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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2011Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**UNITED WAY OF FORSYTH COUNTY, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

P. O. BOX 1350

Room/suite

City or town, state or country, and ZIP + 4

CUMMING, GA 30028-1350**F** Name and address of principal officer: **RUTH M. GOODE****SAME AS C ABOVE****D** Employer identification number**58-1925396****E** Telephone number**770-781-4110****G** Gross receipts \$**1,893,531.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.UNITEDWAYFORSYTH.COM****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1990** **M** State of legal domicile: **GA****Part I Summary**

Activities & Governance	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	14
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,628,674.	1,759,476.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,027.	16,813.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,800.	58,531.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,657,501.	1,834,820.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,184,824.
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)	207,866.	224,913.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b		Total fundraising expenses (Part IX, column (D), line 25)	135,612.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	162,654.	162,986.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,555,344.	1,649,982.	
19	Revenue less expenses. Subtract line 18 from line 12	102,157.	184,838.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,050,891.	3,244,088.
	21	Total liabilities (Part X, line 26)	272,805.	281,164.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,778,086.	2,962,924.

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.

Signature of officer: **Ruth M. Goode** Date: **10/23/12**
RUTH M. GOODE, EXECUTIVE DIRECTOR
 Type or print name and title

Print/Type preparer's name: **WILLA P. BROWNLEE** Preparer's signature: **Willa P. Brownlee** Date: **10/5/12** Check ☐ if self-employed PTIN: **P00746452**
 Firm's name: **CARR, RIGGS & INGRAM, LLC** Firm's EIN: **72-1396621**
 Firm's address: **4360 CHAMBLEE DUNWOODY RD., SUITE 420 ATLANTA, GA 30341** Phone no.: **770-457-6606**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

132001 01-23-12

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

SCANNED NOV 28 2012

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission

THE MISSION OF UNITED WAY OF FORSYTH COUNTY IS TO IMPROVE LIVES IN FORSYTH AND DAWSON COUNTIES BY MOBILIZING THE CARING POWER AND SPIRIT OF OUR CITIZENS.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,387,061. including grants of \$ 1,262,083.) (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 **1,387,061.**

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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, 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, XII, and XIII</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, XII, and XIII 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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?		

Form 990 (2011)

Part IV Checklist of Required Schedules (continued)

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

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

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

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

Form 990 (2011)

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	23	
b Enter the number of voting members included in line 1a, above, who are independent	14	
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)

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **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

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
407 EAST MAPLE STREET, SUITE 112, CUMMING, GA 30040

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(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) GEORGE ARGUELLES DIRECTOR	1.00	X						0.	0.	0.
(2) LISA BENNETT DIRECTOR	1.00	X						0.	0.	0.
(3) CRIS BURGUM MEMBER AT-LARGE	1.00	X						0.	0.	0.
(4) LINDA COLE DIRECTOR	1.00	X						0.	0.	0.
(5) MARY JAYNE DERDERIAN DIRECTOR	1.00	X						0.	0.	0.
(6) SANDY HAMILTON DIRECTOR	1.00	X						0.	0.	0.
(7) SHELLEY JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(8) JASON LILLIS DIRECTOR	1.00	X						0.	0.	0.
(9) MATT MCCLURE DIRECTOR	5.00	X						0.	0.	0.
(10) LAUREN MCDONALD, III DIRECTOR	1.00	X						0.	0.	0.
(11) ALLEN PELAYO DIRECTOR	1.00	X						0.	0.	0.
(12) EVAN PROFETA DIRECTOR	1.00	X						0.	0.	0.
(13) SKIP PUTNAM PAST PRESIDENT	10.00	X						0.	0.	0.
(14) TAYLOR RICE DIRECTOR	1.00	X						0.	0.	0.
(15) TAMMY RODRIGUEZ DIRECTOR	1.00	X						0.	0.	0.
(16) DEBBIE RONDEM DIRECTOR	1.00	X						0.	0.	0.
(17) RUTH M. GOODE EXECUTIVE DIRECTOR	40.00			X				62,700.	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 (describe hours for related organizations in Schedule O)	(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) BERT DURAND TREASURER	1.00			X				0.	0.	0.
(19) ROBERT FUNK VP, COMMUNITY INVESTMENT	5.00			X				0.	0.	0.
(20) LUKE HAYMOND PRESIDENT-ELECT	5.00			X				0.	0.	0.
(21) LINDA LANG VP, COMMUNITY INVESTMENT	5.00			X				0.	0.	0.
(22) PENNY PENN PRESIDENT	5.00			X				0.	0.	0.
(23) MICHELE SANSENBACH SECRETARY	1.00			X				0.	0.	0.
(24) TAMMY SLAUGHTER VP, COMMUNITY IMPACT	1.00			X				0.	0.	0.
1b Sub-total								62,700.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								62,700.	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**

