

Form **990**

**Return of Organization Exempt From Income Tax**

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

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A** For the 2013 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED WAY OF FORSYTH COUNTY, INC. Doing Business As		<b>D</b> Employer identification number 58-1925396
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1350	<b>E</b> Telephone number 770-781-4110	
	City or town, state or province, country, and ZIP or foreign postal code CUMMING, GA 30028-1350		<b>G</b> Gross receipts \$ 1,811,121.
	<b>F</b> Name and address of principal officer: RUTH M. GOODE SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW.UNITEDWAYFORSYTH.COM			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1990 <b>M</b> State of legal domicile: GA

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ENRICH LIVES IN FORSYTH & DAWSON COUNTIES BY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,687,818.	Current Year 1,704,972.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,389.	3,625.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,032.	42,852.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,706,239.	1,751,449.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,245,108.	1,232,523.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	233,974.	253,489.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	151,283.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	236,782.	192,414.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,715,864.	1,678,426.
19	Revenue less expenses. Subtract line 18 from line 12	-9,625.	73,023.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year 3,303,510.	End of Year 3,337,447.
	21	Total liabilities (Part X, line 26)	292,181.	253,095.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,011,329.	3,084,352.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer RUTH M. GOODE, EXECUTIVE DIRECTOR Type or print name and title	Date		
	Print/Type preparer's name KAREN C. THURMAN	Preparer's signature <i>Karen C Thurman</i>	Date 10/19/14	Check <input type="checkbox"/> if self-employed PTIN P00038718
<b>Paid Preparer Use Only</b>	Firm's name FRAZIER & DEETER, L.L.C.	Firm's EIN 58-1433845	Firm's address 600 PEACHTREE STREET, SUITE 1900 ATLANTA, GA 30308	Phone no. (404) 253-7500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE 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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ 1,369,513. including grants of \$ 1,232,523. ) (Revenue \$ ) STATEMENT ATTACHED

