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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

2012Open to Public
Inspection**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013****B** Check if applicable

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

C Name of organization**UNITED WAY OF GREATER GREENSBORO, INC.**

Doing Business As

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

1500 YANCEYVILLE STREET

Room/suite

City, town, or post office, state, and ZIP code

GREENSBORO, NC 27405**F** Name and address of principal officer **MICHELLE GETHERS-CLARK****1500 YANCEYVILLE STREET, GREENSBORO, NC 274****D** Employer identification number**56-0668555****E** Telephone number**(336) 378-6600****G** Gross receipts \$ **18,210,278.****H(a)** Is this a group returnfor 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.UNITEDWAYGSO.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1968** **M** State of legal domicile: **NC****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	SEE SCHEDULE O	
	2	Check this box ☐ 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	37
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	48
	6	Total number of volunteers (estimate if necessary)	6	620
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	10,809,459.	11,158,066.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,489.	31,846.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	468,859.	510,300.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,917.	15,662.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,342,724.	11,715,874.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	8,170,562.	9,005,482.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,710,458.	1,757,191.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 790,256.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 11g)	662,307.	748,526.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,543,327.	11,511,199.
	19	Revenue less expenses. Subtract line 18 from line 12	799,397.	204,675.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	15,115,873.	16,462,748.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,059,719.	7,938,145.
			8,056,154.	8,524,603.

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.

Sign Here ▶ *Michelle Gethers-Clark* Date **11/4/13**
 ▶ **MICHELLE GETHERS-CLARK, PRESIDENT/CEO/DIRECTOR**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name **JANICE SEVERT** Preparer's signature *Janice Severt* Date **11/4/13** Check ☐ if self-employed PTIN **P00522710**
 Firm's name ▶ **SMITH LEONARD PLLC** Firm's EIN ▶ **20-5907591**
 Firm's address ▶ **4035 PREMIER DRIVE, SUITE 300**
HIGH POINT, NC 27265 Phone no. **(336) 883-0181**

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

☒ Yes ☐ No

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:

SEE SCHEDULE O

- 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 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 \$ 6,422,163. including grants of \$ 6,007,181.) (Revenue \$ 7,443,081.)
SUPPORT AGENCY PROGRAMS OF GREATER GREENSBORO:

UNITED WAY OF GREATER GREENSBORO UTILIZES A VOLUNTEER-DRIVEN PROCESS TO INVEST RESOURCES IN INITIATIVES AND PROGRAMS THAT ARE FOCUSED ON CREATING SOLID FOUNDATIONS IN THE AREAS OF EDUCATION, FINANCIAL STABILITY, AND HEALTH, BECAUSE THESE ARE THE BUILDING BLOCKS FOR A QUALITY LIFE. WE ALL WIN WHEN CHILDREN SUCCEED IN SCHOOL, FAMILIES ARE FINANCIALLY STABLE, AND PEOPLE ARE STRONGER AND HEALTHIER. SEE STATEMENT 1 FOR THE LISTING OF THE INVESTMENT OF RESOURCES BY UNITED WAY OF GREATER GREENSBORO.

4b (Code _____) (Expenses \$ 3,205,425. including grants of \$ 2,998,300.) (Revenue \$ 3,714,985.)
FACILITATE DONOR DESIGNATIONS:

UNITED WAY OF GREATER GREENSBORO ALLOWS DONORS THE CHOICE TO LET UNITED WAY INVEST THEIR DONATIONS BY WAY OF UNDESIGNATED DOLLARS, LETTING COMMUNITY EXPERTS DIRECT DOLLARS TO THE GREATEST PRESSING COMMUNITY NEEDS IN THE AREAS OF EDUCATION, INCOME AND HEALTH. LIKEWISE, UNITED WAY OF GREATER GREENSBORO FACILITATES DONOR DESIGNATIONS. THIS MEANS THAT UNITED WAY ALSO ALLOWS THE DONORS TO DIRECT THEIR CONTRIBUTIONS TOWARDS SPECIFIC AREAS OF INTEREST OR PARTNER AGENCIES THAT RELATE TO THE PASSION AND INTEREST OF THE INVESTING DONORS.

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 9,627,588.

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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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?		

