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#### 990 Form

## **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)

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Form 990 (2011)

															•
Α	For the	2011 calend	dar year, or	tax year be	eginning				, 2011, and	endi	ng			, 20	)
В	Check if ap	s if applicable C Name of organization UNITED FUND OF ASHLEY COUNTY												D Employer	identification no
] ,	Address ch	ss change Doing Business As										71-605	7785		
X	Name cha	change Number and street (or P O box if mail is not delivered to street address)								Ro	oom/sui	te	T	E Telephone	number
	nitial retur	eturn P O BOX 604										(870)3	64-8745		
」·	Terminated	1	City or town	, state or coun	itry, and ZIP +	4						<del></del>	T		61,143
X /	Amended i	return	CROSS	ETT, AR	71635									G Gross reco	eipts \$
	Application	n pending	F Name and	d address of pr	incipal officer	JUST	IN H RE	ED							
											H(a)	Is this a gro affiliates?	oup re	turn for	Yes X No
i .	Tax-exemp	ot status X	501(c)(3)	501(c) (	) <b>《</b> (in	sert no )	4947(a	)(1) or	527		Н(b)	Are all affile	ates ii	ncluded?	Yes No
J '	Website	▶ N/A	,	<del></del>	·						H(c)	If "No," atta Group exer	ich a l nption	ist (see instruction	:tions) ▶
K	Form of or	ganization X	Corporation	Trust	Association	Other	<b>•</b>		L Year of formation	199				al domicite	AR
Pa	rt I	Summar	· · · · · · · · · · · · · · · · · · ·					· · ·				·	<u>`</u>		
				nızatıon's r	nission or	most sian	uficant act	vities CO	LECTION AND	DIS	TRI	BUTION			
c G	;		<del></del>			· · · · · ·									
t o	1		· · · · ·	· · · · · · · · · · · · · · · · · · ·			<del></del>								
v e	2	Check this b	oox ▶☐ if th	ne organiza	tion disco	ntinued its	s operation	s or dispos	ed of more than 25	5% of	its ne	et assets			
l r t n				•			•	•					3	1	Q
a									1b)				4	-	9
5 C	5												5	<del> </del>	
	3 6												6	<b>-</b>	
2	2 72												7a		Ö
24	''												7b	<del></del>	
3	+ -	THE UITERALE	u business i	axable IIIC	Jille Holli I	01111 990-	-1, 11116 34	• • • • •	<del></del>	· · ·		or Year	7 10		
<u>CR</u>	8	Contribution	o and aranta	(Dod VIII	lino 1h)					<u> </u>			, 24		rent Year
4 B B									• • • • • • • • •				, 24	<u> </u>	59,987
ě										<u> </u>					
Cultury S									• • • • • • • • •				, 55	ь	1,156
1016 55	1			-			-								0
3	12	Total revenu	ie - add lines	8 through	11 (must 6	quai Pan	AT COUR	mn (A) line	12)	ļ			,80		61,143
75 5	13	Grants and	sımılar amou	ints paid (F	art IX, cou	µmn=(A),=I (63)	lines_1-3)°		စ္ခ∦	<u> </u>		112	, 33	7	78,618
がE がx		Benefits par							2	ļ				ļ	0
P									210)						0
e		Professiona								L		······································			0
5		Total fundra							0						
e s		Other expen	-	•	• •	-			٠	ļ			, 64		2,894
												114			81,512
	19	Revenue les	ss expenses	Subtract	line 18 fror	m line 12.				ļ		(32	,18	3)	(20,369)
Net Asset	s									Begi	nning o	of Current Y	'ear	Enc	d of Year
or	20	Total assets								<u></u>		82	, 46	3	62,094
Fund Bal-		Total liabilitie													0
ances				ces Subtr	ract line 21	from line	20		<u> </u>			82	, 46	3	62,094
Pa	rt II	Signatu	re Block				<del>- ' </del>								
Undei true, d	r penalties correct, an	of perjury, I deci	jare that I have e laration of prepa	xamined this re rer (other than	eturn, includis officer Tarbas	e accompan ed on all info	iying schedule ormation of w	es and statemer nich preparer ha	ts, and to the best of my s any knowledge	knowle	edge ar	nd belief, it	IS		
					<del>T                                    </del>	11							Т	/	
۸.			IN H REE		) / L	en								17-21	(-1)
Sig	n	Signatui	re of officer			7				•			Dat	e	
Her	е	JUST	IN H REE	D, TREA	SURER										
		Type or	print name and t	itle			-	_							
		Print/Type pre	eparer's name		Perf	s signature	$\overline{A}$	1	ate		С	heck X	ıf	PTIN	
Pai	d	Clark W	V Terrell	•	CILLE	WE	<b>641</b> 2	and	03-21-2013	-	s	elf-employe	- 1	P0054	6599
Pre	parer	Firm's name	<b>•</b>	Clark	W Terre	ell CPA		)	1	Fir	m's Eff				
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	•		-	Crosse	tt AR 7	71635							8	370-364-	5006
May	the IRS	S discuss this	s return with				no inotriot	1000)							Voc No