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,369,513.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	23													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		23												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **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.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, 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 or note to any line in this Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BURTON BLACKMAR TREASURER	5.00	X		X				0.	0.	0.
(2) RUBEN BOLING DIRECTOR	1.00	X						0.	0.	0.
(3) JULIE BRENNAN DIRECTOR	1.00	X						0.	0.	0.
(4) ERIC CALDWELL MEMBER AT LARGE	1.00	X						0.	0.	0.
(5) BRAD COLLINS DIRECTOR	1.00	X						0.	0.	0.
(6) JAIRO DE JESUS DIRECTOR	1.00	X						0.	0.	0.
(7) ROBERT FUNK VP, PRESIDENT-ELECT	5.00	X		X				0.	0.	0.
(8) CURRY GARVAL DIRECTOR	1.00	X						0.	0.	0.
(9) SANDY HAMILTON DIRECTOR	1.00	X						0.	0.	0.
(10) SARA HARRISON DIRECTOR	1.00	X						0.	0.	0.
(11) LUKE HAYMOND DIRECTOR, PAST PRESIDENT	1.00	X						0.	0.	0.
(12) LINDA LANG PRESIDENT	10.00	X		X				0.	0.	0.
(13) SIBYLLE MAIR DIRECTOR	1.00	X						0.	0.	0.
(14) MATT MCCLURE VP, COMMUNITY IMPACT	5.00	X		X				0.	0.	0.
(15) HEATHER MOSELEY DIRECTOR	1.00	X						0.	0.	0.
(16) ALLEN PELAYO DIRECTOR	1.00	X						0.	0.	0.
(17) EVAN PROFETA VP, COMMUNITY INVESTMENT	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) TAMMY RODRIGUEZ SECRETARY	5.00	X		X				0.	0.	0.
(19) PEGGY SAUNDERS DIRECTOR	1.00	X						0.	0.	0.
(20) BRIAN TAM DIRECTOR	1.00	X						0.	0.	0.
(21) JAIME TAVENIER DIRECTOR	1.00	X						0.	0.	0.
(22) SARAH TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(23) RUTH GOODE EXECUTIVE DIRECTOR	40.00			X				64,200.	0.	0.
<b>1b Sub-total</b> .....								64,200.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								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 or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 1,619,168.				
	b Membership dues	1b				
	c Fundraising events	1c 43,640.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 42,164.				
	g Noncash contributions included in lines 1a-1f: \$	35,000.				
	<b>h Total. Add lines 1a-1f</b>	<b>1,704,972.</b>				
Program Service Revenue	2 a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,625.		3,625.	
	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 \$ 43,640. of contributions reported on line 1c). See Part IV, line 18	a 102,524.				
	b Less: direct expenses	b 59,672.				
c Net income or (loss) from fundraising events		42,852.		42,852.		
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						
<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions.</b>		<b>1,751,449.</b>	<b>0.</b>	<b>0.</b>	<b>46,477.</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,232,523.	1,232,523.		
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.	34,695.	15,078.	14,427.
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	156,151.	84,387.	36,673.	35,091.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	16,260.	8,787.	3,819.	3,654.
10 Payroll taxes	16,878.	9,121.	3,964.	3,793.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,350.		16,350.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	59,439.			59,439.
12 Advertising and promotion	30,552.		19,585.	10,967.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	25,580.		12,790.	12,790.
17 Travel	988.		988.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,900.		4,900.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,244.		11,122.	11,122.
23 Insurance	13,539.		13,539.	
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 UNITED WAY AFFILIATION	17,113.		17,113.	
b TAXES & LICENSES	1,709.		1,709.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,678,426.	1,369,513.	157,630.	151,283.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	0.	1	2,940.
	2	Savings and temporary cash investments .....	1,092,191.	2	1,008,378.
	3	Pledges and grants receivable, net .....	1,488,293.	3	1,559,821.
	4	Accounts receivable, net .....		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	79.	9	79.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 832,569.		
	b	Less: accumulated depreciation .....	10b 66,340.	722,947.	10c 766,229.
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....		12	
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		3,303,510.	16 3,337,447.	
Liabilities	17	Accounts payable and accrued expenses .....	53,241.	17	2,155.
	18	Grants payable .....		18	
	19	Deferred revenue .....		19	
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	238,940.	25	250,940.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	292,181.	26	253,095.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27		Unrestricted net assets .....	1,272,987.	27	1,362,660.
28		Temporarily restricted net assets .....	1,738,342.	28	1,721,692.
29		Permanently restricted net assets .....		29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
30		Capital stock or trust principal, or current funds .....		30	
31		Paid-in or capital surplus, or land, building, or equipment fund .....		31	
32		Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....		3,011,329.	33 3,084,352.	
34	<b>Total liabilities and net assets/fund balances</b> .....		3,303,510.	34 3,337,447.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,751,449.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,678,426.
3	Revenue less expenses. Subtract line 2 from line 1	3	73,023.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,011,329.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,084,352.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input 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 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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
(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? <span style="float: right;">11g(i)</span>		
(ii) A family member of a person described in (i) above? <span style="float: right;">11g(ii)</span>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <span style="float: right;">11g(iii)</span>		
- 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	
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1350020.	1318900.	1651682.	1687818.	1704972.	7713392.
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 <b>Total.</b> Add lines 1 through 3 .....	1350020.	1318900.	1651682.	1687818.	1704972.	7713392.
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) .....						780,674.
6 <b>Public support.</b> Subtract line 5 from line 4.						6932718.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	1350020.	1318900.	1651682.	1687818.	1704972.	7713392.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	45,366.	25,027.	13,273.	5,389.	3,625.	92,680.
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.) .....	78,812.	143,765.	110,022.	71,062.	102,524.	506,185.
11 <b>Total support.</b> Add lines 7 through 10						8312257.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> 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 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	83.40	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	84.69	%
16a <b>33 1/3% support test - 2013.</b> 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 <b>33 1/3% support test - 2012.</b> 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 <b>10% -facts-and-circumstances test - 2013.</b> 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 <b>10% -facts-and-circumstances test - 2012.</b> 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 <b>Private foundation.</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 .....	18	%

- 19a **33 1/3% support tests - 2013.** 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 - 2012.** 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 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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**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).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space
- 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.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 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.

**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.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) 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.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		130,000.		130,000.
b Buildings		630,216.	26,266.	603,950.
c Leasehold improvements				
d Equipment		70,864.	40,074.	30,790.
e Other		1,489.		1,489.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				766,229.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATIONS PAYABLE	250,940.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	250,940.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,811,121.
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	59,672.	
	e Add lines 2a through 2d	2e		59,672.
3	Subtract line 2e from line 1		3	1,751,449.
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	1,751,449.

