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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning April 1 , 2009, and ending March 31 , 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization **UNITED WAY OF CENTRAL GEORGIA, INC.**

Doing Business As

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

PO BOX 1302

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

MACON, GA 31202-1302

D Employer identification number **58 0639811**

E Telephone number **(478) 745-4732**

G Gross receipts $ **6,030,384**

F Name and address of principal officer **H. RONALD WATSON, PO BOX 1302, MACON, GA 31202-1302**

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.unitedwaycg.com**

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1955**

M State of legal domicile **GA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **The primary exempt purpose of United Way of Central Georgia (the Organization) is to raise and distribute funds for the community's needs and to bring together the various voluntary charitable health and social service organizations in the Central Georgia area in order to maximize the benefits provided by all organizations to the community.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	43
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43
	5 Total number of employees (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	1,000
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	- 0 -
	b Net unrelated business taxable income from Form 990-T, line 34	7b	- 0 -

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,371,559	5,610,434
	9 Program service revenue (Part VIII, line 2g)	196,257	197,326
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,706	40,795
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	186,017	166,138
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,812,539	6,014,693
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,817,020	4,324,611
	14 Benefits paid to or for members (Part IX, column (A), line 4)	- 0 -	- 0 -
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,181,140	1,170,743
	16a Professional fundraising fees (Part IX, column (A), line 11e)	- 0 -	- 0 -
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 615,040		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	717,576	655,535
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,715,736	6,150,889
	19 Revenue less expenses. Subtract line 18 from line 12	96,803	-136,196

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	9,337,300	8,786,504
	21 Total liabilities (Part X, line 26)	4,613,292	4,174,382
	22 Net assets or fund balances. Subtract line 21 from line 20	4,724,008	4,612,122

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E1-97 IRS-OSC

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

Signature of officer — Date: November 12, 2010

H. Ronald Watson, President & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶ ( )

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2009)

617 U

SCANNED DEC 07 2010

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
The Organization's mission is to conduct fundraising campaigns and distribute amounts received to programs and services that address community needs, to provide leadership to the community in setting the human care agenda by determining needs and indentifying human and financial resources available to address those needs, and to achieve results by creating or enhancing existing partnerships, collaborations and citizen participation.

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 exempt purpose achievements for each of the organization's three largest program services by expenses.* Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 4,884,640 including grants of $ 4,324,611) (Revenue $)
The Organization provides more than $3.5 million in funding for approximately 80 service programs provided to the community by partner agencies. These programs assist thousands of citizens in Central Georgia. The Organization also provides the United Way 2-1-1 information and referral service which helps connect people in need of assistance with organizations that provide help. The Organization also promotes volunteerism in community services and brings citizens together to determine unmet needs and identify community assets available in order to develop solutions to community problems.

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

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

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

4e Total program service expenses ▶ 4,884,640

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		✓
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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*	6		✓
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*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	✓	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* (Yes / No: 12A ✓)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		✓
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*	17		✓
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*	18	✓	
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*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II.*	21	✓	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	✓	
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	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		✓
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		✓
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		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		✓
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
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		✓
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		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		✓
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		✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable	1a -0-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b -0-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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 16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country ► ..... See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		

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.*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 43		
b	Enter the number of voting members that are independent	1b 43		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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*	9a		✓

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
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	✓	
b	Other officers or key employees of the organization	15b		✓
	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		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶ GEORGIA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ The Organization, 277 MLK Jr. Blvd., Suite 301, Macon, GA 31201 (478) 745-4732

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT SAPP CHAIR	1.0	✓		✓				- 0 -	- 0 -	- 0 -
SAM MACFIE CHAIR-ELECT	1.0	✓		✓				- 0 -	- 0 -	- 0 -
DAVID LANIER PAST CHAIR	1.0	✓		✓				- 0 -	- 0 -	- 0 -
JOHN DAY TREASURER	1.0	✓		✓				- 0 -	- 0 -	- 0 -
GEORGE MCCANLESS VICE CHAIR, MARKETING	1.0	✓		✓				- 0 -	- 0 -	- 0 -
JIM MANLEY VICE CHAIR, RESOURCE DEVELOPMENT	1.0	✓		✓				- 0 -	- 0 -	- 0 -
MARSHA BUZZELL VICE CHAIR, HOUSTON AREA	1.0	✓		✓				- 0 -	- 0 -	- 0 -
DAVID PERRY VICE CHAIR, OCONEE AREA	1.0	✓		✓				- 0 -	- 0 -	- 0 -
AL ALVONELLOS TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
DON BRAXLEY TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
REV. JAMES BUMPUS TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
KARL CHRISTIANSON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
JACOB COX TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
DONNA ELLIS TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
JIM FAIN TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
JOHN FERGUSON TRUSTEE	1.0	✓						- 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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. BRYAN FOBBUS TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
CHRIS GINEST TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
JEFF GORDON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
SAM HART, JR. TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
LISA HERRING TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
LINDA HOLLAND TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
ADRIAN JOHNSON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
PAULA KARSTI TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
JANET KELLY TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
KING KEMPER TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
JACK LESTER TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
JOHN LITTLE TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
TERRY MCGEE TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
1b Total ▶								1,109,761	- 0 -	34,432

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

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.