For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2011) UNITED FUND OF ASHLEY COUNTY	71-6057785	Page 2
Pai	rt-III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	<u> </u>	
1	Briefly describe the organization's mission		
	COLLECTION AND DISTRIBUTION		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	U Yes	X 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?	□ vos	₩ No
	If "Yes," describe these changes on Schedule O	∐ Tes	MU
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured.	ired by	
•	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount		
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported		
	<b>3</b>		
4a	(Code ) (Expenses \$ 81,512 including grants of \$ 78,618) (Revenue	\$ 60	0,103)
	THIS ORGANIZATION SOLICITS AND COLLECTS		<del></del>
	CONTRIBUTIONS FROM THE GENERAL PUBLIC		
	FOR DISBURSEMENT TO SPECIFIC DONEES.		
46	(Code ) (Figures 6 )	<u> </u>	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
		<del></del>	
			• • • • • • • • • • • • • • • • • • • •
4c	(Code) (Expenses \$including grants of \$) (Revenue	\$	)
			<del></del>
			·
		<del></del>	····
4d	Other program services (Describe in Schedule O)		
70	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e			

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	2	_X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		İ	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		Ì	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
c	Part III	5	$\longrightarrow$	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_	}	
7	"Yes," complete Schedule D, Part I	6		<u>X</u>
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	ļ	
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
Ü	·		- 1	37
9	complete Schedule D, Part III	8		X
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		- 1	
	complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		X
-	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		-	
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1	
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ŀ	Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more		ľ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		_X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investmetht, and program service activities outlisde the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV	446		37
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		<u>X</u>
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		<u>X</u>
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-10		<u>X</u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20b	-+	- 27

Part IV Checklist of Required Schedules (continued)

		- 1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	Ì		
	on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		_ X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ľ	1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		L
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		l	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
••	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34		24		3,7
35a	IV, and V, line 1	34		X
		35a		_X_
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
36		35b		<u>X</u>
50	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	20		17
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	'		
		,,		17
38	Part VI	37		X
J0		20	,,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	

Page 5

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

	Check if Schedule O contains a response to any question in this Part V			. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		-	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a (	}		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a		X
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for Form TD F 90 33.1. Report of Foreign Rock and Financial Associates			
5a	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			٠,,
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		_X_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
	organization solicit any contributions that were not tax deductible?	6a		v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		<u> X</u>
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		<u> </u>
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		_X_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
р 0	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
a				
b	Gross receipts, included on Form 990, Part VIII, line 12			
1	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
2a	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			<del></del>
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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- [	v

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			ı
	If there are material differences in voting rights among members of the governing body, or			1
	If the governing body delegated broad authority to an executive committee or similar			i
	committee, explain in Schedule O			ł
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			l
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		_ X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	_X	<b> </b>
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	]		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_X_	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<del></del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	42-		1
42	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
а	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	150		v
	· · · · · · · · · · · · · · · · · · ·	15a		X
b	Other officers or key employees of the organization	15b		X_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		l .
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	iva		X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		v
500	tion C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
.0	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
13	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
-0	organization • JUSTIN H REED (870) 364~8745			

