

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990 header section A-M containing organization name, EIN, address, and tax status.

Part I Summary

Table with 22 rows detailing financial and governance information, including revenue, expenses, and net assets.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section containing officer and preparer information, including names and titles.

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

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	UNITED WAY OF FORSYTH COUNTY, INC.	58-1925396
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	P. O. BOX 1350	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CUMMING, GA 30028-1350	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

RUTH GOODE

• The books are in the care of 407 EAST MAPLE STREET, SUITE 112 - CUMMING, GA 30040

Telephone No. 770-781-4110

FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this

. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2013.

5 For calendar year 2012, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

7 State in detail why you need the extension _____

ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Tara D. White

Title CPA

Date 8/8/13

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF FORSYTH COUNTY, INC.	Employer identification number (EIN) or 58-1925396
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 1350	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CUMMING, GA 30028-1350	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RUTH GOODE

• The books are in the care of ▶ **407 EAST MAPLE STREET, SUITE 112 - CUMMING, GA 30040**
Telephone No. ▶ **770-781-4110** FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2012** or
▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: THE MISSION OF UNITED WAY OF FORSYTH COUNTY IS TO IMPROVE LIVES IN FORSYTH AND DAWSON COUNTIES BY MOBILIZING THE CARING POWER AND SPIRIT OF OUR CITIZENS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code:) (Expenses \$ 1,374,643. including grants of \$ 1,245,108.) (Revenue \$) STATEMENT ATTACHED

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,374,643.

Part III-Statement of Program Service Accomplishments.

a) The Place The Place of Forsyth County The Place is a local social service agency that works compassionately with people to creatively and resourcefully meet their needs. The Place provides many innovative programs that meet a variety of needs, including extreme emergency and medical assistance, thrift store and food pantry, elderly assistance, youth enrichment and Hispanic outreach. Ensures basic needs are met for the indigent. 11,267 clients were served in 2012. (Grants and allocations \$130,250)	146,617
b) Georgia Highlands Medical Services Provides comprehensive primary health care to residents of the community. Other services include obstetrics care, mammography, or prostate s(Grants and allocations ability to pay. They ensure health services are available to all residents. This also includes a pharmacy program that is stocked with samples to provide medication to patients unable to purchase it at cost. 8,739 Forsyth residents were served in 2012. (Grants and allocations \$120,000)	135,079
c) Northeast Georgia Boy Scouts of America/Northeast Georgia Girl Scout Council As a result of activities associated with the Boy Scouts, youth learn citizenship, fitness and leadership values that enable them to make ethical choices over their lifetimes. Girl Scouting is committed to helping all girls from every background to develop confidence, determination, and skills needed to thrive in today's world. 7,514 boys and girls were served in Forsyth and Dawson Counties in 2012. (Grants and allocations \$111,888)	125,948
d) Literacy Forsyth/R.E.A.D. Provides adult continuing education opportunities to the residents of Forsyth & Dawson Counties. Will help residents obtain their GED as well as provide learning for ELL. Served 1183 Forsyth residents and 440 Dawson residents in 2012. (Grants and allocations \$82,000)	92,304
e) Forsyth County Family Haven	93,849

Serves victims of domestic violence by providing temporary shelter and support services to abused men, women and children. Also prov. (Grants and allocations hotline, and prevention education. Promotes self-sufficient families and ensures safety in crisis. Served 291 Forsyth County residents in 2012.

(Grants and allocations \$83,372)

f) **Court Appointed Special Advocates** 85,016

Provides highly trained and supervised volunteers who advocate on behalf of the best interest of abused and neglected children involved in (Grants and allocations positive youth development. 222 Forsyth County residents and 44 Dawson County residents were served in 2012.

(Grants and allocations \$75,525)

g) **Forsyth County Public Schools** \$80,490

Funding provides for before and after school tutoring to students on free or reduced meal programs who are working toward graduating on-time, funding for special needs programs, counseling programs for EBD students, supplies for school nurses, support for volunteer programs, etc.

(Grants and allocations \$71,505)

h) **Challenged Child & Friends** 60,758

Provides therapeutic, educational, health, and family support services for pre-schoolers with special needs and their typical peers. Prn (Grants and allocations for children with special needs. Served 16 Forsyth County residents and 2 Dawson County residents in 2012.

(Grants and allocations \$53,975)

i) **Mentor Me North Georgia** 59,660

Provides successful mentoring relationships for all children who need and want them. Provides tutoring and other supportive activities as well. In 2012, they served 348 children & youth.

(Grants and allocations \$53,000)

j) **Jesse's House** 65,823

Provides emergency shelter for at-risk female youth ages 7-17, meeting their physical, mental and emotional needs. Provides supportive se (Grants and allocations as part of-the program. In 2012, they served 18 youth from Forsyth County.