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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(A) 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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	1,657,159.			
	b	Membership dues	1b				
	c	Fundraising events	1c	24,850.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	77,467.			
	g	Noncash contributions included in lines 1a-1f \$		42,000.			
	h	Total. Add lines 1a-1f		1,759,476.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,813.			16,813.
	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 \$ 24,850. of contributions reported on line 1c) See Part IV, line 18	a	117,242.			
	b	Less: direct expenses	b	58,711.			
	c	Net income or (loss) from fundraising events		58,531.			58,531.
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		1,834,820.	0.	0.	75,344.	

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) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,262,083.	1,262,083.		
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	62,700.	31,350.	15,675.	15,675.
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	146,562.	73,281.	36,641.	36,640.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,651.	7,825.	3,913.	3,913.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,209.		14,209.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	57,219.			57,219.
13 Office expenses	7,455.		5,591.	1,864.
14 Information technology				
15 Royalties				
16 Occupancy	18,840.		9,420.	9,420.
17 Travel	850.		850.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,213.		5,213.	
20 Interest				
21 Payments to affiliates	17,085.		17,085.	
22 Depreciation, depletion, and amortization	3,012.		1,506.	1,506.
23 Insurance	4,232.		4,232.	
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 OTHER PROGRAM SERVICES	12,522.	12,522.		
b UTILITIES & TELEPHONE	7,092.		3,546.	3,546.
c PRINTING & PUBLICATIONS	3,432.			3,432.
d POSTAGE	3,196.		799.	2,397.
e All other expenses	8,629.		8,629.	
25 Total functional expenses. Add lines 1 through 24e	1,649,982.	1,387,061.	127,309.	135,612.
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,595,248.	2	1,667,457.
	3 Pledges and grants receivable, net	1,446,411.	3	1,570,409.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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 instructions)		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 37,461.		
	b Less: accumulated depreciation	10b 31,318.	10c 9,153.	6,143.
	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 Total assets. Add lines 1 through 15 (must equal line 34)	3,050,891.	16	3,244,088.	
Liabilities	17 Accounts payable and accrued expenses	28.	17	24,534.
	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 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	272,777.	25	256,630.
	26 Total liabilities. Add lines 17 through 25	272,805.	26	281,164.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,069,601.	27	1,135,885.
	28 Temporarily restricted net assets	1,708,485.	28	1,827,039.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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 Total net assets or fund balances	2,778,086.	33	2,962,924.
	34 Total liabilities and net assets/fund balances	3,050,891.	34	3,244,088.

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,834,820.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,649,982.
3	Revenue less expenses Subtract line 2 from line 1	3	184,838.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,778,086.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,962,924.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?
- b Were the organization's financial statements audited by an independent accountant?
- c 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
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2011)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Open to Public Inspection

UNITED WAY OF FORSYTH COUNTY, INC.