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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

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

Form 990 (2012)

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	33	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	48	
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

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

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	37													
b Enter the number of voting members included in line 1a, above, who are independent		37												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?													X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?													X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?													X	
b Each committee with authority to act on behalf of the governing body?													X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **MARCI PEACE - 336-378-6600**
1500 YANCEYVILLE STREET, GREENSBORO, NC 27405

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEITH BARSHUN PRESIDENT/DIRECTOR (THROUGH JANUARY)	50.00	X		X				164,138.	0.	19,230.
(2) DR LINDA P. BRADY DIRECTOR	5.00	X						0.	0.	0.
(3) DR. JANICE BREWINGTON DIRECTOR	1.00	X						0.	0.	0.
(4) TINA AIKERS BROWN DIRECTOR	1.00	X						0.	0.	0.
(5) PETE CALLAHAN DIRECTOR	1.00	X						0.	0.	0.
(6) REVEREND C. ODELL CLEVELAND DIRECTOR	1.00	X						0.	0.	0.
(7) A. SANDERS COCKMAN DIRECTOR	1.00	X						0.	0.	0.
(8) SUE W. COLE CHAIR OF THE BOARD	5.00	X		X				0.	0.	0.
(9) MARY WOOD COPELAND DIRECTOR	2.00	X						0.	0.	0.
(10) JOHN M. CROSS SECRETARY OF THE BOARD	5.00	X		X				0.	0.	0.
(11) MONA G. EDWARDS DIRECTOR	1.00	X						0.	0.	0.
(12) CECELIA T. FOY DIRECTOR	2.00	X						0.	0.	0.
(13) KIMBERLY GATLING DIRECTOR	1.00	X						0.	0.	0.
(14) REGINA HOWARD GLASPIE DIRECTOR	1.00	X						0.	0.	0.
(15) BILL HOFFMAN DIRECTOR	1.00	X						0.	0.	0.
(16) MURRAY KESSLER DIRECTOR	1.00	X						0.	0.	0.
(17) KATHI LESTER DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR. SAMANTHA MAGILL DIRECTOR	1.00	X						0.	0.	0.
(19) MICHAEL C. MAHONEY DIRECTOR	1.00	X						0.	0.	0.
(20) DR. HAROLD L. MARTIN DIRECTOR	5.00	X						0.	0.	0.
(21) M. DANIEL MCGINN LEGAL COUNSEL	4.00	X		X				0.	0.	0.
(22) RICHARD NEWMAN DIRECTOR	1.00	X						0.	0.	0.
(23) BRAD RABLE DIRECTOR	1.00	X						0.	0.	0.
(24) PRESSLEY RIDGILL DIRECTOR	2.00	X						0.	0.	0.
(25) JOHN RILEY DIRECTOR	1.00	X						0.	0.	0.
(26) DR. EDWARD A. ROBINSON DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								164,138.	0.	19,230.
c Total from continuation sheets to Part VII, Section A								98,391.	0.	8,255.
d Total (add lines 1b and 1c)								262,529.	0.	27,485.

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 **1**

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	101,554.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,056,512.					
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f			11,158,066.				
	Program Service Revenue	2 a MANAGEMENT FEE INCOME	Business Code	518210	31,846.	31,846.		
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				31,846.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			310,803.			310,803.
		4 Income from investment of tax-exempt bond proceeds						
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
	b Less: rental expenses	13,464.						
	c Rental income or (loss)	0.						
	d Net rental income or (loss)	13,464.		13,464.		13,464.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	b Less: cost or other basis and sales expenses	6,689,168.	4,733.					
	c Gain or (loss)	6,494,404.	0.					
	d Net gain or (loss)	194,764.	4,733.	199,497.		199,497.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses	b						
	c Net income or (loss) from fundraising events							
	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 MISCELLANEOUS REVENUE		900099	2,198.	2,198.				
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			2,198.					
12 Total revenue. See instructions.			11,715,874.	34,044.	0.	523,764.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	9,005,482.	9,005,482.		
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	130,990.	40,578.	67,822.	22,590.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,387,330.	338,474.	565,721.	483,135.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,181.	11,444.	19,404.	11,333.
9 Other employee benefits	85,943.	23,232.	35,714.	26,997.
10 Payroll taxes	110,747.	26,709.	48,743.	35,295.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	176,145.	3,680.	167,402.	5,063.
12 Advertising and promotion	87,999.	71,557.	4,767.	11,675.
13 Office expenses	54,435.	12,059.	20,930.	21,446.
14 Information technology				
15 Royalties				
16 Occupancy	61,870.	15,962.	23,944.	21,964.
17 Travel	11,141.	2,277.	2,756.	6,108.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	737.	406.	122.	209.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	81,434.	21,010.	31,515.	28,909.
23 Insurance				
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 STATE UNITED WAY	135,312.	34,910.	52,366.	48,036.
b FUNDRAISING MATERIALS &	95,477.	10,324.	30,084.	55,069.
c STAFF DEVELOPMENT	25,617.	6,351.	13,556.	5,710.
d MISCELLANEOUS EXPENSES	11,585.		5,585.	6,000.
e All other expenses	6,774.	3,133.	2,924.	717.
25 Total functional expenses. Add lines 1 through 24e	11,511,199.	9,627,588.	1,093,355.	790,256.
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 SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	223,564.	1	492,668.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,833,571.	3	4,852,702.
	4 Accounts receivable, net	277,156.	4	274,809.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	18,550.	9	21,825.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 2,078,398.		
	b Less accumulated depreciation	10b 1,159,512.	10c 955,552.	918,886.
	11 Investments - publicly traded securities	7,718,842.	11	7,630,729.
	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	2,088,638.	15	2,271,129.
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,115,873.	16	16,462,748.	
Liabilities	17 Accounts payable and accrued expenses	131,989.	17	154,839.
	18 Grants payable	6,464,886.	18	6,353,062.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	462,844.	25	1,430,244.
	26 Total liabilities. Add lines 17 through 25	7,059,719.	26	7,938,145.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,190,519.	27	5,476,446.
	28 Temporarily restricted net assets	1,859,604.	28	2,042,126.
	29 Permanently restricted net assets	1,006,031.	29	1,006,031.
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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	8,056,154.	33	8,524,603.
	34 Total liabilities and net assets/fund balances	15,115,873.	34	16,462,748.