(A) Name and business address	(B) Description of services	(C) Compensation
None	N/A	- 0 -

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 5,431,574				
	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 178,860				
	g Noncash contributions included in lines 1a-1f $ 3,920					
	h **Total.** Add lines 1a–1f ▶		5,610,434			
Program Service Revenue		Business Code				
	2a **Rent Income-Unaffiliated Orgs**	532000	197,326	197,326		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		197,326			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		40,795			40,795
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ ..... of contributions reported on line 1c) See Part IV, line 18 a	24,350				
	b Less. direct expenses b	15,691				
	c Net income or (loss) from fundraising events ▶		8,659	8,659		
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less· direct expenses. b					
	c Net income or (loss) from gaming activities ▶					
	10a 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				
	11a **Misc. Revenue-Excluded**	900099	157,479			157,479
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶		157,479			
	12 **Total revenue.** See instructions. ▶		6,014,693	205,985		198,274

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,242,420	4,242,420		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	82,191	82,191		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16	- 0 -	- 0 -		
4 Benefits paid to or for members	- 0 -	- 0 -		
5 Compensation of current officers, directors, trustees, and key employees	518,432	129,039	254,878	134,515
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	- 0 -	- 0 -	- 0 -	- 0 -
7 Other salaries and wages	368,101	38,735	99,557	229,809
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	113,150	9,803	82,875	20,472
9 Other employee benefits	102,474	7,996	58,120	36,358
10 Payroll taxes	68,586	11,258	34,046	23,282
11 Fees for services (non-employees):				
a Management	- 0 -	- 0 -	- 0 -	- 0 -
b Legal	929	- 0 -	929	- 0 -
c Accounting	45,275	6,533	19,371	19,371
d Lobbying	- 0 -	- 0 -	- 0 -	- 0 -
e Professional fundraising services. See Part IV, line 17	- 0 -			- 0 -
f Investment management fees	- 0 -	- 0 -	- 0 -	- 0 -
g Other	- 0 -	- 0 -	- 0 -	- 0 -
12 Advertising and promotion	81,378	758	5,202	75,418
13 Office expenses	68,770	12,592	32,875	23,303
14 Information technology	10,500	10,500	- 0 -	- 0 -
15 Royalties	- 0 -	- 0 -	- 0 -	- 0 -
16 Occupancy	39,553	39,287	101	165
17 Travel	11,492	396	4,293	6,803
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	725	- 0 -	298	427
19 Conferences, conventions, and meetings	5,635	1,116	3,057	1,462
20 Interest	4,317	1,273	- 0 -	3,044
21 Payments to affiliates	35,198	5,147	16,536	13,515
22 Depreciation, depletion, and amortization	158,416	115,606	19,896	22,914
23 Insurance	6,759	2,844	3,639	276
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a UTILITIES	77,256	77,256	- 0 -	- 0 -
b MISCELLANEOUS	38,417	18,975	15,536	3,906
c SECURITY	40,484	40,484	- 0 -	- 0 -
d JANITORIAL SERVICE	30,431	30,431	- 0 -	- 0 -
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	6,150,889	4,884,640	651,209	615,040
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,357,594	1	328,984
	2	Savings and temporary cash investments		1,062,107	2	2,157,985
	3	Pledges and grants receivable, net		3,125,618	3	3,314,546
	4	Accounts receivable, net		39,531	4	30,498
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		2,778	5	- 0 -
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		- 0 -	6	- 0 -
	7	Notes and loans receivable, net		- 0 -	7	- 0 -
	8	Inventories for sale or use		- 0 -	8	- 0 -
	9	Prepaid expenses and deferred charges		23,663	9	25,721
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 4,298,766			
	b	Less: accumulated depreciation	10b 1,676,822	2,707,540	10c	2,621,944
	11	Investments—publicly traded securities		- 0 -	11	- 0 -
	12	Investments—other securities. See Part IV, line 11		- 0 -	12	- 0 -
	13	Investments—program-related See Part IV, line 11		- 0 -	13	- 0 -
	14	Intangible assets		- 0 -	14	- 0 -
	15	Other assets. See Part IV, line 11		1,018,469	15	306,826
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,337,300	16	8,786,504
Liabilities	17	Accounts payable and accrued expenses		112,463	17	132,592
	18	Grants payable		- 0 -	18	465,928
	19	Deferred revenue		2,272	19	2,316
	20	Tax-exempt bond liabilities		- 0 -	20	- 0 -
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		- 0 -	21	- 0 -
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		- 0-	22	- 0-
	23	Secured mortgages and notes payable to unrelated third parties		69,303	23	35,750
	24	Unsecured notes and loans payable to unrelated third parties		- 0-	24	- 0 -
	25	Other liabilities. Complete Part X of Schedule D		4,429,254	25	3,537,796
	26	**Total liabilities.** Add lines 17 through 25		4,613,292	26	4,174,382
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,724,008	27	4,457,004
	28	Temporarily restricted net assets		- 0 -	28	155,118
	29	Permanently restricted net assets		- 0 -	29	- 0 -
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,724,008	33	4,612,122
	34	Total liabilities and net assets/fund balances		9,337,300	34	8,786,504

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	✓	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
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.	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 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF CENTRAL GEORGIA, INC.	58 : 0639811

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives. (1) more than 33⅓ % 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 33⅓ % 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–Other

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

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

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,981,681	5,238,146	5,390,725	5,371,559	5,610,434	27,592,545
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	5,981,681	5,238,146	5,390,725	5,371,559	5,610,434	27,592,545
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 **Public support.** Subtract line 5 from line 4						27,592,545

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,981,681	5,238,146	5,390,725	5,371,559	5,610,434	27,592,545
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	227,169	239,758	255,206	258,072	238,121	1,218,326
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)	182,287	93,517	158,429	163,294	157,479	755,006
11 **Total support.** Add lines 7 through 10						29,565,877
12 Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	93.33 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	93.60 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, line 10: Other income includes life insurance cash surrender value revenue, administration fee income, and miscellaneous income.

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, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number
58 : 0639811

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 ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

4 Number of states where property subject to conservation easement is located ► .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under SFAS 116, 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► $ .....

b Assets included in Form 990, Part X ► $ .....