58-1925396

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1751153.	1609214.	1350020.	1318900.	1651682.	7680969.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1751153.	1609214.	1350020.	1318900.	1651682.	7680969.
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)						1063018.
6 Public support. Subtract line 5 from line 4						6617951.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1751153.	1609214.	1350020.	1318900.	1651682.	7680969.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,142.	65,141.	45,366.	25,027.	13,273.	206,949.
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)	17,663.	31,528.	78,812.	143,765.	110,022.	381,790.
11 Total support. Add lines 7 through 10						8269708.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	80.03 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	82.42 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. 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. ▶ See separate instructions.

OMB No 1545-0047

2011Open 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

9 In Part XIV, 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 XIV, 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 XIV.

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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

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

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

b If "Yes," explain the arrangement in Part XIV

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:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		37,461.	31,318.	6,143.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 6,143.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. 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)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATIONS PAYABLE	256,630.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

256,630.

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,834,820.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,649,982.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	184,838.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	184,838.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,893,531.
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 XIV.)	2d	58,711.
e	Add lines 2a through 2d	2e	58,711.
3	Subtract line 2e from line 1	3	1,834,820.
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 XIV.)	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	1,834,820.

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

1	Total expenses and losses per audited financial statements	1	1,708,693.
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 XIV.)	2d	58,711.
e	Add lines 2a through 2d	2e	58,711.
3	Subtract line 2e from line 1	3	1,649,982.
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 XIV.)	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	1,649,982.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

ANY MATERIAL UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2011; HOWEVER, THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2010, 2009 AND 2008 ARE STILL SUBJECT TO EXAMINATION BY RELEVANT TAXING AUTHORITIES.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS-DIRECT EXPENSES

58,715.

Schedule D (Form 990) 2011

Part XIV Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 2D 58,711.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS-DIRECT EXPENSES 58,715.

ROUNDING -4.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 58,711.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
58-1925396

Part I

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

Total

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NORMAN'S LANDING GOLF (event type)	UPS GOLF TOURNAMENT (event type)	4 (total number)	
Revenue	1 Gross receipts	10,000.	23,568.	108,524.	142,092.
	2 Less: Charitable contributions	0.		24,850.	24,850.
	3 Gross income (line 1 minus line 2)	10,000.	23,568.	83,674.	117,242.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	250.	1,326.	57,135.	58,711.
	10 Direct expense summary: Add lines 4 through 9 in column (d)				(58,711)
	11 Net income summary: Combine line 3, column (d), and line 10				58,531.

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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary: Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary: Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 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.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

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

► Attach to Form 990.

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
58-1925396

Part I	General Information on Grants and Assistance
---------------	---

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHEDULE ATTACHED			1,262,083.	0.			SEE ATTACHED SCHEDULE.

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

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

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

Schedule I (Form 990) (2011)

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

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

Part IV Supplemental Information

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

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
58-1925396

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

[illegible]

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

▶ \$ _____
 ▶ \$ _____

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

[illegible]

Total ▶ \$

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

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

(A) NAME OF PERSON: TAYLOR RICE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

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

(D) DESCRIPTION OF TRANSACTION: SEE PART V - PART OWNER OF THE OFFICE SPACE THAT THE ORGANIZATION HAS LEASED SINCE 2007. HE BECAME A BOARD MEMBER IN 2010.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

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 ► (BILLBOARD USE)	X	1	42,000.	FAIR MARKET VALUE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
58-1925396

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MOBILIZING THE CARING POWER & SPIRIT OF OUR CITIZENS.

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

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

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

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

PART XII, LINE 2C

THE ORGANIZATION'S PROCESS FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED
FOR 2011.

