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990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2013

Open to Public
Inspection

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

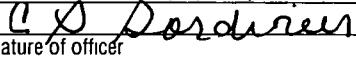
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF FORSYTH COUNTY, INC.	D Employer identification number 23-7357234
	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) 301 NORTH MAIN STREET	
	Room/suite 1700	
	City or town, state or province, country, and ZIP or foreign postal code WINSTON-SALEM, NC 27101	
	F Name and address of principal officer MATTHEW DYSON SAME AS C ABOVE	
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) 4947(a)(1) or 527	
	J Website: ► WWW.FORSYTHUNITEDWAY.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1974
M State of legal domicile: NC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities UNITING THE COMMUNITY TO BRING TOGETHER RESOURCES TO IDENTIFY AND ADDRESS OUR COMMUNITY'S NEEDS.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 35	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 34	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 49	
	6 Total number of volunteers (estimate if necessary)	6 3597	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	7a 0. 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 20,209,507. Current Year 18,056,191.	
	9 Program service revenue (Part VIII, line 2g)	339,788. 329,169.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	476. 331.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,549,771. 18,385,691.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,564,426. 14,527,695.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.	
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,436,155. 2,575,705.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 961,938.	0. 0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,127,450. 2,235,030.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18,128,031. 19,338,430.	
	19 Revenue less expenses Subtract line 18 from line 12	2,421,740. <952,739. >	
	Net Assets or Fund Balances	Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	13,927,594. 14,284,616.
21 Total liabilities (Part X, line 26)		4,680,922. 5,106,199.	
22 Net assets or fund balances Subtract line 21 from line 20	9,246,672. 9,178,417.		

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	► 	1-30-2015		
	Signature of officer CYNTHIA S. GORDINEER, PRESIDENT & CEO	Date 1-30-2015	Check <input type="checkbox"/> if self-employed	PTIN P01057495
Paid Preparer Use Only	Print/Type preparer's name JANE R POTTER	Preparer's signature 	Date 1/29/15	Firm's EIN 56-1138530
	Firm's name ► BUTLER & BURKE, LLP.		Firm's address ► 100 CLUB OAKS COURT, SUITE A WINSTON-SALEM, NC 27104	Phone no. (336) 768-2310

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

 Yes No

G7

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission.

**OUR UNITED WAY LEADS IN UNITING THE COMMUNITY TO BRING TOGETHER
RESOURCES TO IDENTIFY AND EFFECTIVELY ADDRESS OUR COMMUNITY'S MOST
VITAL HUMAN NEEDS.**

UNITED WAY ENSURES THERE IS A CRITICAL SAFETY NET OF SERVICES TO

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 \$ **14,647,099.** including grants of \$ **12,565,439.**) (Revenue \$ **284,708.**)
UNITED WAY OF FORSYTH COUNTY, INC. FUNDS PROGRAMS IN NINE PRIORITY AREAS. THESE AREAS WERE CHOSEN BY COMMUNITY VOLUNTEERS AS A RESULT OF A REVIEW OF THE NEEDS OF FORSYTH COUNTY RESIDENTS. THE AREAS CHOSEN WERE: INFANT MORTALITY, HEALTH AND WELLNESS, HIGH SCHOOL GRADUATION/JUVENILE CRIME, MENTAL ILLNESS/SUBSTANCE ABUSE/DEVELOPMENTAL DISABILITIES, HOMELESSNESS, FINANCIAL STABILITY, BASIC AND EMERGENCY NEEDS, CHILD ABUSE, DOMESTIC VIOLENCE.

4b (Code _____) (Expenses \$ **2,287,334.** including grants of \$ **1,962,256.**) (Revenue \$ **44,461.**)
UNITED WAY'S NEW APPROACH TO CREATING LASTING CHANGES IN COMMUNITY CONDITIONS IS OPERATIONALIZED THROUGH AN INVESTMENT IN COLLABORATIVE PARTNERSHIPS THAT ADDRESS THE ROOT CAUSES OF COMMUNITY CONDITIONS. THESE COLLABORATIVE PARTNERSHIPS ARE IMPLEMENTING EVIDENCE-BASED STRATEGIES ALIGNED WITH UNITED WAY'S TOP FOUR PRIORITY ISSUES. MARKETED AS "BREAKTHROUGH INITIATIVES", THE FOUR INVESTMENT AREAS ARE: GRADUATING OUR FUTURE (PRIORITY ISSUE: HIGH SCHOOL GRADUATION); THE PROSPERITY CENTER/CAREER CONNECTIONS (PRIORITY ISSUE: FINANCIAL STABILITY); STREETS-TO-HOME (PRIORITY ISSUE: HOMELESSNESS); AND MED-AID (PRIORITY ISSUE: HEALTH).