Form	aan	(2011)	
	330	120111	

UNITED FUND OF ASHLEY COUNTY

71-6057785

Page 7

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average			Posi				Reportable Reportab		Estimated	
, and and the	hours per	(do no	(do not check me			an one		compensation	compensation from	amount of	
	week (describe	,						from the	related organizations	other compensation	
	hours for					rustee)		organization	(W-2/1099-MISC)	from the	
	related	I t d		0	К	Нсе	F	(W-2/1099-MISC)		organization	
	organizations in Schedule O)	nrur du seculo de or la contra	n r s u t s ı t t e	f f c e	e y e m p l o y e e	omployeest at ed	e r			and related organizations	
(1) AUTUMN CROSWELL	<del>                                     </del>				-						
PRESIDENT	5.00	X		X				c	0	0	
(2) CHIP LACAZE											
DIRECTOR	5.00	X						C	0	0	
(3) HILLARY BAYER											
DIRECTOR	5.00	X						0	0	0	
(4) JENNIFER FOOTE											
DIRECTOR	5.00	X		X				C	0	0	
(5) JULIE BARNES											
DIRECTOR	5.00	Х		X				C	0_	0	
(6) JUSTIN GREEN											
DIRECTOR	5.00	X		<u></u>		<u> </u>		C	0	0	
(7) JUSTIN H REED											
TREASURER		X		X		<u> </u>			00	0	
(8) KIMBERLY MOORE		1			l			į			
DIRECTOR	5.00	X				<u> </u>			0	0	
(9) LANCE MERCER					1		1	1			
DIRECTOR	5.00	X				<u> </u>	L		0	0	
(10)MARY REED											
DIRECTOR	5.00	X	<u> </u>			<u> </u>		0	0	0	
(11)											
(12)	<del> </del>										
(13)							1				
(14)			-	-	_						

71-6057785

Par	TVII Section A. Officers, Directors, Truste	es, Key Emplo	yees,	and	l Hiç	ghe	st Con	nper	sated Employee	s (continued)	<del></del>		
	(A)	(B)	0						(D)	(E)		(F)	
	Name and Title	Average hours per	(do r	not chi			han one		Reportable compensation	Reportable compensation from		timated nount of	
		week	week box, unless person is bo						from	related		other	
		(describe hours for	De					T =	the organization	organizations (W-2/1099-MISC)	4	pensatio	ın
		related	U L I	n r	0	K	Hce		(W-2/1099-MISC)	(** 2, 100000,	II.	anizatio	n
		organizations	d u r	s u	1.	y e	g m p	m r				d related	
		in Schedule O)	vtc	1 e	e	m P	e e o s n y	t e	1		org.	anızatıor	15
			d e o	u e It	ľ	10	t s e						
			a o	0		y e	l e						
				a		ě	d	1					
(15)			<del> </del>	<del> </del>	<u>                                     </u>	ļ					1	·•-	
(16)													
(17)			-	<u> </u>			-				<del> </del>		
(18)			-					-			-		
						_							
(19)													
(20)													
(21)													
(22)											-		
(23)			1				-				-		
(24)				-	-	-		-					
(25)					$\perp$			-			ļ		
	Nul- 4-4-1		<u> </u>				<u> </u>	Ļ.					
	Sub-total	on A		• •	• •	• •		<b>&gt;</b>					
	Total (add lines 1b and 1c)							•		o o	l		0
2	Total number of individuals (including but not limite		d abo	ve) v	who	rece	eived n	nore	than \$100,000 in				
r	eportable compensation from the organization			·						0			
												Yes	No
3 [	Did the organization list any former officer, directo	r or trustee, ke	y emp	loye	e, o	r hig	hest c	omp	ensated				
	employee on line 1a? If "Yes," complete Schedule										3		_X
	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater than												
	ndividual										4		X
	Old any person listed on line 1a receive or accrue of	•		-			-				_		••
	or services rendered to the organization? If "Yes," ion B. Independent Contractors	complete Sch	eaule .	J for	suc	n pe	erson	•	· · · · · · · · · ·		5		<u> X</u>
	Complete this table for your five highest compensations	ted independe	nt con	traci	tore	that	rocon	od r	nore than \$100 00	)0 of			
	compensation from the organization. Report compe												
	rear	crisation for the	Calci	luai	ycu		unig w		· willing the organi	zation 3 tax			
	(A)								(B)			(C)	
	Name and business addre	·ss							Description of	services		ensation	
	***************************************								,				
							· · · · · ·						
2	Total number of independent contractors (including	but not limited	to the	ose l	iste	d ah	ove) w	/ho			<del></del>		
	eceived more than \$100,000 of compensation from						, •						
		EEA									Form	990 (2	011)