UNITED WAY OF FORSYTH COUNTY, INC.
58-1925396
FORM 990 12/31/11

Part III - Statement of Program Service Accomplishments

a)	<p>The Place of Forsyth County</p> <p>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. 7,439 clients were served in 2011.</p> <p>(Grants and allocations) \$130,750)</p>	143,698
b)	<p>Georgia Highlands Medical Services</p> <p>Provides comprehensive primary health care to residents of the community. Other services include obstetrics care, mammography, or prostate surgery. (Grants and allocations) ability to pay. They ensure health services are available to all residents. This also includes a pharmacy program that is stocked with samples to provide medication to patients unable to purchase it at cost. 8,589 Forsyth residents were served in 2011.</p> <p>(Grants and allocations) \$120,000)</p>	131,883
c)	<p>Northeast Georgia Boy Scouts of America/Northeast Georgia Girl Scout Council</p> <p>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. 5,143 boys and girls were served in Forsyth and Dawson Counties in 2011.</p> <p>(Grants and allocations) \$106,888)</p>	117,473
d)	<p>Literacy Forsyth/REA D.</p> <p>Provides adult continuing education opportunities to the residents of Forsyth & Dawson Counties. Will help residents obtain their GED as well as provide learning for ELL. Served 867 Forsyth residents and 1041 Dawson residents in 2011.</p> <p>(Grants and allocations) \$80,781)</p>	88,780
e)	<p>Forsyth County Family Haven</p> <p>Serves victims of domestic violence by providing temporary shelter and support services to abused men, women and children. Also provides (Grants and allocations) hotline, and prevention education. Promotes self-sufficient families and ensures safety in crisis. Served 561 Forsyth County residents in 2011.</p> <p>(Grants and allocations) \$93,750)</p>	103,034
f)	<p>Court Appointed Special Advocates</p> <p>Provides highly trained and supervised volunteers who advocate on behalf of the best interest of abused and neglected children involved in court. (Grants and allocations) positive youth development. 191 Forsyth County residents and 99 Dawson County residents were served in 2011.</p> <p>(Grants and allocations) \$62,595)</p>	68,793
g)	<p>Challenged Child & Friends</p> <p>Provides therapeutic, educational, health, and family support services for pre-schoolers with special needs and their typical peers. Provides (Grants and allocations) for children with special needs. Served 19 Forsyth County residents and 7 Dawson County residents in 2011.</p> <p>(Grants and allocations) \$53,888)</p>	59,224
h)	<p>Mentor Me North Georgia</p> <p>Provides successful mentoring relationships for all children who need and want them. Provides tutoring and other supportive activities as well. In 2011, they served 371 children & youth.</p> <p>(Grants and allocations) \$53,000)</p>	58,248
i)	<p>Jesse's House</p> <p>Provides emergency shelter for at-risk female youth ages 7-17, meeting their physical, mental and emotional needs. Provides supportive services. (Grants and allocations) as part of the program. In 2011, they served 29 youth from Forsyth County.</p> <p>(Grants and allocations) \$50,000)</p>	54,951
j)	<p>Children's Center for Hope & Healing</p> <p>Provides family treatment for child victims of sexual abuse, as well as prevention education. Also provides services for adult women who have been sexually abused. (Grants and allocations) they served 416 clients in Forsyth County and 45 clients in Dawson County in 2011.</p> <p>(Grants and allocations) \$52,137)</p>	57,300

k)	Northeast Georgia Chapter, American Red Cross		34,680
	Provides disaster relief, CPR & first aid training, blood services, aid to military families, and health & safety education Ensures crisis/emt (Grants and allocations		
	26 Forsyth County residents and 20 Dawson County residents were served in 2011		
	(Grants and allocations	\$31,555)	
l)	Forsyth County Child Advocacy Center		32,971
	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 89 children in 2011		
	(Grants and allocations	\$30,000)	
m)	Bald Ridge Boys Lodge		27,476
	Provides emergency shelter for at-risk male youth Provides tutoring, and activities, meets physical, mental and emotional needs and watchful oversight 43 boys were served in 2011		
	(Grants and allocations	\$25,000)	
n)	Other Forsyth & Dawson County Agencies		408,550
	See schedule - Part II, Line 22		
	(Grants and allocations	\$371,739)	
		<hr/>	<hr/>
		\$1,262,083	\$1,387,061