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 ► **16,934,433.**

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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? If "Yes," complete Schedule C, Part III

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? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

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? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

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? If "Yes," complete Schedule D, Part VIII

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? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9		X
10	X	
11a	X	
11b	X	
11c		X
11d		X
11e	X	
11f	X	
12a		X
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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 25a	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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	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? Note. All Form 990 filers are required to complete Schedule O	38 X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	49
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	5a	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter.	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	Section 501(c)(12) organizations. Enter	12b	
a	Gross income from members or shareholders	13a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13c	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	14b	
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>		
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?		
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 or note to any line in this Part VI X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 35	
1b		1b 34	
2	Enter the number of voting members included in line 1a, above, who are independent	2	X
3	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?	3	X
4	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?	4	X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	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?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	X
13	Did the organization have a written whistleblower policy?	14	X
14	Did the organization have a written document retention and destruction policy?		
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	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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?	16b	

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.
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ► MATTHEW DYSON - (336) 721-9343
	301 NORTH MAIN STREET, WINSTON-SALEM, NC 27101

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) CYNTHIA S. GORDINEER <u>PRESIDENT AND CEO</u>	50.00	X	X				180,250.	0.	21,201.
(2) SALLYE A. LINER <u>EXEC CMMTE- CHAIR</u>	1.00	X	X				0.	0.	0.
(3) J. CANTEY ALEXANDER <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
(4) GUILLERMO ALVAREZ <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
(5) ALVIN L. ATKINSON <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
(6) JOSEPH D. CROCKER <u>EXECUTIVE COMMITTEE</u>	1.00	X	X				0.	0.	0.
(7) BARBARA F. DUCK <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
(8) MARK R. JOHNSON <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
(9) RACHEL M. DESMARAIS <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
(10) BRENDA B. DIGGS <u>EXECUTIVE COMMITTEE</u>	1.00	X	X				0.	0.	0.
(11) KEVIN KAMPMAN <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
(12) JOHN C. FOX <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
(13) ELLEN M. GREGG <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
(14) NATHAN O. HATCH <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
(15) LESLIE L. HAYES <u>EXECUTIVE COMMITTEE</u>	1.00	X	X				0.	0.	0.
(16) MICHAEL S. JESKE <u>EXECUTIVE COMMITTEE</u>	1.00	X	X				0.	0.	0.
(17) RICHARD J. KESHIAN <u>BOARD MEMBER</u>	1.00	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			
(18) NICHOLAS L. KOTTYAN <u>BOARD MEMBER</u>	1.00		X				0.	0.	0.
(19) CURTIS G. LEONARD <u>BOARD MEMBER</u>	1.00		X				0.	0.	0.
(20) ANDY BROWN <u>EXECUTIVE COMMITTEE</u>	1.00		X	X			0.	0.	0.
(21) JOHN D. MCCONNELL <u>BOARD MEMBER</u>	1.00		X				0.	0.	0.
(22) L. DAVID MOUNTS <u>BOARD MEMBER</u>	1.00		X				0.	0.	0.
(23) KEVIN W. OLIVER <u>BOARD MEMBER</u>	1.00		X				0.	0.	0.
(24) FRAN X. O'ROURKE <u>EXECUTIVE COMMITTEE</u>	1.00		X	X			0.	0.	0.
(25) TOMMY J. PAYNE <u>BOARD MEMBER</u>	1.00		X				0.	0.	0.
(26) HANK PRICE <u>BOARD MEMBER</u>	1.00		X				0.	0.	0.
1b Sub-total						►	180,250.	0.	21,201.
c Total from continuation sheets to Part VII, Section A						►	241,893.	0.	47,444.
d Total (add lines 1b and 1c)						►	422,143.	0.	68,645.

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 ► 3

	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	3	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	4	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	5	X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	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	18,056,191		
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		18,056,191		
Program Service Revenue	2 a ADMINISTRATIVE FEE	Business Code 900099	329,169.	329,169.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		329,169.		
	3 Investment income (including dividends, interest, and other similar amounts)		331.		331.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ 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					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		18,385,691	329,169.	0	331.