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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	11,715,874.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,511,199.
3	Revenue less expenses. Subtract line 2 from line 1	3	204,675.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,056,154.
5	Net unrealized gains (losses) on investments	5	263,774.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,524,603.

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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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
- 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		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12715775.	11176323.	10950710.	10809459.	11158067.	56810334.
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	12715775.	11176323.	10950710.	10809459.	11158067.	56810334.
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)						7895335.
6 Public support. Subtract line 5 from line 4						48914999.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	12715775.	11176323.	10950710.	10809459.	11158067.	56810334.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	237,486.	245,465.	296,447.	342,068.	324,267.	1445733.
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)	136,365.	146,836.	30,480.	53,908.	34,044.	401,633.
11 Total support. Add lines 7 through 10						58657700.
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 ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	83.39 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	84.47 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐		
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. ► ☐		

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012
Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number

56-0668555

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	1	
2 Aggregate contributions to (during year)	5,000.	
3 Aggregate grants from (during year)	32,500.	
4 Aggregate value at end of year	3,785.	
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?		☐ Yes ☒ 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?		☒ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

(check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

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

	Amount
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☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,061,289.	2,208,370.	1,879,124.	1,696,175.	1,926,989.
b Contributions		85.	100,000.	40,549.	132,610.
c Net investment earnings, gains, and losses	261,628.	<69,402.>	400,917.	224,924.	<289,705.>
d Grants or scholarships					
e Other expenditures for facilities and programs	<81,002.>	<77,764.>	171,671.	82,524.	73,719.
f Administrative expenses					
g End of year balance	2,241,915.	2,061,289.	2,208,370.	1,879,124.	1,696,175.

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

a Board designated or quasi-endowment ▶ 13.00 %

b Permanent endowment ▶ 45.00 %

c Temporarily restricted endowment ▶ 42.00 %

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)	X	
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment. 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	220,812.			220,812.
b Buildings	1,192,535.		668,022.	524,513.
c Leasehold improvements				
d Equipment	665,051.		491,490.	173,561.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				918,886.

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) BENEFICIAL INTEREST IN FOUNDATION ASSETS	2,152,065.
(2) CASH SURRENDER VALUE - INSURANCE	119,064.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	2,271,129.

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

1.		(a) Description of liability	(b) Book value
(1)	Federal income taxes		
(2)	DESIGNATIONS PAYABLE		1,430,244.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			1,430,244.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	8,981,348.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 263,774.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	263,774.
3	Subtract line 2e from line 1		3	8,717,574.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 2,998,300.		
c	Add lines 4a and 4b		4c	2,998,300.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	11,715,874.

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

1	Total expenses and losses per audited financial statements		1	8,512,899.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	8,512,899.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 2,998,300.		
c	Add lines 4a and 4b		4c	2,998,300.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,511,199.

Part XIII Supplemental Information

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

PART V, LINE 4: INVESTMENT AND SPENDING POLICIES ATTEMPT TO ACHIEVE A

TOTAL RETURN, THROUGH APPRECIATION AND INCOME, GREATER THAN THE RATE OF INFLATION. THE SPENDING POLICY CONSIDERS BOTH THE NEEDS OF THE ORGANIZATION IN CARRYING OUT ITS CHARITABLE PURPOSES AND THE OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY.