(Grants and allocations \$58,475)

k) Children's Center for Hope & Healing	Provides family treatment for child victims of sexual abuse, as well as prevention education. Also provides services for adult women who have been sexually abused and 40 clients in Dawson County in 2012. (Grants and allocations	\$54,875)	61,771
l) Northeast Georgia Chapter, American Red Cross	Provides disaster relief, CPR & first aid training, blood services, aid to military families, and health & safety education. Ensures crisis/emergency services for 47 Forsyth County residents and 57 Dawson County residents were served in 2012. (Grants and allocations	\$38,200)	43,000
m) Forsyth County Child Advocacy Center	Provides crisis counseling and forensic interview to law enforcement agencies. The purpose is to reduce trauma, provide support, enhance and coordinate the investigation of child abuse and to educate the community about child abuse. Served 291 children in 2012. (Grants and allocations	\$32,625)	36,725
n) SAFFT	Serves foster children and their caregivers by providing a supportive network. Served 30 families in 2012. (Grants and allocations	\$18,499)	20,824
o) Other Forsyth & Dawson County Agencies	See schedule - Part II, Line 22 (Grants and Allocations	\$260,919)	266,779
<hr/>			<hr/>
\$1,245,108			\$1,374,643

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section 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) available 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, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RUTH GOODE - 770-781-4110 240 ELM STREET, CUMMING, GA 30040

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BURTON BLACKMAR DIRECTOR	1.00	X					0.	0.	0.	
(2) RUBEN BOLING DIRECTOR	1.00	X					0.	0.	0.	
(3) CRIS BURGUM MEMBER AT-LARGE	1.00	X					0.	0.	0.	
(4) ERIC CALDWELL DIRECTOR	1.00	X					0.	0.	0.	
(5) JAIRO DE JESUS DIRECTOR	1.00	X					0.	0.	0.	
(6) CURRY GARVAL DIRECTOR	1.00	X					0.	0.	0.	
(7) ROBERT FUNK VP, COMMUNITY INVESTMENT	5.00	X		X			0.	0.	0.	
(8) SANDY HAMILTON DIRECTOR	1.00	X					0.	0.	0.	
(9) LUKE HAYMOND PRESIDENT	10.00	X		X			0.	0.	0.	
(10) SARA HARRISON DIRECTOR	1.00	X					0.	0.	0.	
(11) LINDA LANG PRESIDENT-ELECT	5.00	X		X			0.	0.	0.	
(12) JASON LILLIS VP, COMMUNITY IMPACT	5.00	X		X			0.	0.	0.	
(13) MATT MCCLURE TREASURER	5.00	X		X			0.	0.	0.	
(14) SIBYLLE MAIR DIRECTOR	1.00	X					0.	0.	0.	
(15) ALLEN PELAYO DIRECTOR	1.00	X					0.	0.	0.	
(16) EVAN PROFETA DIRECTOR	1.00	X					0.	0.	0.	
(17) PENNY PENN SECRETARY	5.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HEATHER MOSELEY DIRECTOR	1.00	X						0.	0.	0.
(19) TAYLOR RICE DIRECTOR	1.00	X						0.	0.	0.
(20) TAMMY RODRIGUEZ DIRECTOR	1.00	X						0.	0.	0.
(21) DEBBIE RONDEM DIRECTOR	1.00	X						0.	0.	0.
(22) MICHELE SANSENBACH DIRECTOR	1.00	X						0.	0.	0.
(23) JAIME TAVENIER DIRECTOR	1.00	X						0.	0.	0.
(24) SARAH TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(25) JIM WATSON DIRECTOR	1.00	X						0.	0.	0.
(26) RUTH M. GOODE EXECUTIVE DIRECTOR	40.00			X				64,200.	0.	0.
1b Sub-total								64,200.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								64,200.	0.	0.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 1,575,689.				
	b	Membership dues	1b				
	c	Fundraising events	1c 30,000.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 82,129.				
	g	Noncash contributions included in lines 1a-1f: \$	42,000.				
	h	Total. Add lines 1a-1f	▶ 1,687,818.				
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	g	Total. Add lines 2a-2f	▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	5,389.		5,389.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
	6 a	Gross rents	(i) Real (ii) Personal				
		b	Less: rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)	▶			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)	▶			
	8 a	Gross income from fundraising events (not including \$ 30,000. of contributions reported on line 1c). See Part IV, line 18	a	71,063.			
		b	Less: direct expenses	b	58,031.		
		c	Net income or (loss) from fundraising events	▶	13,032.		13,032.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities	▶				
10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
11 a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶				
12	Total revenue. See instructions.	▶	1,706,239.	0.	0.	18,421.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,245,108.	1,245,108.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	64,200.	35,543.	14,328.	14,329.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	154,084.	85,306.	34,389.	34,389.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,690.	8,686.	3,502.	3,502.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,700.		12,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	60,856.			60,856.
13 Office expenses	22,423.		16,817.	5,606.
14 Information technology				
15 Royalties				
16 Occupancy	18,895.		9,448.	9,447.
17 Travel	906.		906.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,128.		4,128.	
20 Interest				
21 Payments to affiliates	17,432.		17,432.	
22 Depreciation, depletion, and amortization	12,780.		6,390.	6,390.
23 Insurance	6,454.		6,454.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SPECIAL EVENTS	58,031.			58,031.
b UTILITIES & TELEPHONE	5,860.		2,930.	2,930.
c BANK CHARGES	4,179.		4,179.	
d POSTAGE	4,036.		1,009.	3,027.
e All other expenses	8,102.		5,793.	2,309.
25 Total functional expenses. Add lines 1 through 24e	1,715,864.	1,374,643.	140,405.	200,816.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1		1	
	2	1,667,457.	2	1,092,191.
	3	1,570,409.	3	1,488,293.
	4		4	
	5			
			5	
	6			
			6	
	7		7	
	8		8	
	9	79.	9	79.
	10a	10a 767,044.		
	b	10b 44,097.	6,143.	10c 722,947.
	11		11	
	12		12	
	13		13	
14		14		
15		15		
16		3,244,088.	16	3,303,510.
Liabilities	17	24,534.	17	53,241.
	18		18	
	19		19	
	20		20	
	21		21	
	22			
			22	
	23		23	
	24		24	
	25			
		256,630.	25	238,940.
26		281,164.	26	292,181.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	1,135,885.	27	1,272,987.
	28	1,827,039.	28	1,738,342.
	29		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30		30	
	31		31	
	32		32	
33	2,962,924.	33	3,011,329.	
34	3,244,088.	34	3,303,510.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,706,239.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,715,864.
3	Revenue less expenses. Subtract line 2 from line 1	3	<9,625.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,962,924.
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	58,030.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,011,329.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2012)