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	14,527,695.	14,527,695.		
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	498,096.	193,894.	152,935.	151,267.
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	1,510,173.	491,395.	530,674.	488,104.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,246.	47,819.	3,806.	4,621.
9 Other employee benefits	381,479.	252,312.	4,456.	124,711.
10 Payroll taxes	129,711.	34,495.	50,307.	44,909.
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.)	24,000.		24,000.	
12 Advertising and promotion				
13 Office expenses	601,175.	428,660.	101,724.	70,791.
14 Information technology				
15 Royalties				
16 Occupancy	195,681.	56,868.	77,409.	61,404.
17 Travel	67,362.	40,324.	13,813.	13,225.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,990.	11,989.	2,463.	538.
20 Interest	627.		627.	
21 Payments to affiliates	224,849.		224,849.	
22 Depreciation, depletion, and amortization	29,047.		29,047.	
23 Insurance	12,421.		12,421.	
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 CONTRACT LABOR	184,970.	17,581.	167,389.	
b MISCELLANEOUS	62,832.	43,040.	19,588.	204.
c CONTINUING EDUCATION	12,418.	4,430.	7,969.	19.
d SUBSCRIPTIONS	8,308.	725.	7,058.	525.
e All other expenses	5,078.		3,458.	1,620.
25 Total functional expenses. Add lines 1 through 24e	19,338,430.	16,934,433.	1,442,059.	961,938.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,989,237.	1	2,536,247.
	2 Savings and temporary cash investments	406,768.	2	748,224.
	3 Pledges and grants receivable, net	7,575,748.	3	6,826,035.
	4 Accounts receivable, net	974,189.	4	939,896.
	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		9	18,336.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 229,007.		
	b Less accumulated depreciation	10b 183,432.	57,767.	10c 45,575.
	11 Investments - publicly traded securities			11
	12 Investments - other securities See Part IV, line 11	2,923,885.	12	3,170,303.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,927,594.	16	14,284,616.	
Liabilities	17 Accounts payable and accrued expenses	1,555,974.	17	1,281,550.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	17,934.	24	12,507.
	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	3,107,014.	25	3,812,142.
	26 Total liabilities. Add lines 17 through 25	4,680,922.	26	5,106,199.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,523,751.	27	4,205,590.
	28 Temporarily restricted net assets	3,004,338.	28	4,245,173.
	29 Permanently restricted net assets	718,583.	29	727,654.
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,246,672.	33	9,178,417.
	34 Total liabilities and net assets/fund balances	13,927,594.	34	14,284,616.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	18,385,691.
2 Total expenses (must equal Part IX, column (A), line 25)	2	19,338,430.
3 Revenue less expenses Subtract line 2 from line 1	3	<952,739.>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,246,672.
5 Net unrealized gains (losses) on investments	5	475,974.
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	408,510.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,178,417.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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

2b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.
 Separate basis Consolidated basis Both consolidated and separate basis

2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 494(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Employer identification number

UNITED WAY OF FORSYTH COUNTY, INC.

23-7357234

UNITED WAY OF FORSYTH COUNTY, INC.

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

File A (Form 990 or 990-EZ) and its instructions

UNITED WAY OF FORSYTH COUNTY, INC.

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

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	16,642,762.	17,308,578.	17,685,859.	20,209,507.	18,056,191.	89,902,897.
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	16,642,762.	17,308,578.	17,685,859.	20,209,507.	18,056,191.	89,902,897.
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)						6,751,610.
6 Public support. Subtract line 5 from line 4						83,151,287.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	16,642,762.	17,308,578.	17,685,859.	20,209,507.	18,056,191.	89,902,897.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	54,432.	72,608.	554.	476.	331.	128,401.
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)						
11 Total support. Add lines 7 through 10						90,031,298.
12 Gross receipts from related activities, etc (see instructions)					12	1,699,009.

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 2013 (line 6, column (f) divided by line 11, column (f))	14	92.36	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	93.25	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		►	<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		►	<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►	<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►	<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section C. Computation of Public Support Percentage

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

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (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.

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

23-7357234**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds
are the organization's property, subject to the organization's exclusive legal control? Yes No6 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
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure
listed in the National Register3 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 No9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
conservation easements**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

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

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

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

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

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

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

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

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	981,715.	934,454.	950,104.	410,427.	388,830.
b Contributions	9,071.	6,825.	5,250.	506,071.	1,400.
c Net investment earnings, gains, and losses	164,022.	95,211.	22,012.	73,606.	40,197.
d Grants or scholarships					
e Other expenditures for facilities and programs	36,473.	54,775.	42,912.	40,000.	20,000.
f Administrative expenses					
g End of year balance	1,118,335.	981,715.	934,454.	950,104.	410,427.