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	262,107	294,901			
b Contributions					
c Net investment earnings, gains, and losses	37,204	-32,794			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	978				
g End of year balance	298,333	262,107			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► 100 %
b Permanent endowment ► ..... %
c Term endowment ► ..... %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		114,706		114,706
b Buildings		3,565,734	1,303,818	2,261,916
c Leasehold improvements				
d Equipment		418,326	299,286	119,040
e Other		200,000	73,718	126,282
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				2,621,944

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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

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

(a) Description	(b) Book value
Cash Surrender Value of Life Insurance	**306,826**
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	**306,826**

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Allocations payable to agencies	**2,027,678**
Designations payable to agencies	**1,510,118**
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	**3,537,796**

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,014,693
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,150,889
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-136,196
4	Net unrealized gains (losses) on investments	4	24,311
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-111,885

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

1	Total revenue, gains, and other support per audited financial statements			1	4,632,974
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	24,311		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	245,528		
e	Add lines **2a** through **2d**			2e	269,839
3	Subtract line **2e** from line **1**			3	4,363,135
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	1,651,558		
c	Add lines **4a** and **4b**			4c	1,651,558
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	6,014,693

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

1	Total expenses and losses per audited financial statements			1	4,744,862
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	15,688		
e	Add lines **2a** through **2d**			2e	15,688
3	Subtract line **2e** from line **1**			3	4,729,174
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,421,715		
c	Add lines **4a** and **4b**			4c	1,421,715
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	6,150,889

Part XIV Supplemental Information

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

Part V, Line 4: The Board of Trustees has designated certain assets to be set aside to serve as an endowment, with earnings from these assets to be used to offset future administrative expenses of the Organization. The Board of Trustees retains control of these assets and may at its discretion subsequently use the assets for other purposes.

Part XII, Line 2d: Adjust revenue per financial statements to deduct administrative fee revenue on designated pledges and to deduct special event expenses (deducted from revenue on tax return).

Part XIV Supplemental Information *(continued)*

Part XII, Line 4b: Adjust revenue per financial statements to include contributions designated to specific organizations without variance power granted to the Organization.

Part XIII, Line 2d: Adjust expenses per financial statements to deduct special event expenses (deducted from revenue on tax return).

Part XIII, Line 4b: Adjust expenses per financial statements to include expense related to designations to specific organizations without variance power granted to the Organization.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58 : 0639811

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) 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
Advocacy Resource Center Macon, GA			51,645				Community Service
American Red Cross, Central GA Chapter, Macon, GA			255,225				Community Service
American Red Cross, Middle GA Chapter, Warner Robins, GA			100,337				Community Service
Bibb County 4-H Macon, GA			9,400				Community Service
Big Brothers Big Sisters of Heart of Georgia, Macon, GA			105,000				Community Service
Boy Scouts of America Macon, GA			147,050				Community Service
Boys & Girls Clubs of Baldwin & Jones Counties, Milledgeville GA			92,000				Community Service
Boys & Girls Clubs of Central GA Macon, GA			232,207				Community Service
Boys & Girls Clubs of Georgia Heartlands, Fort Valley, GA			50,000				Community Service
Cherished Children - Warner Robins Daycare, Warner Robins			79,000				Community Service
Consumer Credit Counseling Service, Macon, GA			22,240				Community Service
Crisis Line and Safe House Macon, GA			116,600				Community Service

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 72

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Tornado Recovery Fund	88	82,191			

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

Part I, Line 2: The Organization provides funding to partner agencies in the form of allocations from undesignated contributions and payment of designated contributions. Partner agencies are required to report periodically on services provided to the community and results achieved and to also provide copies of their Form 990's and audited financial statements. Panels of volunteers review these reports in detail and perform site visits to evaluate and verify the information provided. Summaries of the results of these reviews and site visits are provided to the Community Impact Leadership Committee of the Organization's Board of Trustees. The Organization also occasionally provides grant funding to partner and non-partner agencies for specific purposes or projects. These grants are usually funded from grants to the Organization from local foundations. Agencies that receive grants are required to provide reports detailing their use of the grant funds and the results obtained. This information is then used to report back to the foundation(s) that provided the grant(s) to the Organization.

Part III, Column a: The Central Georgia Tornado Recovery Fund was established to provide financial assistance to residents in the Central Georgia area affected by the tornados that hit the community on May 11, 2008. Contributions were collected from area businesses and individual donors and were distributed to individuals in the community that met certain criteria for storm related needs.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58 : 0639811

Part I 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
Family Counseling Center of Central Georgia, Macon, GA			141,386				Community Service
Fund for Life/Family Advancement Ministries, Macon, GA			28,000				Community Service
Girl Scouts of Historic Georgia Macon, GA			161,850				Community Service
Heart of Georgia Hospice Warner Robins, GA			53,934				Community Service
HODAC, Inc. Warner Robins, GA			159,150				Community Service
Hospice of Central Georgia Macon, GA			65,266				Community Service
Houston Co. Assn. for Exceptional Citizens/Happy Hour, Warner Robins			21,675				Community Service
Houston Co. Council on Aging/Meals on Wheels, Warner Robins, GA			55,139				Community Service
Houston County Volunteer Medical Clinic, Warner Robins, GA			45,000				Community Service
Macon Volunteer Clinic Macon, GA			80,000				Community Service
Meals on Wheels of Baldwin County Milledgeville, GA			11,000				Community Service
Meals on Wheels of Macon-Bibb County, Macon, GA			66,500				Community Service
Middle Georgia Community Action Agency, Warner Robins, GA			23,200				Community Service
Middle Georgia Community Food Bank, Macon, GA			48,150				Community Service
NAMI-National Alliance for the Mentally Ill, Warner Robins, GA			34,277				Community Service

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58 : 0639811

Part I 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
Rainbow House Children's Resource Center, Warner Robins, GA			58,741				Community Service
The Salvation Army, Baldwin County Milledgeville, GA			28,000				Community Service
The Salvation Army, Bibb County Macon, GA			162,350				Community Service
The Salvation Army, Houston County Warner Robins, GA			72,916				Community Service
Volunteer Houston County Warner Robins, GA			36,800				Community Service
Volunteer Macon Macon, GA			60,000				Community Service
Wilkinson County Service Center Gordon, GA			12,750				Community Service
Consumer Credit Counseling Service Macon, GA			75,000				Road to Recovery
America's Charities Chantilly, VA			36,115				Designated Gifts
American Red Cross Washington, DC			20,136				Designated Gifts
Animal Charities of America Larkspur, CA			51,774				Designated Gifts
Cancer Cure of America Larkspur, CA			54,279				Designated Gifts
Child Aid International Salem, MA			5,894				Designated Gifts
Children First - America's Charities Chantilly, VA			18,463				Designated Gifts
Children's Charities of America Larkspur, CA			32,684				Designated Gifts