Public Charity Status and Public Support

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization **UNITED WAY OF FORSYTH COUNTY, INC.** Employer identification number **58-1925396**

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1609214.	1350020.	1318900.	1651682.	1687818.	7617634.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1609214.	1350020.	1318900.	1651682.	1687818.	7617634.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						666,960.
6 Public support. Subtract line 5 from line 4.						6950674.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1609214.	1350020.	1318900.	1651682.	1687818.	7617634.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,141.	45,366.	25,027.	13,273.	5,389.	154,196.
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 IV.)	31,528.	78,812.	143,765.	110,022.	71,062.	435,189.
11 Total support. Add lines 7 through 10						8207019.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	84.69 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	80.03 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2012

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
PUBLIX SUPERMARKETS	639,700.	475,560.
UPS FOUNDATION	340,258.	176,118.
ESTATE OF A. HARRISON, L. LEE DAILEY, EXECUTOR	179,422.	15,282.
Total Excess Contributions to Schedule A, Part II, Line 5		666,960.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: UNITED WAY OF FORSYTH COUNTY, INC. Employer identification number: 58-1925396

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

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

Table with 2 columns: Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

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

Complete if the organization answered "Yes" to 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.
1b 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) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		130,000.		130,000.
b Buildings		595,633.	10,144.	585,489.
c Leasehold improvements				
d Equipment		41,411.	33,953.	7,458.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				722,947.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 2 shows ALLOCATIONS PAYABLE with a value of 238,940.

FIN 48 (ASC 740) Footnote. 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]

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

1	Total revenue, gains, and other support per audited financial statements		1	1,764,270.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	58,031.	
e	Add lines 2a through 2d	2e		58,031.
3	Subtract line 2e from line 1	3		1,706,239.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,706,239.

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

1	Total expenses and losses per audited financial statements		1	1,715,864.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		1,715,864.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,715,864.

Part XIII Supplemental Information

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

PART X, LINE 2: MANAGEMENT DOES NOT BELIEVE THAT THE ORGANIZATION HAS

ANY MATERIAL UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2012; HOWEVER, THE

ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS ENDED

DECEMBER 31, 2011, 2010 AND 2009 ARE STILL AVAILABLE FOR EXAMINATION BY

RELEVANT TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS-DIRECT EXPENSES

58,031.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open To Public
Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
58-1925396

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	
		FLAVORS OF FORSYTH (event type)	UPS GOLF TOURNAMENT (event type)	3 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	57,295.	29,858.	13,910.	101,063.
	2	Less: Contributions	29,500.		500.	30,000.
	3	Gross income (line 1 minus line 2)	27,795.	29,858.	13,410.	71,063.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	44,565.	632.	12,834.	58,031.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(58,031)
	11	Net income summary. Combine line 3, column (d), and line 10				13,032.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				()	
8	Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
 - 12 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? Yes No
- Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a 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:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b 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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
58-1925396

Part I General information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHEDULE ATTACHED			1,245,108.	0.			SEE ATTACHED SCHEDULE.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2012)