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

a. Board designated or quasi-endowment ► .00 %
 b. Permanent endowment ► 65.07 %
 c. Temporarily restricted endowment ► 34.93 %

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

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.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		229,007.	183,432.	45,575.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				45,575.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST HELD		
(B) BY OTHERS	512,205.	END-OF-YEAR MARKET VALUE
(C) VANGUARD ENERGY FUND		
(D) ADMIRAL SHARES	47,295.	END-OF-YEAR MARKET VALUE
(E) VANGUARD PRECIOUS METALS		
(F) AND MINING FUND	48,071.	END-OF-YEAR MARKET VALUE
(G) VANGUARD TOTAL		
(H) INTERNATIONAL STOCK INDEX	249,109.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	3,170,303.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATION TO AGENCIES AND OTHER	
(3) UNITED WAYS	2,518,433.
(4) DUE TO UNITED WAY FOUNDATION	1,293,709.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	3,812,142.

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

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

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

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

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

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

1 Total expenses and losses per audited financial statements	1	
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	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information.

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

PART V, LINE 4:**THE VOLUNTARY ACTION CENTER TRAINING ENDOWMENT- THE PURPOSE****OF THE ENDOWMENT IS TO AID AND SUPPORT THE TRAINING PROGRAMS OF THE****VOLUNTARY ACTION CENTER OF FORSYTH COUNTY, INC. WHOSE PROGRAMS ARE****CONDUCTED UNDER THE AUSPICES OF UNITED WAY.****THE UNITED WAY JOEL A. WESTON, JR. MEMORIAL ENDOWMENT- THE PURPOSE OF THE****ENDOWMENT IS TO FUND AN AWARD FOR EXCELLENCE IN NONPROFIT MANAGEMENT,****DEDICATED TO THE MEMORY OF JOEL A. WESTON, JR., WHO SERVED AS CHAIRMAN OF****UNITED WAY'S BOARD OF DIRECTORS FROM 1980-1982.****THE UNITED WAY CARING SHARES ENDOWMENT- THE PURPOSE OF THE ENDOWMENT IS TO****PROVIDE FUNDS FOR THE WELFARE OF THE COMMUNITY AS DEEMED NECESSARY BY THE****BOARD OF DIRECTORS OF UNITED WAY.**

PART X, LINE 2:

UNITED WAY'S PRIMARY TAX POSITIONS RELATE TO ITS STATUS AS A
NOT-FOR-PROFIT ENTITY EXEMPT FROM INCOME TAXES AND CLASSIFICATION OF
ACTIVITIES RELATED TO ITS EXEMPT PURPOSE. IT IS THE OPINION OF MANAGEMENT
THAT UNITED WAY HAS NO UNCERTAIN TAX POSITIONS THAT WOULD BE SUBJECT TO
CHANGE UPON EXAMINATION.

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
VANGUARD EMERGING MARKETS STOCK INDEX	160,363.	FMV
ADMIRAL SHARES	160,363.	FMV
VANGUARD DIVIDEND GROWTH FUND	190,845.	FMV
VANGUARD MATERIALS INDEX FUND	60,724.	FMV
VANGUARD PRIMECAP FUND	239,295.	FMV
VANGUARD MID-CAP VALUE INDEX FUND	193,001.	FMV
VANGUARD INFLATION-PROTECTED SECURITIES FUND		
ADMIRAL SHARES	106,549.	FMV
VANGUARD SHORT-TERM INVESTMENT-GRADE FUND		
ADMIRAL SHARES	255,127.	FMV
VANGUARD INTERNATIONAL VALUE FUND	256,837.	FMV
VANGUARD SMALL-CAP VALUE INDEX FUND	251,528.	FMV
VANGUARD PRIME MONEY MARKET FUND	74,154.	FMV
VANGUARD SPDR BARCLAYS CONVERTIBLE	525,200.	FMV