Part '	VIII	Statement of Revenue						
	<b></b>				(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1	a				
	Ь	Membership dues		b				
Contn- butions,	c	Fundraising events		c	1			
Gifts,	d	Related organizations	· · · —		1			j
Grants		Government grants (contributions)		<del>-  </del>	-			
and	e	• •	· · · —	<del>-</del>				
Other Sımılar	f	All other contributions, gifts, grants						
Amounts		and similar amounts not included	L		1			
	g	Noncash contributions included in			1			
	h	Total. Add lines 1a-1f	<u></u>	<u> ▶</u>	59,987			
				Business Code	]			+
	2a							
D	b							
Program Service	С							
Revenue	d							
	e							
		All other program service revenue.		-				
	1	Total. Add lines 2a-2f		·				
_								<del></del>
	3	Investment income (including divide			1 156	1,156		
	١.	and other similar amounts)			1,156	1,136		
	4	Income from investment of tax-exe						
	5	Royalties		<u> P</u>				
			(ı) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses		_				
	c	Rental income or (loss)						
	d	Net rental income or (loss)		<del>-</del>	]			
	1		i) Securities	(II) Other				
		assets other than inventory			1			
	h	Less cost or other basis			1			
	~	and sales expenses						
0	c	Coin or (loss)			1			
t h	1	Net gain or (loss)			1			
e		Gross income from fundraising			<u></u>			<del></del>
r	""							
R		` <u> </u>						
е		of contributions reported on line 1c)			<u> </u>			
V	Ι.	See Part IV, line 18						
n	1	Less direct expenses		o				
u		Net income or (loss) from fundraising		. <u> ▶</u>	ļ			
е	9a	Gross income from gaming activities						
		See Part IV, line 19		3	]			
	b	Less direct expenses	!	o				
	C	Net income or (loss) from gaming a	ctivities .		1			1
	10a	Gross sales of inventory, less					<del></del>	
	1	returns and allowances	;	a				
	b	Less cost of goods sold		o	1			
		Net income or (loss) from sales of i			1 l			İ
		Miscellaneous Revenue		Business Code				<del> </del>
	11a		<del></del>					
	Ь			-				+
				-				
	C	All all		-	ļ			
	l	All other revenue			ļ			
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions .		•	61,143	1,156		q

## 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 no
required to complete columns (B), (C), and (D)	

	Check if Schedule O contains a response to any que		(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	Program service	Management and	Fundraising expenses
1	bb, and 10b of Part VIII.		expenses	general expenses	expenses
•	Grants and other assistance to governments and organizations in the United States See Part IV, line 21.	78,618	78,618		
2	Grants and other assistance to individuals in	70,010	70,010		
2	the United States See Part IV, line 22				
3	Grants and other assistance to governments,	<u>.</u>			
J	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above, to disqualified				
O	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				<del></del>
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	2 400	2,400	<del> </del>	
С	Accounting	2,400	2,400		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	494	494		
14	Information technology		·. · · · · · · · · · · · · · · · · · ·		
15	Royalties				
16	Occupancy				
17	Travel			<del> </del>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			· · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates			-,,,	
22	Depreciation, depletion, and amortization				
23	Insurance			<u>,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	81,512	81,512	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

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**Balance Sheet** 

Part X

71-6057785

(A) (B) End of year Beginning of year 366 (21,045)1 82,097 2 83,139 2 3 3 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary s s 6 e t 7 8 R Prepaid expenses and deferred charges ........... 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . 10a b Less accumulated depreciation. . . . . . . . . . . . . . . 10b 10c 11 11 12 12 13 13 14 14 15 15 82,463 62,094 16 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . . 21 b 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . . . . . 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 26 0 Organizations that follow SFAS 117, check here ▶ 💢 and complete NF lines 27 through 29, and lines 33 and 34. е u 27 82,463 27 62,094 t n 28 d 28 A 29 29 В 5 Organizations that do not follow SFAS 117, check here ▶ ☐ and ı complete lines 30 through 34. а 30 30 n Paid-in or capital surplus, or land, building, or equipment fund ...... 31 31 32 Retained earnings, endowment, accumulated income, or other funds . . . . . . . 32 33 82,463 62,094 33 82,463 62,094 34