Grants & Allocations/Programs - 2011

The Place	\$130,750 00
Georgia Highlands Medical Center	\$120,000 00
Forsyth County Family Haven	\$93,750.00
Literacy Programs: READ & Literacy Forsyth	\$80,781 25
Credit Recovery	\$68,999 91
Boy Scouts	\$67,250.00
CASA	\$62,595.00
Challenged Child & Friends	\$53,887.50
Outside Designations	\$24,650.50
Mentor Me - North Georgia	\$53,000 00
Children's Center for Hope & Healing	\$52,137.50
Jesse's House	\$50,000 00
Girl Scouts	\$39,637.50
Focus on Forsyth - a YMCA Partnership	\$31,664.25
American Red Cross	\$31,555.04
St. Vincent de Paul	\$30,000 00
Child Advocacy Center	\$30,000.00
Forsyth County Schools:	\$26,281.35
Bald Ridge Boys Lodge	\$25,000 00
Avita Community Partners	\$13,660 08
4-H	\$13,425.00
DC Family Assistance (St. Vincent dePaul)	\$12,000.00
NOA	\$11,800.00
No Longer Bound	\$11,699.00
Dawson County Mentoring Program	\$11,031.25
Habitat for Humanity	\$10,000.00
Lanier Technical College	\$10,000.00
Holiday Giving Tree for Kids	\$10,000.00
DC Family Connection	\$8,575 00
2-1-1	\$7,726.26
Hope House	\$7,674.79
Forsyth County Disaster Unit	\$7,500.00
Forsyth County Drug Court	\$6,000.00
Girls on the Run Forsyth	\$6,000 00
Agewell Forsyth	\$5,901.24
Rape Response	\$5,400.00
Next Generation Focus	\$5,000.00
Forsyth County DUI Court	\$4,990.45
Youth Leadership	\$3,951.00
Born Learning	\$2,664 19
Direct Assistance	\$2,186.22
Wee Books	\$2,175.00
Senior Expo	\$2,033 30
Camp Cool Kids	\$2,000.00
NALC Food Drive	\$1,348.20
Cumming Civitan Club	\$1,200 00
Nonprofit Seminars	\$1,074 98
Forsyth County Juvenile Court	\$1,042.90
Shoebox Project	\$925 00
Stuff the Bus	\$485.74
NAMI	\$416.00
Committee for Transitional Services	\$213.88
Give Kids a Smile Day	\$43.55