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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(1) (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 690 COLISEUM DRIVE WINSTON-SALEM, NC 27106	31-1589795	501(c)(3)	600,556.	0.			GENERAL SUPPORT
AMOS COTTAGE REHABILITATION 3325 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27103	56-0532138	501(c)(3)	82,075.	0.			GENERAL SUPPORT
BETHESDA CENTER FOR THE HOMELESS 930 NORTH PATTERSON AVENUE WINSTON-SALEM, NC 27101	56-0543242	501(c)(3)	43,089.	0.			GENERAL SUPPORT
BIG BROTHERS AND BIG SISTERS 107 WESTDALE AVENUE WINSTON-SALEM, NC 27101	56-1161118	501(c)(3)	198,699.				GENERAL SUPPORT
BOWMAN GRAY CHILD GUIDANCE MEDICAL CENTER BOULEVARD WINSTON-SALEM, NC 27157	11-1111113	501(c)(3)	164,623.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA 6600 SILAS CREEK PARKWAY WINSTON-SALEM, NC 27106	56-0529985	501(c)(3)	321,031.	0.			GENERAL SUPPORT

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

Schedule I (Form 990) (2013)

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
CANCER SERVICES, INC. 3175 MAPLEWOOD AVENUE WINSTON-SALEM, NC 27103	56-0656375	501(C)(3)	154,993.	0.			GENERAL SUPPORT
CENTER FOR EXCEPTIONAL CHILDREN 2315 COLISEUM DRIVE WINSTON-SALEM, NC 27106	56-0615188	501(C)(3)	9,888.	388.			GENERAL SUPPORT
COMMUNITY CARE CENTER 2135 WALKERTOWN ROAD WINSTON-SALEM, NC 27101	58-1403699	501(C)(3)	239.	894.			GENERAL SUPPORT
CONSUMER CREDIT COUNSELING SERVICE 8064 NORTH POINT BOULEVARD, SUITE 2 WINSTON-SALEM, NC 27106	56-1015074	501(C)(3)	324.	491.			GENERAL SUPPORT
CROSBY SCHOLARS COMMUNITY PARTNERSHIP - 2701 UNIVERSITY PARKWAY - WINSTON-SALEM, NC 27106	31-1523230	501(C)(3)	151.	656.			GENERAL SUPPORT
ENRICHMENT CENTER 1006 SOUTH MARSHALL STREET WINSTON-SALEM, NC 27101	56-1481122	501(C)(3)	306.	733.			GENERAL SUPPORT
EXCHANGE SCAN, INC. 500 WEST NORTHWEST BOULEVARD WINSTON-SALEM, NC 27105	58-1443692	501(C)(3)	168.	920.			GENERAL SUPPORT
EXPERIMENT IN SELF RELIANCE 1550 UNIVERSITY COURT WINSTON-SALEM, NC 27106	56-6060100	501(C)(3)	297.	324.			GENERAL SUPPORT
FAMILY SERVICES, INC. 610 COLISEUM DRIVE WINSTON-SALEM, NC 27106	56-0689235	501(C)(3)	1,076.	979.			GENERAL SUPPORT

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
FELLOWSHIP HOME 661 NORTH SPRING STREET WINSTON-SALEM, NC 27101	58-1400131	501(C)(3)	106,787.	0.		GENERAL SUPPORT
TARHEEL TRIAD GIRL SCOUT COUNCIL 8818 WEST MARKET STREET COLFAX, NC 27235	56-0543237	501(C)(3)	115,011.	0.		GENERAL SUPPORT
GOODWILL INDUSTRIES OF NORTHWEST NC, INC. - 2701 UNIVERSITY PARKWAY - WINSTON-SALEM, NC 27115	56-0588474	501(C)(3)	190,700.	0.		GENERAL SUPPORT
GROUP HOMES OF FORSYTH COUNTY 526 WEST FIRST STREET WINSTON-SALEM, NC 27101	56-1097900	501(C)(3)	140,502.	0.		GENERAL SUPPORT
IMPRINTS 502 NORTH BROAD STREET WINSTON-SALEM, NC 27101	56-0949178	501(C)(3)	174,215.	0.		GENERAL SUPPORT
LEGAL AID SOCIETY OF NORTHWEST NC, INC. - 216 WEST FOURTH STREET - WINSTON-SALEM, NC 27101	59-1774692	501(C)(3)	190,137.	0.		GENERAL SUPPORT
MEDIATION SERVICES 310 EAST 3RD STREET, SUITE 75 WINSTON-SALEM, NC 27101	58-1556490	501(C)(3)	50,069.	0.		GENERAL SUPPORT
MENTAL HEALTH ASSOCIATION 1509 SOUTH HAWTHORNE ROAD WINSTON-SALEM, NC 27103	56-0776248	501(C)(3)	103,605.	0.		GENERAL SUPPORT
PARTNERSHIP FOR A DRUG FREE NC 665 WEST FOURTH STREET WINSTON-SALEM, NC 27101	56-0951129	501(C)(3)	337,718.	0.		GENERAL SUPPORT