Form	990 (2011) . UNITED FUND OF ASHLEY COUNTY 71-605778	5	Pa	age 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)		61,	143
2	Total expenses (must equal Part IX, column (A), line 25)		81,	
3	Revenue less expenses Subtract line 2 from line 1		<u> </u>	369)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		82,	
5	Other changes in net assets or fund balances (explain in Schedule O)		<u> </u>	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
•	column (B))		62,	094
Pai	t XII Financial Statements and Reporting		<u>,</u>	
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990   X   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	Х	
	Were the organization's financial statements audited by an independent accountant?	2b		Х
	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			<u> </u>
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
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		
	EEA	Form	990 (	2011)

### **SCHEDULE A**

(Form 990 or 990-EZ)

# **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.

OMB No 1545-0047

2011

Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number

		FUND OF ASHLE	Y COUNTY			_			71-6	5057785			
	rt I			y Status (All organia				) See inst	ructions				
The	orgai			ause it is (For lines 1 th	_	-	•						
1		A church, conventio	n of churches, or	association of churches	described	ın section	170(b)(1)(	(A)(i).					
2		A school described	in section 170(b)	(1)(A)(ii). (Attach Sched	ule E)								
3		A hospital or a coop	erative hospital se	ervice organization desc	ribed in se	ction 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 I	ocal government o	or governmental unit des	scribed in <b>s</b>	ection 170	)(b)(1)(A)( <sup>,</sup>	v)					
7		An organization that	t normally receives	s a substantial part of its	support fro	om a gove	rnmental u	nit or fron	n the gene	ral public			
		described in section	n 170(b)(1)(A)(vi).	(Complete Part II)									
8		A community trust d	lescribed in <b>sectio</b>	on 170(b)(1)(A)(vi). (Cor	mplete Part	: 11 )							
9	X	An organization that	normally receives	(1) more than 33 1/3%	6 of its sup	oort from c	ontribution	is, membe	ership fees	, and gros	s		
				cempt functions - subjec									
				e and unrelated busines				511 tax) fro	om busine:	sses			
				e 30, 1975 See section									
10	$\Box$	An organization organization	anized and operat	ed exclusively to test for	r public safe	ety See se	ection 509	(a)(4).					
11			•	ed exclusively for the be		•			•				
		purposes of one or i	more publicly supp	orted organizations des	scribed in s	ection 509	(a)(1) or se	ection 509	(a)(2) See	esection			
		509(a)(3). Check the	e box that describe	es the type of supporting	g organizati	on and co	mplete line	s 11e thr	ough 11h	_			
		a   Type I	<b>b</b> 📙 Тур			-Functiona			d		III-Other		
е				organization is not cont									
			_	ers and other than one	or more pul	olicly supp	orted orgai	nizations	described i	in section			
_		509(a)(1) or section	. , , ,										
f				letermination from the II		-		• -					
				• • • • • • • • • • • •					• • • • •				٠. ا
g			006, has the organ	ization accepted any gif	t or contrib	ution from	any of the						
		following persons?											
			•	y controls, either alone	_	•						Yes	No
				ly of the supported orga							11g(ı)	ļ	<u> </u>
				cribed in (i) above?							11g(II)		<u> </u>
				on described in (i) or (ii)		• • • • •					11g(III)	l	<u> </u>
h	//\ N	ame of supported	· · · · · · · · · · · · · · · · · · ·	it the supported organiz					T				<del>_,</del>
	(1) 14	organization	(u) EIN	(m) Type of organization (described on lines 1-9	(iv) Is the o		(v) Did yo the organi		organizati	is the ion in col	(vii) Amount of support		Of
				above or IRC section	governing o	document?	col (i)		(i) organiz				
				(see instructions) )	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			oort?		S?	-		
A)		·			Yes	No	Yes	No	Yes	No	-		
^,											!		
B)		···	-		ļ						ł		
υ,										i	}		
C)						<del></del>					-		
C)			1										
D)				ļ	-	<b></b>							
נט													
E)									<b></b>	ļ			
<b>二</b> )											1		
					_	ļ				<u></u>			
				F .	4	1		ı	1	1			