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

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

Part IV. Supplemental information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: AS FUNDS ARE AVAILABLE, THE BOARD OF DIRECTORS OF UNITED WAY OF FORSYTH COUNTY WILL MAKE FUNDS ACCESSIBLE THROUGH COMMUNITY GRANTS FOR COMMUNITY PROJECTS WHICH ARE CONSISTENT WITH UNITED WAY'S FUNDING EMPHASIS. THE PURPOSE OF FUNDS ARE TO PROVIDE FOR NEW PROJECTS OR EXPANSION OF ONGOING PROJECTS WHICH ARE DESIGNED TO ASSIST THE ELDERLY, PROMOTE SELF-SUFFICIENCY, HELP MEET BASIC NEEDS, SUPPORT HEALTH SERVICES, PROVIDE CRISIS AND EMERGENCY SERVICES OR HELP CHILDREN AND YOUTH DEVELOP INTO PRODUCTIVE ADULTS. THE COMMUNITY GRANTS COMMITTEE, MADE UP OF COMMUNITY VOLUNTEERS, WILL REVIEW THE APPLICATIONS. SOME APPLICANTS MAY BE

Part IV Supplemental Information

ASKED TO MAKE A PRESENTATION BEFORE MEMBERS OF THE COMMITTEE OR MEMBERS OF THE COMMITTEE MAY WANT TO VISIT THE PROGRAM. RECOMMENDATIONS FOR FUNDING WILL THEN BE MADE TO THE UNITED WAY BOARD OF DIRECTORS. GRANT AWARDS ARE ANNOUNCED ONCE THE CURRENT APPLICATION AND REVIEW PROCESSES ARE COMPLETE. A DISBURSEMENT SCHEDULE WILL BE DEVELOPED JOINTLY BY THE UNITED WAY AND GRANTEE. GENERALLY, FUNDS ARE PROVIDED ON A REIMBURSEMENT BASIS. THE ORGANIZATION MAINTAINS A LIST OF GRANT RECIPIENTS FOR THEIR RECORDS. ADDITIONALLY, A LIST OF THE GRANT RECIPIENTS FOR THE CURRENT YEAR IS MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.



Grants & Allocations/Programs - 2012

The Place	\$130,250.00
Georgia Highlands Medical Center	\$120,000.00
Forsyth County Family Haven	\$83,371.61
Literacy Programs: READ & Literacy Forsyth	\$82,000.00
CASA	\$75,525.00
Boy Scouts	\$72,000.00
Jesse's House	\$58,475.00
Credit Recovery	\$58,373.24
Children's Center for Hope & Healing	\$54,875.00
Challenged Child & Friends	\$53,975.00
Mentor Me - North Georgia	\$53,000.00
Girl Scouts	\$39,887.50
American Red Cross	\$38,200.00
Outside Designations	\$37,313.00
Child Advocacy Center	\$32,625.00
SAFFT	\$18,499.30
Bus Program	\$13,683.00
4-H	\$13,500.00
NOA	\$12,725.00
DC Family Assistance (St. Vincent dePaul)	\$12,000.00
Dawson County Mentoring Program	\$11,875.00
Lanier Technical College	\$11,872.35
Avita Community Partners	\$11,165.51
Next Generation Focus	\$10,500.00
Forsyth County Schools	\$10,156.82
Holiday Giving Tree for Kids	\$10,000.00
DC Family Connection	\$9,350.00
Habitat for Humanity	\$9,000.00
Forsyth County Juvenile Court	\$8,955.00
Focus on Forsyth: a YMCA Partnership	\$7,757.75
St. Vincent de Paul	\$7,500.00
2-1-1	\$7,119.61
ABBA House	\$6,000.00
Forsyth County Drug Court	\$6,000.00
Girls on the Run Forsyth	\$6,000.00
Rape Response	\$5,400.00
Feeding the Hungry Forsyth, Inc.	\$5,000.00
Forsyth County DUI Court	\$4,930.75
Young Life	\$4,825.45
Sawnee Woman's Club	\$4,000.00
Wee Books	\$3,725.00
Youth Leadership	\$2,975.21
St. Brendans Our Family Program	\$2,500.00
Senior Expo	\$2,197.52
Forsyth County Disaster Unit	\$2,150.22
Camp Cool Kids	\$2,000.00
Sawnee Cumming Optimist Club	\$2,000.00
Forsyth Central High School Band	\$1,800.00
Nonprofit Seminars	\$1,631.72
Cumming Civitan Club	\$1,500.00
Hope House	\$1,500.00
Direct Assistance	\$1,192.98
NALC Food Drive	\$776.82
Stuff the Bus	\$418.58
MSG Foundation	\$400.00
Domestic Violence Task Force	\$328.39
Whispering Hope	\$190.00
Committee for Transitional Services	\$86.49
Give Kids a Smile Day	\$48.82
TOTAL	\$1,245,107.64

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered
 "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
 or Form 990-EZ, Part V, line 38a or 40b.
 ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

58-1925396

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$
▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TAYLOR RICE	BOARD MEMBER	0.	SEE PART V		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TAYLOR RICE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION 0

(D) DESCRIPTION OF TRANSACTION: SEE PART V - PART OWNER OF THE OFFICE

SPACE THAT THE ORGANIZATION HAS LEASED SINCE 2007. HE BECAME A BOARD

MEMBER IN 2010.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

58-1925396

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - 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				
24 Archeological artifacts				
25 Other ▶ (BILBOARD USE)	X	1	42,000.	FAIR MARKET VALUE
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) (2012)

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.