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58 : 0639811

Part I 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
Children's Medical Charities Larkspur, CA			35,191				Designated Gifts
Christian Charities USA Larkspur, CA			36,466				Designated Gifts
Christian Service Charities Annandale, VA			80,093				Designated Gifts
Community Health Charities Arlington, VA			169,894				Designated Gifts
Community Health Charities of Georgia, Atlanta, GA			63,113				Designated Gifts
Conservation and Preservation Charites of America, Larkspur, CA			7,628				Designated Gifts
Do Unto Others Larkspur, CA			8,518				Designated Gifts
Earth Share Bethesda, MD			16,668				Designated Gifts
Earthshare of Georgia Atlanta, GA			5,669				Designated Gifts
Georgia Black United Fund Atlanta, GA			6,216				Designated Gifts
Global Impact Fund Alexandria, VA			25,484				Designated Gifts
Health & Medical Research Charities of America, Larkspur, CA			62,493				Designated Gifts
Health First - America's Charities Chantilly, VA			7,269				Designated Gifts
Human Care Charities of America Larkspur, CA			11,995				Designated Gifts
Local Independent Charities of America, Corte Madera, CA			11,405				Designated Gifts

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58 : 0639811

Part I 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
Medical Research Agencies of America, Annandale, VA			27,181				Designated Gifts
Military, Veterans and Patriotic Publi Service Org.'s of America, Larkspur,			54,709				Designated Gifts
Sports Charities USA Larkspur, CA			5,583				Designated Gifts
United Service Organization Arlington, VA			5,802				Designated Gifts
Women's Charities of America Larkspur, CA			8,146				Designated Gifts
American Cancer Society-South Atlantic Div., Atlanta, GA			5,193				Designated Gifts
Bleckley County 4-H Club Cochran, GA			5,707				Designated Gifts
Community Outreach Service Center Warner Robins, GA			6,046				Designated Gifts
Fort Valley State University Foundation, Fort Valley, GA			16,914				Designated Gifts
Houston County Habitat for Humanity, Warner Robins, GA			10,642				Designated Gifts
Humane Society of Houston County Warner Robins, GA			27,272				Designated Gifts
Joanna Mcafee Childhood Cancer Warner Robins, GA			29,752				Designated Gifts
Make-A-Wish Foundation of Georgia Macon, GA			9,067				Designated Gifts
Methodist Home of the South Georgi Conference, Macon, GA			20,355				Designated Gifts
United Negro College Fund Fairfax, VA			14,463				Designated Gifts

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

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

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number
58 : 0639811

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ADMIN.PROF.DAY (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	6,635			6,635
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	6,635			6,635
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	2,053			2,053
	8 Entertainment				
	9 Other direct expenses	180			180
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(2,233)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				4,402

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

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

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities:		
a	Is the organization licensed to operate gaming activities in each of these states? 9a		
b	If "No," explain:		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a		
b	If "Yes," explain:		
11	Does the organization operate gaming activities with nonmembers? 11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12		

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility . . . . . 13a %		
b	An outside facility . . . . . 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► $ _____ and the amount of gaming revenue retained by the third party ► $ _____ .		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► $ _____		
	Description of services provided ►		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $		

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58 0639811

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b ✓	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 ✓	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b ✓	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a ✓	
b	Any related organization?	5b	✓
	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?	6a	✓
b	Any related organization?	6b	✓
	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	7	✓
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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	✓

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
H. RONALD WATSON	(i)	158,100	2,444	949,217	- 0 -	34,432	1,144,193	882,839
	(ii)	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
See response for Part I, Line 4b in Part III for additional information regarding other reportable compensation	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1a: In accordance with an employment contract approved by the Board of Trustees, the Organization pays membership dues to a local club for the President & CEO.

PART I, LINE 4b: In 1986, United Way of Central Georgia's Board of Trustees developed and approved a supplemental retirement plan for the Organization's President & CEO. The plan provided deferred compensation to the President & CEO at age 62 should he remain employed by the Organization for a specified number of years. The Organization, at the direction of the Board of Trustees, purchased a life insurance policy with the President & CEO as the insured as a means of building sufficient cash value to pay the benefit and to provide the Organization a death benefit upon the President & CEO's death to reimburse the Organization for its costs associated with the plan. The President & CEO was totally vested in the plan in 1994. In 2000, the Board of Trustees developed and approved an enhanced supplemental retirement plan for the President & CEO. The cash surrender value of the existing life insurance policy related to the plan in which the President & CEO was totally vested was used as a partial payment to purchase additional life insurance to provide an increased supplemental retirement benefit for the President & CEO. In summary, the new plan states that the President & CEO was vested at $262,000 in 2000 and would become incrementally vested each year up to a maximum benefit amount of $945,000 should the President & CEO remain employed by the Organization through November 7, 2009. The President & CEO did remain employed by the Organization through November 7, 2009 and received a lump sum distribution of $945,000 on December 1, 2009 which was funded by a withdrawal from the cash surrender value of the life insurance policy. The balance in the cash surrender value of the life insurance policy after the withdrawal is being used to maintain the insurance policy owned by the Organization which has a death benefit amount sufficient to allow the Organization to recover its costs associated with the plan.