TOTAL **\$1,262,082.83**

UNITED WAY OF FORSYTH COUNTY, INC. [21019]
Depreciation Expense

Federal

01/01/2011 - 12/31/2011

System No.	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus. / Inv. %	Sec. 179 / Bonus	Salvage / Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
COMPUTERS & SOFTWARE											
3	TERRY'S COMPUTER	5/21/1998	M / HY	5.0000	2,031.00	100.0000	0.00	0.00	2,031.00	0.00	2,031.00
4	TOP GIVER SOFTWARE	3/9/1999	SL / N/A	3.0000	4,513.00	100.0000	0.00	0.00	4,513.00	0.00	4,513.00
5	PLEDGE SOFTWARE	11/20/2003	SL / N/A	3.0000	4,750.00	100.0000	0.00	0.00	4,750.00	0.00	4,750.00
7	DELL COMPUTER - DIMEN	1/29/2006	M / HY	5.0000	826.05	100.0000	0.00	0.00	778.47	47.58	826.05
8	Dell Computer - Dimension	1/12/2007	M / HY	5.0000	1,067.85	100.0000	0.00	0.00	883.33	123.01	1,006.34
11	Dell Computer - Dimension	7/3/2007	M / HY	5.0000	566.02	100.0000	0.00	0.00	468.21	65.21	533.42
12	DELL INSPIRON 1525 PEN	6/2/2008	M / HY	5.0000	689.10	100.0000	0.00	0.00	589.87	39.69	629.56
13	Dell Inspiron 580	6/5/2010	M / HY	5.0000	592.78	100.0000	0.00	0.00	118.56	189.69	308.25
	Subtotal: COMPUTERS & SOFTWARE				15,035.80		0.00	0.00	14,132.44	465.18	14,597.62
	Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
	Net for: COMPUTERS & SOFTWARE				15,035.80		0.00	0.00	14,132.44	465.18	14,597.62
FURNITURE & FIXTURES											
1	BOARD ROOM/RECEPTION	10/21/1999	M / MQ	7.0000	7,122.00	100.0000	0.00	0.00	7,122.00	0.00	7,122.00
2	TRADE SHOW BOOTH	10/11/2000	M / MQ	7.0000	1,524.00	100.0000	0.00	0.00	1,524.00	0.00	1,524.00
6	Furniture & Fixtures	6/15/2005	SL / N/A	7.0000	2,223.03	100.0000	0.00	0.00	1,773.15	317.58	2,090.73
9	U Desk-Right Pedestal Reti	1/30/2007	M / HY	7.0000	2,453.51	100.0000	0.00	0.00	1,687.11	218.97	1,906.08
10	Safe	5/2/2007	M / HY	7.0000	1,410.03	100.0000	0.00	0.00	969.57	125.85	1,095.42
14	Desks (3)	6/5/2010	M / HY	7.0000	1,799.97	100.0000	0.00	0.00	257.14	440.81	697.95
15	Table	6/5/2010	M / HY	7.0000	259.99	100.0000	0.00	0.00	37.14	63.67	100.81
16	Office Chairs (6)	6/5/2010	M / HY	7.0000	659.94	100.0000	0.00	0.00	94.28	161.62	255.90
17	Breakroom Chairs (8)	6/5/2010	M / HY	7.0000	559.92	100.0000	0.00	0.00	79.99	137.12	217.11
18	Filing Cabinets (5)	6/5/2010	M / HY	7.0000	999.95	100.0000	0.00	0.00	142.85	244.89	387.74
19	Bookcases (4)	6/5/2010	M / HY	7.0000	479.96	100.0000	0.00	0.00	68.57	117.54	186.11
20	Credenza (2)	6/5/2010	M / HY	7.0000	2,932.20	100.0000	0.00	0.00	418.89	718.09	1,136.98
	Subtotal: FURNITURE & FIXTURES				22,424.50		0.00	0.00	14,174.69	2,546.14	16,720.83
	Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
	Net for: FURNITURE & FIXTURES				22,424.50		0.00	0.00	14,174.69	2,546.14	16,720.83
	Subtotal:				37,460.30		0.00	0.00	28,307.13	3,011.32	31,318.45
	Less dispositions and exchanges:				0.00		0.00	0.00	0.00	0.00	0.00
	Grand Totals:				37,460.30		0.00	0.00	28,307.13	3,011.32	31,318.45