(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
THE SALVATION ARMY 836 OAK STREET, SUITE 310 WINSTON-SALEM, NC 27102	58-0660607	501(C)(3)	1,052,935.	0.			GENERAL SUPPORT
SECOND HARVEST FOOD BANK 3655 REED STREET WINSTON-SALEM, NC 27107	58-1457912	501(C)(3)	33,500.	0.			GENERAL SUPPORT
WINSTON-SALEM URBAN LEAGUE 201 WEST FIFTH STREET WINSTON-SALEM, NC 27101	56-0532301	501(C)(3)	369,805.	0.			GENERAL SUPPORT
YMCA OF NORTHWEST NC 301 NORTH MAIN STREET, SUITE 1900 WINSTON-SALEM, NC 27101	56-0530015	501(C)(3)	836,578.	0.			GENERAL SUPPORT
YOUTH OPPORTUNITIES 206 NORTH SPRAGUE STREET WINSTON-SALEM, NC 27101	23-7086399	501(C)(3)	100,252.	0.			GENERAL SUPPORT
YWCA 1201 GLADE STREET WINSTON-SALEM, NC 27101	56-0564345	501(C)(3)	850,544.	0.			GENERAL SUPPORT
WINSTON-SALEM FORSYTH COUNTY SCHOOLS - P O BOX 2513 - WINSTON-SALEM, NC 27102	56-0795164		929,040.	0.			GENERAL SUPPORT
AUTHORIZING ACTION 411 W FOURTH STREET, 101C WINSTON-SALEM, NC 27101	38-3707584	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ABC OF NC CHILD DEVELOPMENT CENTER 3904 OLD VINEYARD ROAD WINSTON-SALEM, NC 27104	30-0111894	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) **UNITED WAY OF FORSYTH COUNTY, INC.**

23-7357234 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
HOSPICE OF THE PIEDMONT 1801 WESTCHESTER DRIVE HIGH POINT, NC 27262	58-1453827	501(C)(3)	32,000.	0.			GENERAL SUPPORT
SERVING OUR SAVIOR 2000 WEST FIRST STREET, SUITE 411 WINSTON-SALEM, NC 27104	31-1742237	501(C)(3)	15,000.	0.			GENERAL SUPPORT
UNITED WAY OF CUMBERLAND COUNTY PO BOX 303 FAYETTEVILLE, NC 28302	56-0564342	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	56-0668555	501(C)(3)	13,792.	0.			GENERAL SUPPORT
UNITED WAY OF THOMAS JEFFERSON AREA - 806 EAST HIGH STREET - CHARLOTTESVILLE, VA 22905	54-0505882	501(C)(3)	5,000.	0.			GENERAL SUPPORT
YOUNG LIFE OF FORSYTH COUNTY 851 WEST 5TH STREET WINSTON-SALEM, NC 27101	84-0385934	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHILD ABUSE RESOURCE EDUCATION PO BOX 1541 LITTLETON, NC 27805	56-2108200	501(C)(3)	45,000.	0.			GENERAL SUPPORT
CHILDREN'S LAW CENTER FOR FORSYTH COUNTY - 8 WEST 3RD STREET, SUITE M-6 - WINSTON-SALEM, NC 27101	54-2165218	501(C)(3)	75,760.	0.			GENERAL SUPPORT
CRISIS CONTROL MINISTRY INC. 200 EAST TENTH STREET WINSTON-SALEM, NC 27101	23-7348168	501(C)(3)	17,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