PART I, LINE 5a: In accordance with a previous employment contract approved by the Board of Trustees, the President & CEO could receive a bonus if certain performance criteria were met. The amount of the bonus, if any, was determined based upon the Organization's revenues.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58 : 0639811

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEITH MOFFETT TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
ROB MORTON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
BRIGITTE MOTEN TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
SAM MUDANO TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
TOM OWENS TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
BETH PEARSON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
MARVIN RIGGINS TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
BERNARD SNELL TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
DEANNA SQUIRES TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
MARY THERESE TEBBE TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
THERESA THORNTON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
JERRY WEST TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
DR. HARRIETT WHIPPLE TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
PAM WHITE-COLBERT TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
H. RONALD WATSON PRESIDENT & CEO	37.5				✓	✓		1,109,761	- 0 -	34,432

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58 : 0639811

Form 990, Part VI, Section A, Line 6: The Organization's bylaws establish four classes of participants - organizational, individual, agency and honorary. An organizational participant contributes money, service or in-kind gifts to the Organization and is entitled to have a representative attend and vote at the Organization's annual meeting. An individual participant contributes money or service to the Organization and is also entitled to attend and vote at the Organization's annual meeting. A participating agency provides a legitimate human service program and, upon approval by the Organization's Board of Trustees, enters into an agreement to comply with guidelines and policies established by the Organization. A participating agency is entitled to have a representative attend and vote at the Organization's annual meeting. Honorary participants are individuals or organizations selected by the Organization's Board of Trustees for recognition of outstanding and unselfish service to the Organization.

Form 990, Part VI, Section A, Line 7a: Members of the Organization's Board of Trustees are elected at the Organization's annual meeting by the participants as defined in the Organization's bylaws (described above).

Form 990, Part VI, Section B, Line 11a: The Form 990 was distributed to the Executive Committee of the Organization's Board of Trustees for their review and approval prior to submission. The Executive Committee is authorized by the Organization's bylaws to act with finality on matters requiring approval by the Board of Trustees between scheduled meetings of the Board of Trustees. Actions of the Executive Committee are reported at the next Board of Trustees meeting.

Form 990, Part VI, Section B, Line 12c: The Organization's Code of Ethics includes the conflict of interest policy and provides guidance on avoiding conflicts of interest as well as the appearance of conflicts of interest which could tarnish the reputation of the Organization or undermine the public's trust in the Organization. The policy instructs volunteers and employees to disclose any known or possible breaches of the Code of Ethics, including conflicts of interest, to the Chair of the Organization's Board of Trustees and/or to the Organization's President and CEO. Reports of possible breaches are investigated and, if needed, appropriate action is taken based upon the policies of the Organization.

Name of the organization	Employer identification number
UNITED WAY OF CENTRAL GEORGIA, INC.	58 0639811

Form 990, Part VI, Section B, Line 15a: Compensation and benefits for the Organization's President & CEO are determined by an employment contract that was reviewed and approved by the Executive Committee of the Organization's Board of Trustees. The Executive Committee is comprised of the officers of the Organization's Board of Trustees, and the members are all volunteers that are independent of the Organization's management. Minutes of the meeting at which the employment contract was reviewed and approved are recorded in writing and include substantiation of the deliberation, discussion and approval.

Form 990, Part VI, Section C, Line 19: The Organization makes its governing documents, code of ethics (which includes its conflict of interest policy), financial statements and Form 990 available to the public upon request.

United Way of Central GA [0208611]
Net Book Value - Depreciation

Financial
04/01/2009 - 03/31/2010

System No.	Asset Balances				Reductions						Net Book Value
	Beginning Balance	Additions	Deletions	Ending Balance	Beg. Accum. Depreciation	Current Depreciation	Sec. 179/ Bonus	Other Reductions	Deletion Reductions	Total Reductions	
BLDG											
Subtotal: BLDG	3,565,733.84	0.00	0.00	3,565,733.84	1,206,418.13	97,400.34	0.00	0.00	0.00	1,303,818.47	2,261,915.37
Less dispositions and exchanges:											
	0.00	0 00	0 00	0.00	0 00	0.00	0 00	0.00	0 00	0.00	0 00
Net for: BLDG	3,565,733.84	0.00	0 00	3,565,733.84	1,206,418.13	97,400.34	0.00	0.00	0.00	1,303,818.47	2,261,915.37
EQUI											
Subtotal: EQUI	371,028.33	90,316.02	43,018.42	418,325.93	268,920.59	55,887.91	0.00	0.00	25,522.65	299,285.85	119,040.08
Less dispositions and exchanges:											
	43,018 42	0 00	43,018 42	0.00	18,961 74	0 00	0 00	0 00	25,522.65	0.00	0.00
Net for: EQUI	328,009.91	90,316.02	0.00	418,325.93	249,958.85	55,887.91	0.00	0.00	0.00	299,285.85	119,040.08
LAND											
Subtotal: LAND	114,706 00	0 00	0.00	114,706.00	0.00	0 00	0.00	0.00	0.00	0.00	114,706.00
Less dispositions and exchanges:											
	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0.00	0 00	0.00	0 00
Net for LAND	114,706.00	0.00	0 00	114,706.00	0.00	0 00	0 00	0.00	0.00	0.00	114,706 00
PLAZA											
Subtotal: PLAZA	200,000.00	0.00	0.00	200,000.00	68,589.75	5,128.20	0.00	0.00	0.00	73,717.95	126,282.05
Less dispositions and exchanges:											
	0.00	0 00	0 00	0 00	0 00	0.00	0 00	0 00	0 00	0.00	0.00
Net for. PLAZA	200,000.00	0.00	0.00	200,000.00	68,589.75	5,128.20	0 00	0.00	0.00	73,717.95	126,282.05
Subtotal	4,251,468.17	90,316.02	43,018.42	4,298,765.77	1,543,928.47	158,416 45	0.00	0.00	25,522.65	1,676,822.27	2,621,943.50
Less dispositions and exchanges											
	43,018 42	0.00	43,018 42	0.00	18,961.74	0.00	0 00	0.00	25,522.65	0.00	0.00
Grand Totals	4,208,449.75	90,316.02	0.00	4,298,765.77	1,524,966.73	158,416.45	0.00	0.00	0.00	1,676,822.27	2,621,943.50