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

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

1	Total expenses and losses per audited financial statements		1	1,738,098.
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	59,672.	
	e Add lines 2a through 2d	2e		59,672.
3	Subtract line 2e from line 1		3	1,678,426.
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	1,678,426.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

EXPLANATION: THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). THE INTERNAL REVENUE SERVICE HAS DETERMINED THE ORGANIZATION IS NOT A PRIVATE FOUNDATION AS DEFINED BY 509(A)(1) OF THE IRC. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITY, BASED ON THE TECHNICAL MERITS OF THE POSITION. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS DATE BACK TO THE YEAR ENDED DECEMBER 31, 2010. AS OF DECEMBER 31, 2013, THERE ARE NO KNOWN ITEMS WHICH WOULD RESULT IN A MATERIAL ACCRUAL RELATED TO WHERE THE ORGANIZATION HAS FEDERAL OR STATE

Part XIII Supplemental Information (continued)

ATTRIBUTABLE TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS - DIRECT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS - DIRECT EXPENSES

SCH D, PART X, LINE 2:

EXPLANATION: THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC).

THE INTERNAL REVENUE SERVICE HAS DETERMINED THE ORGANIZATION IS NOT A PRIVATE FOUNDATION AS DEFINED BY 509(A)(1) OF THE IRC. THE ORGANIZATION

RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON

EXAMINATION BY THE TAXING AUTHORITY, BASED ON THE TECHNICAL MERITS OF THE POSITION. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX

JURISDICTIONS DATE BACK TO THE YEAR ENDED DECEMBER 31, 2010. AS OF DECEMBER 31, 2013, THERE ARE NO KNOWN ITEMS WHICH WOULD RESULT IN A

MATERIAL ACCRUAL RELATED TO WHERE THE ORGANIZATION HAS FEDERAL OR STATE ATTRIBUTABLE TAX POSITIONS.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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			
<b>Total</b> .....				▶		

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	43,650.	34,790.	30,985.	109,425.
	2	Less: Contributions	23,000.		20,640.	43,640.
	3	Gross income (line 1 minus line 2)	20,650.	34,790.	10,345.	65,785.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	42,162.		5,789.	47,951.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				47,951.
	11	Net gaming summary. Subtract line 10 from line 3, column (d)				17,834.

**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))	
Revenue	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. Subtract line 7 from line 1, column (d)				

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
- 13 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. 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).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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

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

**PART I, LINE 2:**

**EXPLANATION: 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**



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 ▶ ( <u>BILLBOARD USE</u> )	X	1	35,000.	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**

	Yes	No
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? .....		X
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? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
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.		

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

Schedule M (Form 990) (2013)



SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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:

EXPLANATION: THE FORM 990 IS PREPARED BY AN OUTSIDE CPA FIRM, FRAZIER & DEETER, LLC. THE EXECUTIVE COMMITTEE OF THE ORGANIZATION PERFORM A DETAILED REVIEW OF THE FORM 990 AND ATTACHMENTS. THE 990 IS MADE AVAILABLE ELECTRONICALLY TO THE REMAINDER OF THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING.

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

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: THE ORGANIZATION MAINTAINS ITS FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS IN PERMANENT

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

58-1925396

FILES WHICH ARE READILY AVAILABLE TO THE PUBLIC UPON REQUEST.

Multiple horizontal lines for listing files available to the public upon request.

UNITED WAY OF FORSYTH COUNTY, INC.  
 EIN: 58-1925396  
 2013 FORM 990, PART III, Line 4a

Part III - Statement of Program Service Accomplishments

		<u>EXPENSES</u>
		143,782
a)	<p><b>The Place of Forsyth County</b>            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. 32,080 clients were served in 2013            (Grants and allocations \$129,400 )</p>	
b)	<p><b>Georgia Highlands Medical Services</b>            Provides comprehensive primary health care to residents of the community. Other services include obstetrics care, mammography, or prostate screenings regardless of the patients 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. 8,083 Forsyth residents were served in 2013.            (Grants and allocations \$120,000 )</p>	133,338
c)	<p><b>Northeast Georgia Boy Scouts of America/Northeast Georgia Girl Scout Council</b>            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. 6,853 boys and girls were served in Forsyth and Dawson Counties in 2013.            (Grants and allocations \$116,525 )</p>	129,476
d)	<p><b>Literacy Forsyth/R.E.A.D.</b>            Provides adult continuing education opportunities to the residents of Forsyth &amp; Dawson Counties. Will help residents obtain their GED as well as provide learning for ELL. Served 1,243 Forsyth residents and 973 Dawson residents in 2013            (Grants and allocations \$82,200 )</p>	91,336
e)	<p><b>Forsyth County Family Haven</b>            Serves victims of domestic violence by providing temporary shelter and support services to abused men, women and children. Also provides support groups, counseling, a 24-hour hotline, and prevention education. Promotes self-sufficient families and ensures safety in crisis. Served 537 Forsyth County residents in 2013.            (Grants and allocations \$76,300 )</p>	84,780
f)	<p><b>Court Appointed Special Advocates</b>            Provides highly trained and supervised volunteers who advocate on behalf of the best interest of abused and neglected children involved in court deprivation proceedings. Fosters positive youth development. 218 Forsyth County residents and 99 Dawson County residents were served in 2013.            (Grants and allocations \$75,775 )</p>	84,197
g)	<p><b>Children's Center for Hope &amp; Healing</b>            Provides family treatment for child victims of sexual abuse, as well as prevention education. Also provides services for adult women who are survivors of abuse. They served 417 clients in Forsyth County and 61 clients in Dawson County in 2013.            (Grants and allocations \$54,600 )</p>	60,670
h)	<p><b>Challenged Child &amp; Friends</b>            Provides therapeutic, educational, health, and family support services for pre-schoolers with special needs and their typical peers. Promotes positive youth development for children with special needs. Served 13 Forsyth County residents and 2 Dawson County residents in 2013.            (Grants and allocations \$53,625 )</p>	59,585