Sorted: General - category

Federal

01/01/2011 - 12/31/2011

System No.	Asset Balances				Reductions					Net Book Value	
	Beginning Balance	Additions	Deletions	Ending Balance	Beg. Accum. Depreciation	Current Depreciation	Sec. 179/ Bonus	Other Reductions	Deletion Reductions		Total Reductions
COMPUTERS & SOFTWARE											
3	2,031.00	0.00	0.00	2,031.00	2,031.00	0.00	0.00	0.00	0.00	2,031.00	0.00
4	4,513.00	0.00	0.00	4,513.00	4,513.00	0.00	0.00	0.00	0.00	4,513.00	0.00
5	4,750.00	0.00	0.00	4,750.00	4,750.00	0.00	0.00	0.00	0.00	4,750.00	0.00
7	826.05	0.00	0.00	826.05	778.47	47.58	0.00	0.00	0.00	826.05	0.00
8	1,067.85	0.00	0.00	1,067.85	883.33	123.01	0.00	0.00	0.00	1,006.34	61.51
11	566.02	0.00	0.00	566.02	468.21	65.21	0.00	0.00	0.00	533.42	32.60
12	689.10	0.00	0.00	689.10	589.87	39.69	0.00	0.00	0.00	629.56	59.54
13	592.78	0.00	0.00	592.78	118.56	189.69	0.00	0.00	0.00	308.25	284.53
Subtotal:	15,035.80	0.00	0.00	15,035.80	14,132.44	465.18	0.00	0.00	0.00	14,597.62	438.18
COMPUTERS & SOFTWARE											
Less dispositions and exchanges:											
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for:	15,035.80	0.00	0.00	15,035.80	14,132.44	465.18	0.00	0.00	0.00	14,597.62	438.18
COMPUTERS & SOFTWARE											
FURNITURE & FIXTURES											
1	7,122.00	0.00	0.00	7,122.00	7,122.00	0.00	0.00	0.00	0.00	7,122.00	0.00
2	1,524.00	0.00	0.00	1,524.00	1,524.00	0.00	0.00	0.00	0.00	1,524.00	0.00
6	2,223.03	0.00	0.00	2,223.03	1,773.15	317.58	0.00	0.00	0.00	2,090.73	132.30
9	2,453.51	0.00	0.00	2,453.51	1,687.11	218.97	0.00	0.00	0.00	1,906.08	547.43
10	1,410.03	0.00	0.00	1,410.03	969.57	125.85	0.00	0.00	0.00	1,095.42	314.61
14	1,799.97	0.00	0.00	1,799.97	257.14	440.81	0.00	0.00	0.00	697.95	1,102.02
15	259.99	0.00	0.00	259.99	37.14	63.67	0.00	0.00	0.00	100.81	159.18
16	659.94	0.00	0.00	659.94	94.28	161.62	0.00	0.00	0.00	255.90	404.04
17	559.92	0.00	0.00	559.92	79.99	137.12	0.00	0.00	0.00	217.11	342.81
18	999.95	0.00	0.00	999.95	142.85	244.89	0.00	0.00	0.00	387.74	612.21
19	479.96	0.00	0.00	479.96	68.57	117.54	0.00	0.00	0.00	186.11	293.85
20	2,932.20	0.00	0.00	2,932.20	418.89	718.09	0.00	0.00	0.00	1,136.98	1,795.22
Subtotal:	22,424.50	0.00	0.00	22,424.50	14,174.69	2,546.14	0.00	0.00	0.00	16,720.83	5,703.67
FURNITURE & FIXTURES											
Less dispositions and exchanges:											
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net for:	22,424.50	0.00	0.00	22,424.50	14,174.69	2,546.14	0.00	0.00	0.00	16,720.83	5,703.67
FURNITURE & FIXTURES											
Subtotal:	37,460.30	0.00	0.00	37,460.30	28,307.13	3,011.32	0.00	0.00	0.00	31,318.45	6,141.85
Less dispositions and exchanges:											
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Totals:	37,460.30	0.00	0.00	37,460.30	28,307.13	3,011.32	0.00	0.00	0.00	31,318.45	6,141.85

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

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

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

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

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

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

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

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

01

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

RUTH GOODE

- The books are in the care of ► **P. O. BOX 1350 - CUMMING, GA 30028**

Telephone No. ► **770-781-4110**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year **2011** or
► ☐ tax year beginning , and ending .

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

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

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

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

Form **8868** (Rev. 1-2012)

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

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

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

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

Enter filer's identifying number, see instructions

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

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

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

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

RUTH GOODE

• The books are in the care of **P. O. BOX 1350 - CUMMING, GA 30028**

Telephone No. **770-781-4110**

FAX No.

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

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012**.

5 For calendar year **2011**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE 990.

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

Signature and Verification must be completed for Part II only.

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

Signature Willa P. Brownlee Title CPS

Date 8/6/12

Form 8868 (Rev. 1-2012)

United Way of Forsyth County 2011 – 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 10.3% increase in campaign income over the previous year. The Board of Directors and Staff continue to be guarded with spending like most United Way's across the nation. Our communities across America are suffering from a rise in human service needs and diminishing donations. Our conservative spending over the years and recognition that having a reserve will support our United Way programs through this tough economy. We had approximately 5,100 donors to our campaign. 88% of our pledges come from employees of corporations and corporate gifts. The other 12% of our pledges come from employees of schools, local government entities, professionals and individuals as well as small business owners.