OMB No. 1545-0047

2012

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 MISSION:

MOBILIZING THE CARING POWER & SPIRIT OF OUR CITIZENS.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE REVIEWS THE
990 BEFORE IT IS SENT TO THE IRS. THE FULL BOARD OF DIRECTORS RECEIVES A
COPY OF THE 990 AFTER REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ARE REQUIRED TO
READ THE CODE OF ETHICS/CONFLICT OF INTEREST POLICY ANNUALLY. A SIGNED
VERIFICATION FROM ALL BOARD MEMBERS IS REQUIRED NOTING ANY CONFLICTS OF
INTEREST. IF THERE ARE CONFLICTS OF INTEREST, THOSE PERSONS ARE EXEMPT
FROM DISCUSSION AND VOTE ON THE SUBJECT.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE MEMBERS
DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR. OTHER OFFICERS' OR KEY
EMPLOYEES' COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE BY USING
VARIOUS MEANS OF COMPARISON AND INDEPENDENT INFORMATION INCLUDING UNITED
WAY SURVEYS.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON
REQUEST. THE FINANCIAL STATEMENTS ALSO APPEAR IN THE ANNUAL REPORT.

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

DIRECT FUNDRAISING EXPENSES

58,030.

FORM 990, PART XII, LINE 2C

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

58-1925396

THE ORGANIZATION'S PROCESS FOR OVERSITE OF THE AUDIT HAS NOT CHANGED
FOR 2012.

01/01/2012 - 12/31/2012

System No.	S	Description	Date in Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation / (Sec. 179)	Current Depreciation	Total Depreciation / (Sec. 179)
BUILDING												
22		Building	5/17/2012	MSL / MM	39.0000	561,050.00	100.0000	0.00	0.00	0.00	8,991.19	8,991.19
Subtotal: BUILDING						561,050.00				0.00	8,991.19	8,991.19
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Net for: BUILDING						561,050.00				0.00	8,991.19	8,991.19
COMPUTERS & SOFTWARE												
3		TERRY'S COMF	5/21/1998	M / HY	5.0000	2,031.00	100.0000	0.00	0.00	2,031.00	0.00	2,031.00
4		TOP GIVER SOF	3/9/1999	SL / N/A	3.0000	4,513.00	100.0000	0.00	0.00	4,513.00	0.00	4,513.00
5		PLEDGE SOFTV	11/20/2003	SL / N/A	3.0000	4,750.00	100.0000	0.00	0.00	4,750.00	0.00	4,750.00
7		DELL COMPUTI	1/29/2006	M / HY	5.0000	826.05	100.0000	0.00	0.00	826.05	0.00	826.05
8		Dell Computer -	1/12/2007	M / HY	5.0000	1,067.85	100.0000	0.00	0.00	1,067.85	61.51	1,067.85
11		Dell Computer -	7/3/2007	M / HY	5.0000	566.02	100.0000	0.00	0.00	533.42	32.60	566.02
12		DELL INSPIRON	6/2/2008	M / HY	5.0000	689.10	100.0000	0.00	0.00	629.56	39.69	669.25
13		Dell Inspiron 581	6/5/2010	M / HY	5.0000	592.78	100.0000	0.00	0.00	308.25	113.81	422.06
Subtotal: COMPUTERS & SOFTWARE						15,035.80				14,597.62	247.61	14,845.23
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Net for: COMPUTERS & SOFTWARE						15,035.80				14,597.62	247.61	14,845.23
FURNITURE & FIXTURES												
1		BOARD ROOM/	10/21/1999	M / MQ	7.0000	7,122.00	100.0000	0.00	0.00	7,122.00	0.00	7,122.00
2		TRADE SHOW E	10/11/2000	M / MQ	7.0000	1,524.00	100.0000	0.00	0.00	1,524.00	0.00	1,524.00
6		Furniture & Fixt.	6/15/2005	SL / N/A	7.0000	2,223.03	100.0000	0.00	0.00	2,090.73	132.30	2,223.03
9		U Desk-Right Pe	1/30/2007	M / HY	7.0000	2,453.51	100.0000	0.00	0.00	1,906.08	218.97	2,125.05
10		Safe	5/2/2007	M / HY	7.0000	1,410.03	100.0000	0.00	0.00	1,095.42	125.84	1,221.26
14		Desks (3)	6/5/2010	M / HY	7.0000	1,799.97	100.0000	0.00	0.00	697.95	314.86	1,012.81
15		Table	6/5/2010	M / HY	7.0000	259.99	100.0000	0.00	0.00	100.81	45.48	146.29
16		Office Chairs (6)	6/5/2010	M / HY	7.0000	659.94	100.0000	0.00	0.00	255.90	115.44	371.34
17		Breakroom Chai	6/5/2010	M / HY	7.0000	559.92	100.0000	0.00	0.00	217.11	97.95	315.06
18		Filing Cabinets (6/5/2010	M / HY	7.0000	999.95	100.0000	0.00	0.00	387.74	174.92	562.66
19		Bookcases (4)	6/5/2010	M / HY	7.0000	479.96	100.0000	0.00	0.00	186.11	83.96	270.07
20		Credenza (2)	6/5/2010	M / HY	7.0000	2,932.20	100.0000	0.00	0.00	1,136.98	512.92	1,649.90
24		Furniture	5/17/2012	M / HY	7.0000	3,950.00	100.0000	0.00	0.00	0.00	564.29	564.29
Subtotal: FURNITURE & FIXTURES						26,374.50				16,720.83	2,386.93	19,107.76
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Net for: FURNITURE & FIXTURES						26,374.50				16,720.83	2,386.93	19,107.76
IMPROVEMENTS												
23		Building Renova	5/17/2012	MSL / HY	15.0000	34,583.00	100.0000	0.00	0.00	0.00	1,152.77	1,152.77
Subtotal: IMPROVEMENTS						34,583.00				0.00	1,152.77	1,152.77
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Net for: IMPROVEMENTS						34,583.00				0.00	1,152.77	1,152.77
LAND												