i) <b>Mentor Me North Georgia</b>		58,891
Provides successful mentoring relationships for all children who need and want them. Provides tutoring and other supportive activities as well. In 2013, they served 413 children & youth.		
	(Grants and allocations	\$53,000 )
j) <b>Jesse's House</b>		58,696
Provides emergency shelter for at-risk female youth ages 7-17, meeting their physical, mental and emotional needs. Provides supportive services such as clothing, tutoring, and life skills as part of the program. In 2013, they served 25 youth from Forsyth County.		
	(Grants and allocations	\$52,825 )
k) <b>Forsyth County Public Schools - Credit Recovery Program</b>		48,069
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. In 2013, there were 300 students served.		
	(Grants and allocations	\$43,261 )
l) <b>Northeast Georgia Chapter, American Red Cross</b>		43,321
Provides disaster relief, CPR & first aid training, blood services, aid to military families, and health & safety education. Ensures crisis/emergency help when needed. 351 Forsyth County residents and 71 Dawson County residents were served in 2013.		
	(Grants and allocations	\$38,988 )
m) <b>Forsyth County Child Advocacy Center</b>		31,089
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 255 children in 2013.		
	(Grants and allocations	\$27,979 )
n) <b>Bald Ridge Lodge</b>		29,459
Provides emergency shelter for at-risk male youth. Provides tutoring, and activities, meets physical, mental and emotional needs and watchful oversight. 27 boys were served in 2013.		
	(Grants and allocations	\$26,512 )
o) <b>Other Forsyth &amp; Dawson County Agencies</b>		312,824
	(Grants and allocations	\$281,533 )
<b>TOTAL</b>		
		<u>\$1,232,523</u>
		<u>\$1,369,513</u>

**UNITED WAY OF FORSYTH COUNTY, INC.**  
**EIN: 58-1925396**  
**FORM 990, SCH I, PART II, LINE 1**

<b>NAME OF ORGANIZATION</b>	<b>AMOUNT OF CASHGRANT</b>
The Place	\$129,400.00
Georgia Highlands Medical Center	\$120,000.00
Literacy Programs: READ & Literacy Forsyth	\$82,200.00
Forsyth County Family Haven	\$76,300.00
CASA	\$75,775.00
Boy Scouts	\$75,375.00
Bus Program	\$58,725.04
Children's Center for Hope & Healing	\$54,600.00
Challenged Child & Friends	\$53,625.00
Mentor Me - North Georgia	\$53,000.00
Jesse's House	\$52,825.00
Credit Recovery	\$43,260.51
Girl Scouts	\$41,150.00
American Red Cross	\$38,987.50
Outside Designations	\$34,277.64
Child Advocacy Center	\$27,978.99
Bald Ridge Lodge	\$26,511.82
4-H	\$13,775.00
Forsyth County Schools	\$13,409.95
Outreach, Inc.	\$12,500.00
Focus on Forsyth: <i>a YMCA Partnership</i>	\$12,049.00
NOA	\$12,025.00
Lanier Technical College	\$11,615.65
DC Family Assistance (St. Vincent dePaul)	\$11,250.00
Next Generation Youth Development, Inc.	\$11,025.00
Avita Community Partners	\$10,032.72
Agewell Forsyth	\$10,000.00
DC Family Connection	\$9,275.00
Next Generation Focus	\$9,200.00
2-1-1	\$7,517.55
ABBA House	\$6,000.00
Girls on the Run Forsyth	\$6,000.00
Forsyth County Juvenile Court	\$5,801.00
<b>TOTAL</b>	<b><u>\$1,205,467.37</u></b>

