE CRISIS AND EMERGENCY SERVICES OR HELP CHILDREN AND YOUTH DEVELOP INTO PROJECTS WHICH ARE CONSISTENT WITH UNITED WAY'S FUNDING EMPHASIS. SUPPORT HEALTH SERVICES, (d) Amount of non-cash assistance PROJECTS WHICH ARE DESIGNED TO ASSIST THE ELDERLY, PROMOTE (c) Amount of cash grant THE COMMUNITY GRANTS COMMITTEE, UNITED WAY OF FORSYTH COUNTY, (b) Number of recipients SELF-SUFFICIENCY, HELP MEET BASIC NEEDS, (a) Type of grant or assistance AS FUNDS ARE AVAILABLE PRODUCTIVE ADULTS. Schedule 1 (Form 990) (2016) 3 LINE 832102 11-01-16 PART I, Part

58-1925396

## SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number

Schedule M (Form 990) (2016)

	UNITED WAY O	F FORS	YTH COUNT	Y, INC.		58-19	2539	96	
Par	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on	(d) Method of det noncash contribut	_	-	
1	Art · Works of art								
2	Art - Historical treasures								
3	Art · Fractional interests								
4	Books and publications								
5	Clothing and household goods			,					
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests	\			1				
12	Securities · Miscellaneous								
13	Qualified conservation contribution -			1					
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy, , , , , , , , , , , , , , , , ,								
22	Historical artifacts								
23	Scientific specimens	<u> </u>							
24	Archeological artifacts		<u> </u>						
25	Other ► (BILLBOARD USE)	X	11	42	,000.F	AIR MARKET	VAL	UE	
26	Other ()								
27	Other ()	L							
28_	Other ()	<u> </u>	<u> </u>						
29	Number of Forms 8283 received by the organi	izatıon durin	g the tax year for o	ontributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
							Υ	es	No
30a	During the year, did the organization receive b	y contributi	on any property re	ported in Part I, line	es 1 through	n 28, that it	1	}	
	must hold for at least three years from the dat	e of the initi	al contribution, and	d which isn't requir	ed to be use	ed for	1		
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.							[	
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandar	rd contributi	ons?	31		<u>X</u>
32a	Does the organization hire or use third parties	or related o	rganizations to sol	ıcıt, process, or sel	ll noncash				
	contributions?			.,			32a		X
b	If "Yes," describe in Part II.			·					
33	If the organization didn't report an amount in	column (c) fo	or a type of proper	y for which columi	n (a) is checl	ked,			
	describe in Part II.								

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

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization  UNITED WAY OF FORSYTH COUNTY, INC.	Employer identification number 58-1925396
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
MOBILIZING THE CARING POWER & SPIRIT OF OUR CITIZENS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS PREPARED BY AN OUTSIDE CPA FIRM, FRAZIER	& DEETER, LLC.
THE EXECUTIVE COMMITTEE OF THE ORGANIZATION PERFORM A DET	AILED REVIEW OF
THE FORM 990 AND ATTACHMENTS. THE 990 IS MADE AVAILABLE	ELECTRONICALLY TO
THE REMAINDER OF THE BOARD OF DIRECTORS FOR THEIR REVIEW	PRIOR TO FILING.
	<del></del>
FORM 990, PART VI, SECTION B, LINE 12C:	<del></del>
ALL BOARD MEMBERS ARE REQUIRED TO READ THE CODE OF ETHICS	S/CONFLICT OF
INTEREST POLICY ANNUALLY. A SIGNED VERIFICATION FROM ALI	BOARD MEMBERS IS
REQUIRED NOTING ANY CONFLICTS OF INTEREST. IF THERE ARE	CONFLICTS OF
INTEREST, THOSE PERSONS ARE EXEMPT FROM DISCUSSION AND VO	OTE ON THE SUBJECT.
FORM 990, PART VI, SECTION B, LINE 15:	
EXECUTIVE COMMITTEE MEMBERS DETERMINE COMPENSATION FOR TH	HE EXECUTIVE
DIRECTOR. OTHER OFFICERS' OR KEY EMPLOYEES' COMPENSATION	N IS DETERMINED BY
THE EXECUTIVE COMMITTEE BY USING VARIOUS MEANS OF COMPAR	ISON AND
INDEPENDENT INFORMATION INCLUDING UNITED WAY SURVEYS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAINTAINS ITS FORM 990, GOVERNING DOCUM	ENTS, CONFLICT OF
INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS IN PERI	MANENT FILES WHICH
ARE READILY AVAILABLE TO THE PUBLIC UPON REQUEST.	