United Way of Ce-tral GA [0208611]

Depreciati , Expense

Financial

04/01/2009 - 03/31/2010

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
BLDG												
BUILDING												
141			11/1/1995	MSL / MM	39.0000	2,945,743 00	100 0000	0 00	0 00	1,010,238.75	75,531.87	1,085,770 62
BUILD OUT RES. CTR												
184			9/15/1996	MSL / MM	39.0000	24,147 00	100.0000	0.00	0 00	7,765.19	619.16	8,384.35
BUILDOUT												
191			9/15/1996	MSL / MM	39 0000	11,091 00	100.0000	0 00	0 00	3,566.65	284 38	3,851 03
Conference Room Improvements												
243			3/15/1999	MSL / MQ	10 0000	100,974 34 (1)	100.0000	0 00	0 00	95,284 19	5,690.15	100,974.34
Office Building - 106 Olympia Dr.												
324			12/23/2002	SL / N/A	39.0000	450,406.50	100.0000	0.00	0.00	72,180.50	11,548.88	83,729 38
Roof Replacement - Olympia Bldg												
329			5/30/2003	MSL / HY	10.0000	29,485.00	100.0000	0.00	0.00	16,216.75	2,948.50	19,165.25
Window in WIC Office - 106 Olympia Drive												
356			9/30/2007	MSL / HY	5.0000	3,887 00	100.0000	0 00	0 00	1,166 10	777 40	1,943 50
Subtotal: BLDG						3,565,733.84		0.00	0.00	1,206,418.13	97,400.34	1,303,818.47
Less dispositions and exchanges:						0.00		0.00	0 00	0 00	0.00	0.00
Net for: BLDG						3,565,733.84		0.00	0.00	1,206,418.13	97,400.34	1,303,818.47
EQUI												
DBS 72 Telephone Sys												
96			7/11/1995	MSL / HY	5 0000	15,660.00 (1)	100 0000	0.00	0.00	15,660.00	0.00	15,660 00
Office Furniture												
100	(D)		8/21/1995	MSL / HY	5.0000	2,708.00	100.0000	0.00	0 00	2,708 00	0.00	2,708.00
18 Tables												
104			8/21/1995	MSL / HY	5.0000	13,823.00	100 0000	0 00	0 00	13,823.00	0.00	13,823 00
48 Chairs												
105			8/21/1995	MSL / HY	5.0000	19,996 00	100.0000	0 00	0.00	19,996 00	0 00	19,996 00
Lamps,Tables,Picture												
102			9/27/1995	MSL / HY	5.0000	6,183.00	100.0000	0 00	0.00	6,183 00	0.00	6,183 00
Alarm System												
107			10/16/1995	MSL / HY	5.0000	2,829.00	100.0000	0 00	0.00	2,829 00	0 00	2,829 00
Tables & Chairs												
108			10/31/1995	MSL / HY	5.0000	1,218 00	100.0000	0.00	0.00	1,218 00	0.00	1,218.00
Conf. Room Furniture												
109			10/31/1995	MSL / HY	5.0000	2,925.00	100.0000	0.00	0.00	2,925.00	0.00	2,925.00
Pictures												
110			11/20/1995	MSL / HY	5.0000	1,550 00	100.0000	0 00	0.00	1,550 00	0.00	1,550.00
10 Arm Chairs												
111			11/20/1995	MSL / HY	5 0000	2,210.00	100 0000	0 00	0.00	2,210.00	0 00	2,210.00
TABLE SN CONF RM												
135			11/30/1995	MSL / HY	5.0000	1,219 00	100.0000	0 00	0 00	1,219 00	0.00	1,219 00
Mini Blinds												
103			12/1/1995	MSL / HY	5.0000	1,523.00	100.0000	0 00	0.00	1,523.00	0.00	1,523 00
LATERAL FILES												
166	(D)		8/15/1996	MSL / HY	5 0000	1,363 00	100 0000	0.00	0.00	1,363.00	0 00	1,363 00

(1) = 303,836.35 − (D) 10,213.86 = 293,622.49 40/10.000

United Way of Central GA [0208611]