Part II Support So

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

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

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	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	The portion of total contributions by each						7
	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 In 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc	(see instructions)				. 12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	• <u></u>	<u></u>				▶□
Sec	tion C. Computation of Public Su	pport Percer	ntage				
14	Public support percentage for 2011 (line 6,	column (f) divide	ed by line 11, colum	ın (f))		·   14	<u>%</u>
15	Public support percentage from 2010 Sche	dule A, Part II, lir	ne 14			. [15]	%
16a	33 1/3% support test - 2011. If the organic						•
	and stop here. The organization qualifies						▶□
þ	33 1/3% support test - 2010. If the organi						<b>.</b>
	box and stop here. The organization quali						▶∐
17a	10%-facts-and-circumstances test - 201 more, and if the organization meets the "facts-and-circums"	icts-and-circumst	ances" test, check	this box and stop	here. Explain in	Part IV how the	▶□
b	10%-facts-and-circumstances test - 201 more, and if the organization meets the "facts-and-circums"	cts-and-circumst	ances" test, check	this box and stop	here. Explain in	Part IV how the	
18	Private foundation. If the organization did						

Part III

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

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

Sec	ction A. Public Support		, , , , , , , , , , , , , , , , , , ,				
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	91,847	100,282	95,391	80,246	59,988	427,754
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 bus under sec 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	91,847	100,282	95,391	80,246	59,988	427,754
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						
С	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from line 6)						427,754
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 10a	Amounts from line 6	91,847	100,282	95,391	80,246	59,988	427,754
	sources	3,101	924	4,008	2,556	1,156	11,745
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b	3,101	924	4,008	2,556	1,156	11,745
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)	94,948	101,206	99,399	82,802	61,144	439,499
14	First five years. If the Form 990 is for the o organization, check this box and stop here		· · · · · · · · · · · · · · · · · · ·	th, or fifth tax year	as a section 501(	c)(3)	▶□
Se	ction C. Computation of Public Su	<del> </del>					
15	Public support percentage for 2011 (line 8, o	• •	•			15	97.33 %
16	Public support percentage from 2010 Sched					16	97.33 %
	ction D. Computation of Investme					1 4- 1	2 67 2
17	Investment income percentage for 2011 (lin		*			17	2.67 %
18	Investment income percentage from 2010 S					18	2.67 %
19a	33 1/3% support tests - 2011. If the organi 17 is not more than 33 1/3%, check this box	zation did not ched and <b>stop here</b> . T	ck the box on line he organization qu	14, and line 15 is nualifies as a publici	nore than 33 1/3% ly supported organ	, and line ization	▶⊠
	33 1/3% support tests - 2010. If the organiline 18 is not more than 33 1/3%, check this	box and stop her	e. The organization	on qualifies as a pu	iblicly supported o	rganization	` =
20	Private foundation. If the organization did	not check a box or	1 line 14, 19a, or 1	9b, check this box	and see instruction	Schedule A (Form 990	
				LLA		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

### SCHEDULE O . (Form 990 or 990-EZ)

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

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

UNITED FUND OF ASHLEY COUNTY	71-6057785
01. Form 990 governing body review (Part VI, line 11)	
FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT. A COPY	OF PROVIDED TO
THE PRINCIPAL OFFICER AND TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR	TO SUBMISSION
TO THE INTERNAL REVENUE SERVICE.	
	•
02. Governing documents, etc, available to public (Part VI, line 19)	
REQUESTS FROM THE PUBLIC FOR ORGANIZATION DOCUMENTS ARE RECEIVED BY THE PRI	NCIPAL OFFICER
FOR CONSIDERATION. UPON APPROVAL FOR RELEASE THE DOCUMENTS ARE PROVIDED BY	тне
INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM IF THEY ARE TAX RELATED OR GEN	ERAL LEDGER
RELATED. ALL OTHER DOCUMENTS ARE PROVIDED FROM THE ORGANIZATION FILES.	