PART X, LINE 2: IT IS THE ORGANIZATION'S POLICY TO EVALUATE ALL TAX POSITIONS AND TO IDENTIFY ANY THAT MAY BE CONSIDERED UNCERTAIN. ALL

Part XIII Supplemental Information (continued)

IDENTIFIED MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A
"MORE-LIKELY-THAN-NOT" THRESHOLD TO DETERMINE IF THE TAX POSITION IS
UNCERTAIN AND WHAT, IF ANY, THE EFFECT OF THE UNCERTAIN TAX POSITION MAY
HAVE ON THE FINANCIAL STATEMENTS. NO MATERIAL UNCERTAIN TAX POSITIONS WERE
IDENTIFIED FOR 2012 AND 2011. CURRENTLY, THE STATUTE OF LIMITATIONS
REMAINS OPEN SUBSEQUENT TO AND INCLUDING FISCAL 2009; HOWEVER, NO
EXAMINATIONS ARE IN PROCESS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 2,998,300.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 2,998,300.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number
56-0668555

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

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS C/O FEDERATED PAYMENTS PROCESSING, PO BOX 73857 - CHICAGO, IL 60673-7857	56-0532307	501 (C) (3)	173,272.	0.			CHARITABLE
ADULT CENTER FOR ENRICHMENT, INC. PO BOX 13048 GREENSBORO, NC 27415	56-1599072	501 (C) (3)	127,893.	0.			CHARITABLE
ALCOHOL & DRUG SERVICES OF GUILFORD, INC - 301 E. WASHINGTON STREET, SUITE 101 - HIGH POINT, NC 27401	56-0962164	501 (C) (3)	53,478.	0.			CHARITABLE
BACKPACK BEGINNINGS 1852 BANKING STREET GREENSBORO, NC 27408	46-1251223	501 (C) (3)	16,500.	0.			CHARITABLE
BELL HOUSE, INC. 2400 SUMMIT AVENUE GREENSBORO, NC 27405	56-1145963	501 (C) (3)	50,890.	0.			CHARITABLE
BLACK CHILD DEVELOPMENT INSTITUTE OF GREENSBORO, INC. - 1200 EAST MARKET STREET - GREENSBORO, NC 27401	56-1524964	501 (C) (3)	132,212.	0.			CHARITABLE

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

64.
0.