Depreciat , Expense

Financial

04/01/2009 - 03/31/2010

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
EQUI												
DESK												
169		5 BOOKCASES	8/15/1996	MSL / HY	5 0000	1,372.00	100.0000	0.00	0 00	1,372 00	0 00	1,372.00
173		Floodlights	8/15/1996	MSL / HY	5.0000	1,162.00	100 0000	0 00	0.00	1,162.00	0.00	1,162 00
217		Hewlett Packard Laserjet 4000se	2/28/1998	MSL / HY	5.0000	1,675 00	100.0000	0 00	0.00	1,675.00	0 00	1,675.00
221		Desk, Credenza, & Keyboard Shelf	2/28/1998	MSL / HY	3.0000	1,302 49	100 0000	0.00	0.00	1,302.49	0.00	1,302 49
232		Ice Machine	5/31/1998	MSL / HY	5.0000	1,806 24	100 0000	0.00	0 00	1,806 24	0.00	1,806.24
244		HP Color Laserjet 4500 printer	1/18/1999	MSL / HY	5.0000	1,690 70	100.0000	0.00	0.00	1,690.70	0.00	1,690.70
266		HP Laserjet 4050N	2/23/2000	MSL / HY	3.0000	2,920 47	100 0000	0 00	0 00	2,920.47	0 00	2,920.47
301		Telephones, Expansion Cards & Software	2/15/2001	MSL / HY	3.0000	1,695.36	100.0000	0.00	0.00	1,695 36	0.00	1,695 36
303		Indiana 36x72 Desk w/Bridge & Corner	3/31/2001	MSL / HY	3 0000	5,293.43	100.0000	0.00	0 00	5,293.43	0.00	5,293 43
288		5 Boardroom chairs	5/15/2001	MSL / HY	5 0000	2,005.04	100 0000	0.00	0 00	2,005.04	0.00	2,005.04
297		54" Round Marble Table	5/15/2001	MSL / HY	5 0000	1,224.30	100 0000	0 00	0.00	1,224 30	0 00	1,224.30
283		4 Black leather chairs	8/31/2002	SL / N/A	5.0000	1,680 00	100.0000	0 00	0 00	1,680.00	0 00	1,680 00
308		3 Chippendale bench seats	8/31/2002	SL / N/A	5.0000	4,380 00	100 0000	0.00	0.00	4,380 00	0 00	4,380.00
310		Tapestry, rods & finials	8/31/2002	SL / N/A	5 0000	1,800 00	100.0000	0 00	0 00	1,800.00	0 00	1,800.00
314		Three panel screen	8/31/2002	SL / N/A	5.0000	2,000.00	100.0000	0.00	0.00	2,000.00	0 00	2,000.00
325		Bldg Number & Lobby Sign	8/31/2002	SL / N/A	5 0000	1,950 00	100.0000	0.00	0 00	1,950.00	0 00	1,950 00
316		HP Laserjet 4100	2/28/2003	SL / N/A	5.0000	2,067.85	100 0000	0.00	0.00	2,067.85	0.00	2,067.85
326		Adtran 550 base unit	3/17/2003	MSL / MQ	3.0000	2,192 86	100.0000	0.00	0.00	2,192.86	0.00	2,192 86
317		2 Atlas 550 Quad T1/PRI Modules	3/31/2003	MSL / MQ	3 0000	3,204.65	100 0000	0.00	0.00	3,204.65	0 00	3,204 65
318		9 Efficient Network 5940 Routers	3/31/2003	MSL / MQ	3.0000	3,199.30	100.0000	0 00	0.00	3,199.30	0.00	3,199.30
320		Purchase and installation of routers and Macon and WR	3/31/2003	MSL / MQ	3.0000	9,581.85	100.0000	0 00	0.00	9,581.85	0 00	9,581.85
328		6 Drawer Card File Cabinet	4/29/2003	MSL / HY	3.0000	7,477.16	100.0000	0.00	0.00	7,477 16	0 00	7,477.16
327			11/28/2003	MSL / HY	5 0000	1,045.41	100 0000	0.00	0.00	1,045.41	0 00	1,045 41

United Way of Central GA [0208611]

Depreciat Expense

Financial

04/01/2009 - 03/31/2010

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
EQUI												
A/C - Phoenix Center												
335		New Server (Computer Concepts)	8/25/2004	SL / N/A	10.0000	2,300.00	100.0000	0.00	0 00	1,054.17	230.00	1,284 17
331		Financial Edge Software	11/15/2004	SL / N/A	5.0000	20,243.09	100.0000	0.00	0 00	17,881.41	2,361.68	20,243.09
330		Savin 4051 Copier	2/28/2005	SL / N/A	5 0000	23,721.98	100.0000	0.00	0 00	19,372.97	4,349.01	23,721 98
333		Raiser's Edge Software	3/10/2005	SL / N/A	5 0000	13,583.15	100 0000	0.00	0.00	11,092.91	2,490.24	13,583 15
332		Raiser's Edge Software	6/30/2005	SL / N/A	5 0000	22,227 21	100 0000	0.00	0 00	16,670.40	4,445.44	21,115.84
336		Office Chair	6/30/2005	SL / N/A	5.0000	24,340.04	100.0000	0 00	0 00	18,255 04	4,868 01	23,123.05
338		Office Chair - Peyton Anderson Room	11/15/2005	SL / N/A	5 0000	507.73	100.0000	0.00	0 00	346.96	101.55	448.51
339		Office Chairs (9) - Peyton Anderson Room	11/15/2005	SL / N/A	5 0000	507 73	100.0000	0 00	0.00	346.96	101.55	448 51
340		Dell Latitude D820 Laptop Computer	12/15/2005	SL / N/A	5 0000	4,455.66	100 0000	0.00	0 00	2,970 43	891.13	3,861 56
341		Dell Optiplex GX620 Desktop Computer	6/30/2006	SL / N/A	3.0000	2,874 01	100.0000	0 00	0 00	2,634.50	239 51	2,874.01
342		Dell Optiplex GX620 Desktop Computer	6/30/2006	SL / N/A	3.0000	1,622 13	100.0000	0 00	0 00	1,486.95	135.18	1,622 13
343		Dell Optiplex GX620 Desktop Computer	8/15/2006	SL / N/A	3.0000	1,521.53	100.0000	0.00	0 00	1,352 48	169.05	1,521.53
344		Dell Optiplex GX620 Desktop Computer	8/15/2006	SL / N/A	3 0000	1,521.54	100 0000	0.00	0 00	1,352.48	169.06	1,521.54
345		Fountain Waterproofing	8/15/2006	SL / N/A	3 0000	1,841.47	100.0000	0.00	0.00	1,636 85	204 62	1,841 47
346		Carpet	9/15/2006	SL / N/A	5 0000	7,800.00	100.0000	0.00	0.00	4,030.00	1,560 00	5,590 00
347		Dell 3115 Printer/Scanner/Fax	11/30/2006	SL / N/A	7.0000	13,750.00	100 0000	0 00	0 00	4,583.34	1,964 29	6,547.63
349		Dell Computer	6/15/2007	SL / N/A	3 0000	1,228 66	100.0000	0 00	0 00	750.84	409.55	1,160.39
350		DI 600 Folding/Inserting Machine	7/13/2007	SL / N/A	3 0000	1,324 66	100 0000	0 00	0.00	772.71	441 55	1,214.26
351		HP Laptop	8/15/2007	SL / N/A	3.0000	12,826 28	100.0000	0.00	0.00	7,125.72	4,275.43	11,401.15
352		2008 Toyota Highlander	9/13/2007	SL / N/A	3.0000	1,416 66	100 0000	0.00	0.00	747.68	472.22	1,219.90
348	D	Commercial Furnishings	11/30/2007	SL / N/A	5 0000	32,804.56	100.0000	0.00	0 00	8,747.88	6,560.91	15,308.79
354		Benchmark Technology Check Scanner	12/31/2007	M / HY	5 0000	6,629.70	100.0000	0 00	0 00	3,447.44	1,272.90	4,720 34