United Way of Forsyth County  
EIN: 58-1925396  
2013 FORM 990  
2013 - 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% decrease 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 a tough economy has proven our board is always mindful of its responsibility for the well-being of the organization. We had approximately 5,600 donors to our campaign. Ninety percent of our pledges come from employees of corporations and corporate gifts. The other 10% 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; "Chart your Future", "From Vision to Viability" and "Understanding the Affordable Care Act". Our goal is to build the capacity of nonprofits in the community and encourage their success.

In 2013, United Way of Forsyth County invested \$1,273,431 in over 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 giving hope. 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 (9%)  
Promoting Self-Sufficiency/Strengthening Families and Seniors (23%)  
Therapeutic Services for At-Risk Children & Youth (19%)

Promoting Community Health, Safety, Leadership, Information & Referral Nonprofit Education (15%)  
Services for Citizens with Special Needs (10%)  
Strength-Based Support Services for Children & Youth (21%)  
Miscellaneous designations outside our county (3%)

We collaborated with the Forsyth County School nurses and the volunteer efforts of local dentists to provide approximately 65 at-risk students with free dental services, including screenings, x-rays and cleanings.

In July, 2013 our United Way changed the discount prescription card distribution from FamilyWize to Coast to Coast Prescription Cards. This prescription card program helps those without insurance save on prescription costs.

Referrals to 2-1-1 totaled 1,266. Utility assistance accounted for 11.45% of the calls, mortgage/rent payment assistance accounted for 12.24% and 12.88% of the calls were for food. The Community Helplist distribution was 6,000 English Help lists and 1,500 Spanish Help lists. United Way and the Cumming Post Office teamed up for the Letter Carriers Food Drive in May. Approximately 42,000lbs 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 48,000 items were collected and approximately 4,800 children and youth benefited from the effort. School supplies were distributed through The Place, Forsyth County School Social Workers and other local agencies.

United Way hosted the hospitality Suite at the 11th 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 Morning Tutoring Program at Little Mill Middle School. United Way hosted a VITA Free Tax Preparation Site at our office. 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. In May, we purchased a five passenger, wheelchair accessible van to continue our efforts to transport 11 young adults with special needs to and from employment at six Forsyth County job sites six days per week. We worked with Voc Rehab to be a source of transportation for their clients as needed. United Way helped to facilitate the 2013 Homeless Count in Forsyth County by collaborating with Ninth District Opportunity, local churches, area nonprofits and Forsyth County Schools. We worked with local churches, businesses and nonprofits to collect food for MSG Foundation's Summer Feeding Program. We also facilitated two community meetings between local food pantries/programs and the Georgia Mountain Food Bank to establish a process for food delivery in Forsyth County

United Way collaborated with Mountain Lake Church and Outreach, Inc. to establish a local food packaging event. During this event, 60,000 meals were packaged by over 300 church volunteers and distributed to local food pantries and programs. Through United Way's 11<sup>th</sup> Annual Day of Caring, another 50,000 meals were packaged by approximately 350 local volunteers. 46,000 meals were distributed to 8 local food pantries and programs while the remaining 4,000 meals were shipped internationally to Tanzania. An additional 180 volunteers participated in 13 project at 8 locations throughout the County.

#### Resource Development/Image Committee Highlights

2013 Campaign results (raised in fall of 2012 and distributed in 2013) - \$1,741,445 was pledged. The Dawson County campaign raised \$65,775 in pledges. UPS continues to be the

largest campaign, followed by Publix Super Markets, PCL Industrial Construction, Macy's, Northside Hospital and Forsyth County Public Schools.

The Flavors of Forsyth event was held for the fourth year with 22 restaurants, 14 artists and approximately 5,000 people in attendance.

#### 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. In January, 2013, after some renovations including a community meeting room, United Way finally moved into their new home and held our Open House on October 1<sup>st</sup>. In June we started allowing local nonprofits to have meetings and events in our community meeting room. From June through December, almost 900 people have walked through the United Way office to attend these meetings and events.

Strategic planning continued through 2013. New board members and new community investment members had orientation before year-end in time for beginning their terms in 2014.

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 THREE 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. AN ADDITIONAL INTERNAL GOAL IS TO BECOME THE HIGHEST PERFORMING ORGANIZATION WE CAN BE!