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

Schedule I (Form 990) (2012)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR NEW NORTH CAROLINIANS 915 W LEE ST GREENSBORO, NC 27403	56-6001468	501 (C) (3)	21,000.	0.			CHARITABLE
CHILDREN'S HOME SOCIETY OF NC, INC. - P O BOX 14608 - GREENSBORO, NC 27415	56-0529946	501 (C) (3)	406,875.	0.			CHARITABLE
COMMUNITIES IN SCHOOLS OF GREATER GREENSBORO, INC. - P O BOX 1347 - GREENSBORO, NC 27402	56-1605330	501 (C) (3)	408,204.	0.			CHARITABLE
COMMUNITY HEALTH CHARITIES OF NC 104 S. WHITE ST., STE 208 WINSTON SALEM, NC 27587	56-1173133	501 (C) (3)	26,230.	0.			CHARITABLE
EARTH SHARE OF NORTH CAROLINA PO BOX 196 DURHAM, NC 27702	56-1775025	501 (C) (3)	12,231.	0.			CHARITABLE
FAMILY SERVICE OF THE PIEDMONT 902 BONNER DRIVE JAMESTOWN, NC 27282	56-2061741	501 (C) (3)	1,154,303.	0.			CHARITABLE
GIRL SCOUTS, CAROLINAS PEAKS TO PIEDMONT - 8818 W. MARKET STREET - COLFAX, NC 27235	56-0543237	501 (C) (3)	71,165.	0.			CHARITABLE
GREENSBORO CEREBRAL PALSY ASSOC., INC. - 3205 EAST WENDOVER AVENUE - GREENSBORO, NC 27405	56-0591312	501 (C) (3)	412,414.	0.			CHARITABLE
GREENSBORO URBAN MINISTRY 305 W. LEE STREET GREENSBORO, NC 27406	56-0890545	501 (C) (3)	47,615.	0.			CHARITABLE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUILFORD CHILD DEVELOPMENT 1200 ARLINGTON STREET GREENSBORO, NC 27406	56-0863474	501 (C) (3)	381,854.	0.			CHARITABLE
GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH - 1100 E WENDOVER AVE - GREENSBORO, NC 27401	56-6000305	501 (C) (3)	28,196.	0.			CHARITABLE
GUILFORD NONPROFIT CONSORTIUM 330 S. GREENE STREET GREENSBORO, NC 27401	20-0328746	501 (C) (3)	5,090.	0.			CHARITABLE
HORSEPOWER THERAPEUTIC LEARNING CENTER - 8001 LEABOURNE ROAD - COLFAX, NC 27235	56-1907424	501 (C) (3)	10,009.	0.			CHARITABLE
HOSPICE & PALLIATIVE CARE CENTER OF ALAMANCE-CASWELL, LLC - 914 CHAPEL HILL ROAD - BURLINGTON, NC 27215	56-1344754	501 (C) (3)	10,336.	0.			CHARITABLE
HOSPICE & PALLIATIVE CARE OF GREENSBORO - 2500 SUMMIT AVENUE - GREENSBORO, NC 27405	56-1249146	501 (C) (3)	267,904.	0.			CHARITABLE
HOSPICE AND PALLIATIVE CARECENTER - WINSTON-SALEM FORSYTH CO - 101 HOSPICE LN - WINSTON SALEM, NC 27103	58-1343313	501 (C) (3)	7,723.	0.			CHARITABLE
HOSPICE OF ROCKINGHAM COUNTY 2150 HWY 65 WEST WENTWORTH, NC 27375	58-1737646	501 (C) (3)	40,700.	0.			CHARITABLE
HOSPICE OF THE PIEDMONT 1801 WESTCHESTER DRIVE HIGH POINT, NC 27262	58-1453827	501 (C) (3)	6,733.	0.			CHARITABLE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING GREENSBORO INC 823 N. ELM STREET, SUITE 102 GREENSBORO, NC 27401	20-0458814	501 (C) (3)	15,000.	0.			CHARITABLE
INTERACTIVE RESOURCE CENTER 407 E. WASHINGTON STREET GREENSBORO, NC 27401	20-0458814	501 (C) (3)	13,159.	0.			CHARITABLE
JUVENILE DIABETES RESEARCH FOUNDATION - PIEDMONT TRIAD CHAP. - 312 NORTH EUGENE STREET - GREENSBORO, NC 27401	23-1907729	501 (C) (3)	40,284.	0.			CHARITABLE
LEGAL AID OF NORTH CAROLINA, INC. PO BOX 26087 GREENSBORO, NC 27611	56-1148372	501 (C) (3)	112,631.	0.			CHARITABLE
MARY'S HOUSE, INC. 520 GUILFORD AVENUE GREENSBORO, NC 27401	31-1489283	501 (C) (3)	12,151.	0.			CHARITABLE
MENTAL HEALTH ASSOCIATION IN GREENSBORO - 330 S. GREENE STREET - GREENSBORO, NC 27401	56-6076634	501 (C) (3)	97,249.	0.			CHARITABLE
NC A&T STATE UNIVERSITY 1601 E MARKET ST GREENSBORO, NC 27411	56-6000007	501 (C) (3)	12,000.	0.			CHARITABLE
OLD NORTH STATE COUNCIL BSA P O BOX 29046 GREENSBORO, NC 27429	56-1762001	501 (C) (3)	155,965.	0.			CHARITABLE
PARENTS AS TEACHERS GUILFORD COUNTY - 415 N. EDGEWORTH ST. SUITE 206 - GREENSBORO, NC 27401	33-1063509	501 (C) (3)	54,000.	0.			CHARITABLE

Schedule I (Form 990)

Schedule I (Form 990) **UNITED WAY OF GREATER GREENSBORO, INC.**

56-0668555

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS ENDING HOMELESSNESS 201 CHURCH AVENUE HIGH POINT, NC 27262	20-1798198	501 (C) (3)	68,869.	0.			CHARITABLE
PEOPLE & PAWS 4 HOPE 1104 HOBBS ROAD GREENSBORO, NC 27410	90-0598037	501 (C) (3)	14,000.	0.			CHARITABLE
PIEDMONT HEALTH SERVICES & SICKLE CELL AGENCY - P O BOX 20964 - GREENSBORO, NC 27420	23-7362747	501 (C) (3)	131,012.	0.			CHARITABLE
PLANNED PARENTHOOD HEALTH SYSTEMS 1704 BATTLEGROUND AVENUE GREENSBORO, NC 27408	56-1226587	501 (C) (3)	5,000.	0.			CHARITABLE
RAISING A READER 330 TWIN DOLPHIN DRIVE, SUITE 147 REDWOOD CITY, CA 94065	94-3390149	501 (C) (3)	5,332.	0.			CHARITABLE
REACH OUT FIRST INC 1814 SWANNANOA DRIVE GREENSBORO, NC 27410	42-2184316	501 (C) (3)	9,650.	0.			CHARITABLE
READING CONNECTIONS, INC. 122 N. ELM STREET GREENSBORO, NC 27401	56-1726754	501 (C) (3)	124,249.	0.			CHARITABLE
SALVATION ARMY OF GREENSBORO P O BOX 5310 GREENSBORO, NC	58-0660607	501 (C) (3)	565,800.	0.			CHARITABLE
SANCTUARY HOUSE 518 N. ELM STREET GREENSBORO, NC 27401	56-2257832	501 (C) (3)	5,579.	0.			CHARITABLE

Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR RESOURCES OF GUILFORD 301 E. WASHINGTON STREET GREENSBORO, NC 27401	56-1181577	501 (C) (3)	360,483.	0.			CHARITABLE
THE ARC OF GREENSBORO, INC. 1050 REVOLUTION MILL DR., GREENSBORO, NC 27405	56-0745766	501 (C) (3)	157,093.	0.			CHARITABLE
THE BARNABAS NETWORK PO BOX 2666 GREENSBORO, NC 27402	20-4533345	501 (C) (3)	10,000.	0.			CHARITABLE
THE NATIONAL CONFERENCE FOR COMMUNITY & JUSTICE - 713 N. GREENE STREET - GREENSBORO, NC 27401	06-1753756	501 (C) (3)	18,950.	0.			CHARITABLE
THE VOLUNTEER CENTER OF GREENSBORO 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	56-1134052	501 (C) (3)	86,000.	0.			CHARITABLE
TRIAD HEALTH PROJECT PO BOX 5716 GREENSBORO, NC 27435	58-1705502	501 (C) (3)	156,703.	0.			CHARITABLE
TRIAD STAGE 232 SOUTH ELM STREET GREENSBORO, NC 27401	62-1743981	501 (C) (3)	10,000.	0.			CHARITABLE
TRIANGLE UNITED WAY 2400 PERIMETER PARK DRIVE, SUITE 15 MORRISVILLE, NC 27560	56-1949103	501 (C) (3)	5,576.	0.			CHARITABLE
UNCG PO BOX 26170 GREENSBORO, NC 27402	56-6086393	501 (C) (3)	114,900.	0.			CHARITABLE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED ARTS COUNCIL OF GREENSBORO PO BOX 26170 GREENSBORO, NC 27402	56-0746180	501 (C) (3)	7,609.	0.			CHARITABLE
UNITED WAY OF ALAMANCE COUNTY, INC. - P O BOX 1268 - BURLINGTON, NC 27216	56-0599239	501 (C) (3)	33,120.	0.			CHARITABLE
UNITED WAY OF DAVIDSON COUNTY P O BOX 492 LEXINGTON, NC 27292	56-1847133	501 (C) (3)	13,925.	0.			CHARITABLE
UNITED WAY OF FORSYTH COUNTY 301 N. MAIN STREET, STE. 1700 WINSTON-SALEM, NC 27101	23-7357234	501 (C) (3)	51,846.	0.			CHARITABLE
UNITED WAY OF GREATER HIGH POINT 201 CHURCH AVENUE HIGH POINT, NC 27662	56-0547486	501 (C) (3)	111,276.	0.			CHARITABLE
UNITED WAY OF NORTH CAROLINA 875 WALNUT STREET, SUITE 150B RALEIGH, NC 27511	56-0564547	501 (C) (3)	77,204.	0.			CHARITABLE
UNITED WAY OF RANDOLPH COUNTY P O BOX 597 ASHEBORO, NC 27204	56-6017883	501 (C) (3)	19,043.	0.			CHARITABLE
UNITED WAY OF ROCKINGHAM COUNTY P O BOX 317 WENTWORTH, NC 27375	56-0649247	501 (C) (3)	68,482.	0.			CHARITABLE
WOMEN'S RESOURCE CENTER OF GREENSBORO - 628 SUMMIT AVENUE - GREENSBORO, NC 27405	56-1891618	501 (C) (3)	140,124.	0.			CHARITABLE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREENSBORO, INC. 602 GREEN VALLEY RD., SUITE 210 GREENSBORO, NC 27408	56-0543243	501 (c) (3)	238,877.	0.			CHARITABLE
YOUTH FOCUS, INC. 715 N. EUGENE STREET GREENSBORO, NC 27401	23-7378057	501 (c) (3)	360,225.	0.			CHARITABLE
YWCA OF GREENSBORO, INC. 4002 SPRING GARDEN STREET, SUITE E GREENSBORO, NC 27407	56-0529936	501 (c) (3)	207,866.	0.			CHARITABLE

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, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: FUNDING DECISIONS ARE BASED UPON AN APPLICATION