(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
DISABILITY ADVOCATES OF NW NC INC. 1416 B BOLTON STREET WINSTON-SALEM, NC 27103	20-2592137	501(C)(3)	122,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH - MISSION EMMANUEL - 300 NORTH CHERRY STREET - WINSTON-SALEM, NC 27101	56-0582028	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FORSYTH MEDICAL CENTER FOUNDATION - WOMEN'S COUNCIL - 3333 SILAS CREEK PARKWAY - WINSTON-SALEM, NC 27103	56-2120959	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HANDS ON NORTHWEST NC 751 WEST FOURTH STREET WINSTON-SALEM, NC 27101	26-0824793	501(C)(3)	30,000.	0.			GENERAL SUPPORT
HISPANICS IN PHILANTHROPY 414 13TH STREET, SUITE 200 OAKLAND, CA 94612	94-3040607	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION - 216 WEST MARKET STREET, SUITE B - GREENSBORO, NC 27401	23-1907729	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NC HOUSING FOUNDATION 750 BETHESDA ROAD WINSTON-SALEM, NC 27103	56-0929051	501(C)(3)	24,214.	0.			GENERAL SUPPORT
SENIOR SERVICES, INC. 2895 SHOREFAIR DRIVE WINSTON-SALEM, NC 27105	56-1085968	501(C)(3)	26,000.	0.			GENERAL SUPPORT
UNITED WAY OF NORTH CAROLINA 875 WALNUT STREET CARY, NC 27511	56-0564547	501(C)(3)	202,213.	0.			GENERAL SUPPORT

23-7357234 . Page 1

Schedule I (Form 990) UNITED WAY OF FORSYTH COUNTY, INC.

(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
WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - DEPARTMENT OF OTOLARYNGOLOGY - MEDICAL CENTER BOULEVARD - WINSTON-SALEM, NC 27117	22-3849199	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITED WAY OF ALAMANCE COUNTY 803 HERMITAGE ROAD BURLINGTON, NC 27215	56-0599239	501(C)(3)	6,352.	0.			GENERAL SUPPORT
UNITED WAY OF CENTRAL CAROLINAS PO BOX 601942 CHARLOTTE, NC 28260	56-0529947	501(C)(3)	6,158.	0.			GENERAL SUPPORT
UNITED WAY OF COASTAL CAROLINA PO BOX 1385 NEW BERN, NC 28563	56-6017934	501(C)(3)	7,264.	0.			GENERAL SUPPORT
UNITED WAY OF Horry COUNTY PO BOX 673 CONWAY, SC 29526	57-0558692	501(C)(3)	5,353.	0.			GENERAL SUPPORT
UNITED WAY OF CAPE FEAR AREA 5919 OLEANDER DRIVE WILMINGTON, NC 28403	56-0529949	501(C)(3)	13,477.	0.			GENERAL SUPPORT

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" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
23-7357234

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.

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

1b 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 directors, trustees, and officers, including 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

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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)?

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
23-7357234

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

PROVIDE 1) BASIC AND EMERGENCY NEEDS, 2) HEALTH CARE, 3) SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH CHALLENGES, AND 4) SUPPORT AND CARE FOR INDIVIDUALS FACING ABUSE AND DOMESTIC VIOLENCE.

IN ADDITION, UNITED WAY IS COMMITTED TO ADDRESSING BOTH THE IMMEDIATE NEEDS AND THE ROOT CAUSE OF OUR HIGHEST PRIORITY ISSUES TO INCREASE OUR COMMUNITY'S HIGH SCHOOL GRADUATION RATE, IMPROVE FINANCIAL STABILITY FOR LOWER-INCOME FAMILIES, AND PROVIDE HOUSING FOR THE HOMELESS.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS PRESENTED TO THE BOARD AND REVIEWED BY THE AUDITOR AND FINANCE COMMITTEE IN CONJUNCTION WITH THE AUDIT. BOTH THE 990 AND THE AUDIT ARE APPROVED BY THE FULL BOARD PRIOR TO ANY OFFICIAL DISSEMINATION OF THE DOCUMENTS.

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

ANNUALLY, THE UNITED WAY OF FORSYTH COUNTY, INC. DISTRIBUTES ITS COMPREHENSIVE CODE OF ETHICS TO BOTH THE BOARD AND STAFF OF THE ORGANIZATION. THIS CODE OF ETHICS IS AN IMPORTANT WAY FOR US TO REAFFIRM OUR ETHICAL COMMITMENTS. IT SETS FORTH THE PRINCIPLES AND STANDARDS THAT GUIDE OUR DECISIONS AND ACTIONS. MANY OF THE IDEAS THAT ARE INCLUDED WITHIN THE CODE HAVE COME FROM DISCUSSIONS WITH OUR EMPLOYEES AND VOLUNTEERS OVER THE LAST FEW YEARS. THIS COLLABORATIVE PROCESS HAS BEEN ESSENTIAL IN DEVELOPING THE CODE AND HAS MADE IT A DOCUMENT THAT REFLECTS AND IS MORE RESPONSIVE TO OUR NEEDS. THIS CODE IS MEANT TO HELP US FURTHER THE