01/01/2012 - 12/31/2012

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation/ (Sec. 179)	Current Depreciation	Total Depreciation/ (Sec. 179)
21		Land	5/17/2012	No Calc / N/A	0.0000	130,000.00	100.0000	0.00	0.00	0.00	0.00	0.00
		Subtotal: LAND				130,000.00		0.00	0.00	0.00	0.00	0.00
		Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
		Net for: LAND				130,000.00		0.00	0.00	0.00	0.00	0.00
		Subtotal:				767,043.30		0.00	0.00	31,318.45	12,778.50	44,096.95
		Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
		Grand Totals:				767,043.30		0.00	0.00	31,318.45	12,778.50	44,096.95

UNITED WAY OF FORSYTH COUNTY, INC. [21019]
Net Book Value - Depreciation

01/01/2012 - 12/31/2012

System No.	Description	Beginning Balance	Additions	Deletions	Ending Balance	Beg. Accum. Depreciation/ (Sec. 179)	Current Depreciation	Sec. 179/ Bonus	Other Reductions	Deletion Reductions	Total Reductions	Net Book Value
BUILDING												
22	Building	0.00	561,050.00	0.00	561,050.00	0.00	8,991.19	0.00	0.00	0.00	8,991.19	552,058.81
	Subtotal: BUILDING	0.00	561,050.00	0.00	561,050.00	0.00	8,991.19	0.00	0.00	0.00	8,991.19	552,058.81
Less dispositions and exchanges:												
	Net for: BUILDING	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COMPUTERS & SOFTWARE												
3	TERRY'S COMPUTER	2,031.00	0.00	0.00	2,031.00	2,031.00	0.00	0.00	0.00	0.00	2,061.00	0.00
4	TOP GIVER SOFTWARE	4,513.00	0.00	0.00	4,513.00	4,513.00	0.00	0.00	0.00	0.00	4,513.00	0.00
5	PLEDGE SOFTWARE	4,750.00	0.00	0.00	4,750.00	4,750.00	0.00	0.00	0.00	0.00	4,750.00	0.00
7	DELL COMPUTER - DIM	826.05	0.00	0.00	826.05	826.05	0.00	0.00	0.00	0.00	826.05	0.00
8	Dell Computer - Dimensi	1,067.85	0.00	0.00	1,067.85	1,006.34	61.51	0.00	0.00	0.00	1,067.85	0.00
11	Dell Computer - Dimensi	566.02	0.00	0.00	566.02	533.42	32.60	0.00	0.00	0.00	566.02	0.00
12	DELL INSPIRON 1525 F	689.10	0.00	0.00	689.10	629.56	39.89	0.00	0.00	0.00	669.25	19.85
13	Dell Inspiron 580	592.78	0.00	0.00	592.78	308.25	113.81	0.00	0.00	0.00	422.06	170.72
	Subtotal: COMPUTERS & SOFTWARE	15,035.80	0.00	0.00	15,035.80	14,597.62	247.61	0.00	0.00	0.00	14,845.23	190.57
Less dispositions and exchanges:												
	Net for: COMPUTERS & SOFTWARE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FURNITURE & FIXTURES												
1	BOARD ROOM/RECEPT	7,122.00	0.00	0.00	7,122.00	7,122.00	0.00	0.00	0.00	0.00	7,122.00	0.00
2	TRADE SHOW BOOTH	1,524.00	0.00	0.00	1,524.00	1,524.00	0.00	0.00	0.00	0.00	1,524.00	0.00
6	Furniture & Fixtures	2,223.03	0.00	0.00	2,223.03	2,090.73	132.30	0.00	0.00	0.00	2,223.03	0.00
9	U Desk-Right Pedestal F	2,453.51	0.00	0.00	2,453.51	1,906.08	218.97	0.00	0.00	0.00	2,125.05	328.46
10	Safe	1,410.03	0.00	0.00	1,410.03	1,095.42	125.84	0.00	0.00	0.00	1,221.26	188.77
14	Desks (3)	1,799.97	0.00	0.00	1,799.97	697.95	314.86	0.00	0.00	0.00	1,012.81	787.16
15	Table	259.99	0.00	0.00	259.99	100.81	45.48	0.00	0.00	0.00	146.29	113.70
16	Office Chairs (6)	659.94	0.00	0.00	659.94	255.90	115.44	0.00	0.00	0.00	371.34	288.60
17	Breakroom Chairs (8)	559.92	0.00	0.00	559.92	217.11	97.95	0.00	0.00	0.00	315.06	244.86
18	Filing Cabinets (5)	999.95	0.00	0.00	999.95	387.74	174.92	0.00	0.00	0.00	562.66	437.29
19	Bookcases (4)	479.96	0.00	0.00	479.96	186.11	83.96	0.00	0.00	0.00	270.07	209.89
20	Credenza (2)	2,932.20	0.00	0.00	2,932.20	1,136.98	512.92	0.00	0.00	0.00	1,649.90	1,282.30
24	Furniture	0.00	3,950.00	0.00	3,950.00	0.00	564.29	0.00	0.00	0.00	564.29	3,385.71
	Subtotal: FURNITURE & FIXTURES	22,424.50	3,950.00	0.00	26,374.50	16,720.83	2,386.93	0.00	0.00	0.00	19,107.76	7,266.74
Less dispositions and exchanges:												
	Net for: FURNITURE & FIXTURES IMPROVEMENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Net Book Value - Depreciation