PROCESS WHICH INCLUDES PROGRAM BUDGET AND AGENCY AUDIT REVIEWS. THE

PROGRAM SERVICE PLANS ARE EVALUATED AND PROGRESS IS REVIEWED MID-YEAR AND

AT THE END OF THE FISCAL YEAR.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number

56-0668555

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

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

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

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

- | | |
|--|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2012

**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

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number

56-0668555

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	X	22	163,383.	FMV AT TIME OF RECEI
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 ► ()				
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

0

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) (2012)

Part II

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

SCHEDULE M, LINE 32B: UTILIZED LOCAL STOCK BROKER FIRMS TO ACCEPT AND LIQUIDATE GIFTED SHARES OF PUBLICLY TRADED STOCK

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number
56-0668555

FORM 990, PART I AND PART III, LINE 1

MISSION STATEMENT

UNITED WAY OF GREATER GREENSBORO IS A NONPROFIT ORGANIZATION THAT
CREATES RELEVANT SOLUTIONS TO THE COMMUNITY'S MOST CRITICAL ISSUES SO
THAT EVERYONE HAS OPPORTUNITIES FOR A BETTER QUALITY OF LIFE. THROUGH
COMMUNITY PARTNERSHIPS, UNITED WAY HELPS CHILDREN AND YOUNG PEOPLE TO
SUCCEED IN SCHOOL AND IN LIFE, OFFERS FINANCIAL STABILITY FOR
INDIVIDUALS AND FAMILIES, AND EMPOWERS ALL TO LEAD A HEALTHY LIFE.
UNITED WAY WORKS WITH COMMUNITY PARTNERS TO IDENTIFY GREATER
GREENSBORO'S MOST CRITICAL HUMAN SERVICE NEEDS THEN IMPLEMENT SOLUTIONS
THAT CREATE MEASURABLE CHANGE. UNITED WAY MOBILIZES AND UNITES PASSION,
EXPERTISE AND RESOURCES IN THE COMMUNITY AND INVESTS IN EFFECTIVE
PROGRAMS TO ACHIEVE THESE SOLUTIONS AND IMPROVE LIVES DAILY.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS TWO CLASSES OF
MEMBERS: CONTRIBUTING MEMBERS AND FINANCIALLY PARTICIPATING MEMBERS.
CONTRIBUTING MEMBERS CONSIST OF EVERY INDIVIDUAL OR ORGANIZATION WHICH
CONTRIBUTES TO THE ORGANIZATION DURING THE PERIOD FROM THE DATE OF
CONTRIBUTION OR PLEDGE TO THE LAST DAY OF THE PERIOD FOR WHICH IT IS MADE.
ONLY CONTRIBUTING MEMBERS HAVE THE RIGHT TO VOTE AT MEETINGS OF MEMBERS.
FINANCIALLY PARTICIPATING MEMBERS ARE NONPROFIT ORGANIZATIONS WHICH,
AGREEING WITH THE PURPOSES OF THE UNITED WAY, WISH TO FINANCIALLY
PARTICIPATE AND THROUGH THE APPLICATION PROCESS HAVE BEEN GRANTED
MEMBERSHIP STATUS. FINANCIALLY PARTICIPATING MEMBERS MAY BE SUBJECT TO AND
CONDITIONED UPON SUCH TERMS AND CONDITIONS AS MAY BE ESTABLISHED BY THE
BOARD OF DIRECTORS. PROVISIONAL FINANCIALLY PARTICIPATING MEMBERSHIP STATUS

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number

56-0668555

MAY BE GRANTED BY THE BOARD FOR A LIMITED PERIOD OF TIME.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS, LIMITED TO A TOTAL OF 38, CONSISTS OF ELECTED AS WELL AS APPOINTED DIRECTORS (THE NUMBER OF APPOINTED DIRECTORS MAY NOT EXCEED ELEVEN). THE ELECTED DIRECTORS ARE FIRST NOMINATED BY THE BOARD DEVELOPMENT COMMITTEE TO BE VOTED ON BY CONTRIBUTING MEMBERS AT THE ANNUAL MEETING. AT THE ANNUAL MEETING, OTHER CANDIDATES MAY BE NOMINATED BY THE CONTRIBUTED MEMBERS FROM THE FLOOR. DIRECTORS ARE THEN ELECTED BY A MAJORITY OF THE CONTRIBUTING MEMBERS PRESENT. IN ADDITION, THE CHAIRMAN OF THE BOARD MAY APPOINT UP TO 11 DIRECTORS.