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

23-7357234

DISCUSSION OF ETHICS IN OUR WORKPLACE. IT ALSO ENCOURAGES US TO SEEK
GUIDANCE AND CLARIFICATION WHEN WE HAVE QUESTIONS ABOUT APPLYING OUR
PRINCIPLES AND STANDARDS. THE INVOLVEMENT OF ALL OUR EMPLOYEES AND
VOLUNTEERS IS ESSENTIAL TO UPHOLDING THESE PRINCIPLES AND STANDARDS. ONLY
BY CONTINUING TO WORK TOGETHER ON THESE ISSUES CAN WE ENSURE THAT THE
UNITED WAY OF FORSYTH COUNTY FULFILLS ITS COMMITMENT TO BUILD AND MAINTAIN
THE PUBLIC TRUST IN ALL THAT WE DO. AFTER THE CODE HAS BEEN REVIEWED A
"CERTIFICATION FORM" IS SIGNED, INDICATING ANY ACTUAL OR PERCEIVED
CONFLICTS. BOARD MEMBERS AND STAFF SELF IDENTIFY CONFLICTS DURING THE
YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE PERSONNEL COMMITTEE SHALL BE COMPOSED OF THE FOLLOWING:

THE CHAIRMAN OF THE BOARD, IMMEDIATE PAST CHAIRMAN, THE CHAIRMAN ELECT, AND
TWO BOARD MEMBERS AT LARGE, NOMINATED BY THE FIRST THREE MEMBERS AND
APPROVED BY THE BOARD.

THE PERSONNEL COMMITTEE SHALL SERVE ON BEHALF OF THE BOARD OF DIRECTORS TO
CONSIDER AND ADVISE ON PERSONNEL MATTERS SPECIFICALLY RELATING TO THE CHIEF
EXECUTIVE OFFICER. THIS INCLUDES CONDUCTING PERIODIC PERFORMANCE REVIEWS,
FRINGE BENEFIT PROGRAMS, AND CONSIDERATION OF AN EMPLOYMENT CONTRACT,
CONTRACT RENEWAL, DISCIPLINARY ACTION, AND/OR SIMILAR MATTERS THAT MAY
ARISE.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS RELATED TO CONFLICTS OF INTEREST POLICIES,

FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE ON OUR WEBSITE

AT WWW.FORSYTHUNITEDWAY.ORG OR BY CALLING 336-721-9300.

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

23-7357234

FORM 990, PART VII, SECTION A:CYNTHIA GORDINEER'S 2013 CALENDAR YEAR BENEFITS PAID BYTHE UNITED WAY OF FORSYTH COUNTY WERE \$21,201. HER BENEFITS WERECOMPRISED OF THE FOLLOWING: DENTAL INSURANCE \$299, LIFE/DISABILITYINSURANCE \$1,872, WORKERS COMPENSATION INSURANCE \$499, NC UNEMPLOYMENTINSURANCE \$196, 401K EMPLOYER CONTRIBUTION \$12,618, 401K MATCH \$5,407,A COMPANY VEHICLE \$238, AND AN FSA FEE \$72.FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:FASB 158 ADJUSTMENT408,510.FORM 990, PART XII, LINE 2C:THE OVERSIGHT/SELECTION PROCESS HAS NOT CHANGED FROM THEPRIOR YEAR.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

- Attach to Form 990.
- See separate instructions.

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

Employer identification number
23-7357234

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990 Part IV line 33.

UNITED WAY OF FORSYTH COUNTY, INC.

Part II Identification of Related Tax-Exempt Organizations during the tax year

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(3) controlled entity?
Yes	No					
UNITED WAY OF FORSYTH COUNTY FOUNDATION - 20-264556, 301 NORTH MAIN STREET SUITE 1700, WINSTON-SALEM, NC 27101	TO PROVIDE SUPPORT TO THE UNITED WAY OF FORSYTH COUNTY	NORTH CAROLINA	501(C) (3)	11	X	

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

Part III Identification of Related Organizations Taxable as a Partner

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "yes" on Form 990, Part V, line 34 because it had one or more related organizations treated as a partnership during the tax year

Offered "Yes" on Form 990, Part IV, line 34 because it had one or more related

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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	Yes	No
1a	X	
1b	X	
1c	X	
1d	X	
1e	X	
1f	X	
1g	X	
1h	X	
1i	X	
1j	X	

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses

- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2. In the answer to any or the above is Yes, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding excision for certain investment partnerships.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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