Federal

01/01/2012 - 12/31/2012

System No.	Description	Beginning Balance	Additions	Deletions	Ending Balance	Beg. Accum. Depreciation/ (Sec. 179)	Current Depreciation	Sec. 179/ Bonus	Other Reductions	Deletion Reductions	Total Reductions	Net Book Value
IMPROVEMENTS												
23	Building Renovations	0.00	34,583.00	0.00	34,583.00	0.00	1,152.77	0.00	0.00	0.00	1,152.77	33,430.23
	Subtotal: IMPROVEMENTS	0.00	34,583.00	0.00	34,583.00	0.00	1,152.77	0.00	0.00	0.00	1,152.77	33,430.23
	Less dispositions and exchanges:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Net for: IMPROVEMENTS	0.00	34,583.00	0.00	34,583.00	0.00	1,152.77	0.00	0.00	0.00	1,152.77	33,430.23
LAND												
21	Land	0.00	130,000.00	0.00	130,000.00	0.00	0.00	0.00	0.00	0.00	0.00	130,000.00
	Subtotal: LAND	0.00	130,000.00	0.00	130,000.00	0.00	0.00	0.00	0.00	0.00	0.00	130,000.00
	Less dispositions and exchanges:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Net for: LAND	0.00	130,000.00	0.00	130,000.00	0.00	0.00	0.00	0.00	0.00	0.00	130,000.00
	Subtotal:	37,460.30	729,583.00	0.00	767,043.30	31,318.45	12,778.50	0.00	0.00	44,096.95	722,946.35	
	Less dispositions and exchanges:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Grand Totals:	37,460.30	729,583.00	0.00	767,043.30	31,318.45	12,778.50	0.00	0.00	44,096.95	722,946.35	

United Way of Forsyth County 2012 – The Year in Review

United Way works to advance the common good by focusing on education, income, health and basic needs. These are the building blocks for a good life: a quality education that leads to a stable job, enough income to support a family through retirement, and good health. We are the collective power of people working toward long-term solutions. Together, we create long-lasting community change by addressing underlying causes of the most significant local issues. We feel that opportunities for a better life are created by focusing on key areas such as helping children and youth achieve their potential, improving people's health, supporting citizens with special needs, and those who are aging. We believe that we all have a responsibility to help others in order to make our community a better place in which to live, work and raise families. Because underneath everything we are, underneath everything we do, we are all connected. When we reach out a hand to one, we influence the condition of all. We all win when a child succeeds in school, when a family becomes financially stable and when people have good health. Together we can inspire hope and create opportunities for a better tomorrow.

Organizational Highlights

Financially, UWFC finished out the year with a 4.5% increase in campaign income over the previous year. The Board of Directors and Staff continue to be guarded with spending like most United Way's across the nation. Our communities across America are suffering from a rise in human service needs and diminishing donations. Our conservative spending over the years and recognition that having a reserve will support our United Way programs through this tough economy has proven our board is continually responsible for the well-being of the organization. We had approximately 5,770 donors to our campaign. Eighty-eight percent of our pledges come from employees of corporations and corporate gifts. The other 12% of our pledges come from employees of schools, local government entities, professionals and individuals as well as small business owners.