Community Investment and Community Impact Highlights

Our United Way held 3 nonprofit seminars this year. The training was specific to officers of nonprofit boards; Chairperson, Secretary and Treasurer as well as fraud prevention in nonprofits and grant writing. Our goal is to build the capacity of nonprofits in the community and encourage their success.

In 2011, United Way of Forsyth County invested \$1,291,154 in almost 60 health and human service agencies and programs. The dollars given reach all areas of our community. From the young to the old, the sick to the healthy, the employed to the unemployed, those with homes to those without, United Way dollars are making dreams come true. With the help of partners in the community, the organization is working hard to make a difference each day in our community! Our vision is to be a community where all people have the opportunity to engage, thrive and achieve a better quality of life. Areas of focus are:

- Substance Abuse/Mental Health/Domestic Violence Services (11%)
- Promoting Self-Sufficiency/Strengthening Families and Seniors (24%)
- Therapeutic Services for At-Risk Children & Youth (17%)
- Promoting Community Health, Safety, Leadership, Information & Referral
Nonprofit Education (17%)
- Services for Citizens with Special Needs (6%)
- Strength-Based Support Services for Children & Youth (21%)
- Miscellaneous designations outside our county (4%)

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

The FamilyWize prescription cards were introduced into both Forsyth and Dawson Counties with great success in 2008. In 2011, over 6,400 FamilyWize claims were filed in Forsyth County for a savings of \$84,414.14. Dawson County had over 10,500 claims filed for a savings of \$120,266.86. This prescription card program helps those without insurance save on prescription costs.

Referrals to 2-1-1 totaled 1,110. Utility assistance accounted for 23.3% of the calls, mortgage/rent payment assistance accounted for 18.1% and 11.6% of the calls were for food. The Community Helplist distribution was 5,500 English Help lists and 1,250 Spanish Help lists. United Way and the Cumming Post Office teamed up for the Letter Carriers Food Drive in May. Approximately 26,000 lbs of non-perishable food items were distributed to local food pantries. United Way facilitated a collection of school supplies for distribution through the Stuff the Bus effort. Over 12,000 items were collected and approximately 1,200 children and youth benefited from the effort. School supplies were distributed through The Place, Family Haven and Forsyth County School Social Workers. The Holiday Giving Tree efforts provided 2,500 children with gifts.

United Way hosted the hospitality Suite at the 9th Annual Senior Expo, the largest event for seniors in the county. We collaborated with United Way of Metro Atlanta to bring Early Learning Substitute Teacher Training to Forsyth County. We also facilitated community conversations regarding food insecurity and homelessness.

Resource Development/Image Committee Highlights

2011 Campaign results (raised in fall of 2010 and distributed in 2011) - \$1,621,515 pledged. The Dawson County campaign raised \$102,836 in pledges on a goal of \$100,000. UPS continues to be the largest campaign, followed by Publix SuperMarkets, PCL Construction and Forsyth County Public Schools.

The 9th Annual Day of Caring event was held in conjunction with the campaign kick-off. Over 600 volunteers participated at 32 different locations throughout the county.

The Flavors of Forsyth event was held for the second year with proceeds to campaign tripling over the previous first year event.

Internal Operations Highlights

In 2011, United Way of Forsyth County conducted a board self-assessment which is a common practice among high functioning nonprofit boards. We conduct this self-assessment routinely and review the results in order to make improvements to our processes.

The board revisited the possibility of finding a permanent home for the United Way offices. It was felt that funds that were being held as a result of a bequest to the United Way back in 2006 would be used for this purpose. A search of property began in early 2011.

Strategic planning continued throughout 2011. New board members and new community investment members had orientation before year-end, 2010 for beginning their terms in 2011.

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

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

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

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