THE FOLLOWING OFFICERS ARE ALSO ELECTED BY THE CONTRIBUTING MEMBERS: CHAIRMAN OF THE BOARD, VICE CHAIRMAN OF THE BOARD, DIVISION CHAIRMEN (EXCEPT CHAIRMAN, CAMPAIGN DIVISION), THE TREASURER AND SECRETARY. THE PRESIDENT IS ELECTED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE COMMITTEE AND THEN PRESENTED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS, PRINCIPAL OFFICERS, AND COMMITTEE MEMBERS ARE REQUIRED ANNUALLY TO SIGN A STATEMENT CERTIFYING THAT HE OR SHE HAS RECEIVED AND READ THE ORGANIZATION'S CONFLICTS OF INTEREST POLICY AND AGREES TO COMPLY. THEY ARE ALSO REQUIRED TO DISCLOSE ANY INTERESTS (AS DEFINED IN THE CONFLICTS OF INTEREST POLICY) ON THIS STATEMENT. UNDISCLOSED INTERESTS THAT ARE REPORTED TO THE CHAIRMAN OF THE BOARD OR THE CHAIR OF SUCH COMMITTEE ARE INVESTIGATED, AND IF THE BOARD OR

Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number

56-0668555

COMMITTEE DETERMINES THAT THE MEMBER IN FACT HAS FAILED TO DISCLOSE AN INTEREST, IT WILL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. THE BOARD ALSO CONDUCTS PERIODIC REVIEWS OF THE ORGANIZATION'S ACTIVITIES TO ENSURE THAT THE ORGANIZATION IS OPERATING IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND IS NOT ENGAGING IN ANY ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS OR OTHERWISE VIOLATE THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS OF DETERMINING COMPENSATION FOR THE ORGANIZATION'S PRESIDENT INCLUDES FULL EVALUATION AND APPROVAL BY THE ENTIRE BOARD OF DIRECTORS. COMPENSATION FOR THE OTHER KEY EMPLOYEES IS RECOMMENDED BY THE COMPANY'S PRESIDENT AND REVIEWED AND APPROVED BY THE HUMAN RESOURCES COMMITTEE, COMPOSED OF INDEPENDENT VOLUNTEERS IN THE HUMAN RESOURCES FIELD, AND THE TREASURER OF THE BOARD. MARKET DATA AND TRENDS ARE UTILIZED IN THE DETERMINATION OF THE COMPENSATION LEVELS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE ON ITS WEBSITE.

CALCULATION OF OVERHEAD RATE - UTILIZATION COMPLIANT WITH UWW STANDARD

CALCULATION OF OVERHEAD RATE	ACTUAL 2012-2013
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MANAGEMENT AND GENERAL EXPENSES	\$ 1,093,353
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FUND DEVELOPMENT EXPENSES	790,257
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TOTAL SUPPORT SERVICES COST	\$ 1,883,610
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Name of the organization

UNITED WAY OF GREATER GREENSBORO, INC.

Employer identification number

56-0668555

DIVIDED BY TOTAL REVENUE

11,715,874

OVERHEAD RATE

16.1%

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JUDITH SCHANEL VICE CHAIR OF THE BOARD	2.00	X		X				0.	0.	0.
(28) MARTIN SCHNEIDER DIRECTOR	1.00	X						0.	0.	0.
(29) ROBERT SHERWOOD DIRECTOR	1.00	X						0.	0.	0.
(30) SUSAN SHUMAKER DIRECTOR	1.00	X						0.	0.	0.
(31) TERRY SIMON TREASURER	5.00	X		X				0.	0.	0.
(32) AARON STRASSER DIRECTOR	1.00	X						0.	0.	0.
(33) SAPNA TEJPAL DIRECTOR	1.00	X						0.	0.	0.
(34) SUE D. WHITE DIRECTOR	2.00	X						0.	0.	0.
(35) TERRY WORRELL DIRECTOR	1.00	X						0.	0.	0.
(36) BENJAMIN ZURAW DIRECTOR	1.00	X						0.	0.	0.
(37) DR. LINDA ADAMS DIRECTOR	5.00	X						0.	0.	0.
(38) MICHELLE GETHERS-CLARK PRESIDENT (STARTING JANUARY 2012)	50.00			X				0.	0.	0.
(39) LANA DAVIDSON VICE PRESIDENT OF FINANCE (THROUGH J	40.00							58,584.	0.	7,753.
(40) MARCI PEACE VICE PRESIDENT OF FINANCE (STARTING	40.00							24,109.	0.	502.
(41) SHARON HAMILTON VICE PRESIDENT OF FINANCE (INTERIM)	40.00							15,698.	0.	0.
Total to Part VII, Section A, line 1c								98,391.		8,255.