Community Investment and Community Impact Highlights

Our United Way held 3 nonprofit seminars this year; "Stewards of Children", "Focus on Results" and "Keep on Course". Our goal is to build the capacity of nonprofits in the community and encourage their success.

In 2012, United Way of Forsyth County invested \$1,277,366 in almost 60 health and human service agencies and programs. The dollars given reach all areas of our community. From the young to the old, the sick to the healthy, the employed to the unemployed, those with homes to those without, United Way dollars are making dreams come true. With the help of partners in the community, the organization is working hard to make a difference each day in our community! Our vision is to be a community where all people have the opportunity to engage, thrive and achieve a better quality of life. Areas of focus are:

- Substance Abuse/Mental Health/Domestic Violence Services (10%)
- Promoting Self-Sufficiency/Strengthening Families and Seniors (23%)
- Therapeutic Services for At-Risk Children & Youth (17%)
- Promoting Community Health, Safety, Leadership, Information & Referral
Nonprofit Education (15%)
- Services for Citizens with Special Needs (7%)
- Strength-Based Support Services for Children & Youth (23%)
- Miscellaneous designations outside our county (5%)

We collaborated with the Forsyth County School nurses and the volunteer efforts of local dentists to provide approximately 100 at-risk students with free dental services, including screenings, x-rays and cleanings.

The FamilyWize prescription cards were introduced into both Forsyth and Dawson Counties with great success in 2008. In 2012, over 5,940 FamilyWize claims were filed in Forsyth County for a savings of \$78,977. Dawson County had over 12,371 claims filed for a savings of \$128,807. This prescription card program helps those without insurance save on prescription costs.

Referrals to 2-1-1 totaled 847. Utility assistance accounted for 17.47% of the calls, mortgage/rent payment assistance accounted for 11.81% and 9.45% of the calls were for food. The Community Helplist distribution was 5,500 English Help lists and 1,000 Spanish Help lists. United Way and the Cumming Post Office teamed up for the Letter Carriers Food Drive in May. Approximately 36,000 lbs of non-perishable food items were distributed to local food pantries. United Way facilitated a collection of school supplies for distribution through the Stuff the Bus effort. Over 17,000 items were collected and approximately 1,700 children and youth benefited from the effort. School supplies were distributed through The Place, Family Haven and Forsyth County School Social Workers. The Holiday Giving Tree efforts provided 2,100 children with gifts.

United Way hosted the hospitality Suite at the 10th Annual Senior Expo, by far the largest event for seniors in the county. We participated in the FCS Federal Title One Advisory Committee as well as the Parent Engagement Program at Little Mill Middle School. We continued to work on the transition committee to look at services to adults with developmental disabilities who transition out of the public school system. We implemented efforts to transport 11 young adults with special needs to and from employment at three job sites. We facilitated community conversations on food insecurity needs as well as worked on the logistics for the 2013 homeless count for Forsyth County. We distributed Born Learning materials through SAFFT, Little Mill Middle School's parent Night and the Hill Center.

Resource Development/Image Committee Highlights

2012 Campaign results (raised in fall of 2011 and distributed in 2012) - \$1,760,996 was pledged. The Dawson County campaign raised \$77,685 in pledges. UPS continues to be the largest campaign, followed by Publix SuperMarkets, PCL Construction and Forsyth County Public Schools.

The 10th Annual Day of Caring event was held in conjunction with the campaign kick-off. Over 450 volunteers participated at 25 different locations throughout the county.

The Flavors of Forsyth event was held for the second year with event sponsorships and attendance continuing to approve.

Internal Operations Highlights

United Way's search for a new home was accomplished. It was felt that funds being held as a result of a bequest to the United Way back in 2006 would be suited for this purpose. A search of property began in early 2012 and the purchase was made in May, 2012. It is important to note that there were no donor dollars used to purchase the building.

Strategic planning continued through 2012. New board members and new community investment members had orientation before year-end in time for beginning their terms in 2013.

We were pleased to have participated in a community survey of assets which resulted in receiving an award for "100 Best Communities for Young People" facilitated by America's Promise.

OUR MISSION: To improve lives in our communities by mobilizing the caring power and spirit of our citizens.

We are proud to serve and work for the counties of Forsyth and Dawson.

TO ACCOMPLISH OUR MISSION, OUR OVERALL STRATEGIC OBJECTIVE FOR THE NEXT FIVE YEARS WILL BE TO:

CONTINUE TO FULFILL OUR FIDUCIARY RESPONSIBILITIES WHILE TRANSITIONING FROM A FUNDRAISING ORGANIZATION WHICH SUPPORTS SPECIFIC AGENCIES TO A COMMUNITY-FOCUSED ORGANIZATION WHICH BRINGS PEOPLE, BUSINESSES, AND ORGANIZATIONS TOGETHER TO EMBRACE A SHARED COMMUNITY VISION.