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
EQUI												
353		HVAC Control System	2/15/2008	SL / N/A	3 0000	916 54	100.0000	0.00	0 00	356.43	305 51	661.94
355		Dell Latitude D630C Laptop Computer	2/29/2008	SL / N/A	5.0000	12,850 00	100 0000	0.00	0 00	2,784.17	2,570 00	5,354 17
358		Dell Latitude D830 Laptop Computer	4/1/2008	SL / N/A	3.0000	1,978.56	100 0000	0.00	0.00	659.52	659.52	1,319.04
357		eCFund 2.0 Online Community Impact System	6/18/2008	SL / N/A	3.0000	2,240.94	100 0000	0.00	0.00	560.24	746.98	1,307 22
362		Dell M4400 Laptop	6/30/2008	SL / N/A	5.0000	5,378 05	100 0000	0.00	0.00	806 71	1,075.61	1,882 32
359		Dell M4400 Laptop	11/14/2008	SL / N/A	3 0000	2,182 07	100.0000	0.00	0.00	303.07	727.36	1,030 43
361		CCTV System	11/14/2008	SL / N/A	3 0000	2,175 67	100.0000	0.00	0.00	302.18	725.22	1,027 40
360		3 Dell Optiplex 760 Computers	12/11/2008	SL / N/A	5.0000	8,325.60	100.0000	0.00	0.00	555.04	1,665 12	2,220 16
363		Carrier Chiller	6/15/2009	SL / N/A	3.0000	2,715.50	100 0000	0.00	0.00	0 00	754 31	754.31
365		Dell Latitude E6500 Laptop Computer	7/7/2009	SL / N/A	5 0000	59,050.00	100.0000	0 00	0.00	0 00	8,857 50	8,857.50
364		2010 Chevrolet Traverse	1/15/2010	SL / N/A	3.0000	1,054.75	100.0000	0.00	0.00	0.00	87.90	87.90
366			3/19/2010	SL / N/A	5.0000	27,495.77	100.0000	0 00	0 00	0 00	0.00	0.00
Subtotal: EQUI						461,344.35		0.00	0.00	268,920.59	55,887.91	324,808.50
Less dispositions and exchanges:						43,018 42		0 00	0 00	18,961.74	0.00	25,522.65
Net for: EQUI						418,325.93		0.00	0.00	249,958.85	55,887.91	299,285.85
LAND												
LAND												
77		LAND-EASEMENT FEES	4/21/1993	No Calc / N/A	0.0000	113,899.00	100.0000	0.00	0.00	0.00	0.00	0.00
95		LAND - PROF FEE	8/2/1994	No Calc / N/A	40 0000	368 00	100.0000	0.00	0.00	0.00	0.00	0.00
143			6/15/1995	No Calc / N/A	0.0000	439.00	100.0000	0.00	0.00	0.00	0 00	0.00
Subtotal: LAND						114,706.00		0.00	0.00	0.00	0.00	0.00
Less dispositions and exchanges:						0.00		0.00	0.00	0 00	0.00	0 00
Net for: LAND						114,706.00		0.00	0.00	0.00	0.00	0.00
PLAZA												
PLAZA												
142			11/1/1995	MSL / MM	39.0000	200,000.00	100.0000	0 00	0.00	68,589.75	5,128 20	73,717 95
Subtotal: PLAZA						200,000.00		0.00	0.00	68,589.75	5,128.20	73,717.95
Less dispositions and exchanges:						0 00		0.00	0 00	0.00	0 00	0 00

United Way of Central GA [0208611]

Depreciat. Expense

Financial

04/01/2009 - 03/31/2010

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg Accum. Depreciation	Current Depreciation	Total Depreciation
Net for: PLAZA						200,000.00		0.00	0.00	68,589.75	5,128.20	73,717.95
Subtotal:						4,341,784.19		0.00	0.00	1,543,928.47	158,416.45	1,702,344.92
Less dispositions and exchanges:						43,018.42		0.00	0.00	18,961.74	0 00	25,522.65
Grand Totals:						4,298,765.77		0.00	0.00	1,524,966.73	158,416.45	1,676,822.27

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

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

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

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

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

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

Electronic Filing (e-*file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	UNITED WAY OF CENTRAL GEORGIA, INC.	58 0639811
	Number, street, and room or suite no. If a P O. box, see instructions.	
	P.O. BOX 1302	
	City, town or post office, state, and ZIP code For a foreign address, see instructions.	
	MACON, GA 31202-1302	

Check type of return to be filed (file a separate application for each return):

☑ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► UNITED WAY OF CENTRAL GEORGIA, INC.

Telephone No. ► (478) 745-4732 FAX No. ► (478) 741-1731

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20_____ or

► ☑ tax year beginning APRIL 1 , 20 09 , and ending MARCH 31 , 20 10

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions.	Number, street, and room or suite no. If a P O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions	

Check type of return to be filed (File a separate application for each return):

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

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

- The books are in the care of ▶ .....

Telephone No. ▶ (.....) ..... FAX No. ▶ (.....) .....

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

4 I request an additional 3-month extension of time until ....., 20.....

5 For calendar year ....., or other tax year beginning ..... , 20....., and ending ....., 20.....

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension .....

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

Signature and Verification

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

Signature ▶ [signature] Title ▶ **PRESIDENT & CEO** Date ▶ **AUGUST 16, 2010**