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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

2011**Open to Public Inspection**

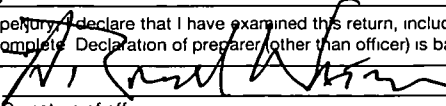
A For the 2011 calendar year, or tax year beginning April 1, 2011, and ending March 31, 2012	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization United Way of Central Georgia, Inc.
	Doing Business As
	Number 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
	F Name and address of principal officer H Ronald Watson, President & CEO Same as Organization Address
D Employer identification number 58-0639811	E Telephone number 478-745-4732
G Gross receipts \$	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	
J Website ▶ www.unitedwaycg.com	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 1955 M State of legal domicile GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities United Way of Central Georgia's mission is to increase the organized capacity of people in Central Georgia communities to care for one another. This is accomplished by raising and distributing funds for the community's needs and bringing 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.	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 37
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 37
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 18
	6 Total number of volunteers (estimate if necessary)	6 1,000
	7a Total unrelated business revenue from Part VIII, column (A), line 12	7a -0-
b Net unrelated business taxable income from Form 990-T, line 34	7b -0-	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,396,731 Current Year 5,358,017
	9 Program service revenue (Part VIII, line 2g)	202,826 196,019
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,893 (2,254)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,947 103,828
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,693,397 5,655,610
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,855,637 4,283,855
	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)	1,048,678 1,090,932
	16a Professional fundraising fees (Part IX, column (A), line 11e)	- 0 - - 0 -
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 697,002	
Expenses	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	676,035 650,037
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,580,350 6,024,824
	19 Revenue less expenses. Subtract line 18 from line 12	113,047 (369,214)
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,791,581 End of Year 8,643,648
	21 Total liabilities (Part X, line 26)	4,068,618 4,269,911
	22 Net assets or fund balances Subtract line 21 from line 20	4,722,963 4,373,737

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 August 15, 2012			
	H. Ronald Watson, President & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			
	May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No				

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1** Briefly describe the organization's mission
 The 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 identifying 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 4,535,864 including grants of \$ 4,283,855) (Revenue \$)
 The Organization provides 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, promotes volunteerism in community services, brings citizens together to determine needs not being met by existing programs and services, and works to identify community assets available in order to develop solutions to community problems

4b (Code:) (Expenses \$ 363,455 including grants of \$ - 0 -) (Revenue \$ 196,019)
 The Organization owns and operates two buildings as community service centers and leases office space in those buildings to unaffiliated organizations at below market rates in order to further the exempt purposes of these organizations. Meeting facilities are also provided and available for use by any nonprofit organization serving the community

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 **4,899,319**

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	☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	☒	☐
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	☐	☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	☐	☒
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	☐	☒
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	☐	☒
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	☐	☒
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	☐	☒
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	☒	☐
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	☒	☐
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	☐	☒
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	☐	☒
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	☐	☒
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	☒	☐
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	☒	☐
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	☒	☐
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	☐	☒
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	☐	☒
14 a Did the organization maintain an office, employees, or agents outside of the United States?	☐	☒
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	☐	☒
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	☐	☒
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	☐	☒
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	☐	☒
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	☐	☒
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	☒	☐
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	☐	☒
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	☐	☐

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	
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 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	✓
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 (or a family member thereof) 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	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
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	35b	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
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 ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
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.	18	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1a 37		
b Enter the number of voting members included in line 1a, above, who are independent. 1b 37		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		✓
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?		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6 Did the organization have members or stockholders?	✓	
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?	✓	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	✓	
b Each committee with authority to act on behalf of the governing body?	✓	
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.		✓

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

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

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► 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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIM MANLEY CHAIR	1.0	✓		✓				- 0 -	- 0 -	- 0 -
(2) GEORGE MCCANLESS CHAIR-ELECT & VICE CHAIR MARKETING	1.0	✓		✓				- 0 -	- 0 -	- 0 -
(3) SAM MACFIE PAST CHAIR & VICE CHAIR RESOURCE DEV.	1.0	✓		✓				- 0 -	- 0 -	- 0 -
(4) BRUCE LEICHT TREASURER	1.0	✓		✓				- 0 -	- 0 -	- 0 -
(5) LINDA HOLLAND VICE CHAIR, COMMUNITY IMPACT	1.0	✓		✓				- 0 -	- 0 -	- 0 -
(6) EDDIE NORRIS VICE CHAIR, HOUSTON AREA	1.0	✓		✓				- 0 -	- 0 -	- 0 -
(7) JIM FAIN VICE CHAIR, OCONEE AREA	1.0	✓		✓				- 0 -	- 0 -	- 0 -
(8) ANDREW BLASCOVICH TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(9) BRIAN BOWERS TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(10) LARRY BRUMLEY TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(11) BILL CAMPBELL TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(12) JACOB COX TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(13) MATHIS COXON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(14) CHRISTIE DREXLER 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LARONDA EASON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(16) SHANE EDWARDS TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(17) RANDY ENGLAND TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(18) ABIGAIL GADDY TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(19) JEFF GORDON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(20) ANTHONY HAYES TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(21) PAUL HICKS TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(22) LINDA HORNE TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(23) JOHN HOUSER TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(24) CHRIS HOWARD TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(25) ADRIAN JOHNSON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
1b Sub-total								- 0 -	- 0 -	- 0 -
c Total from continuation sheets to Part VII, Section A								184,955	- 0 -	34,421
d Total (add lines 1b and 1c)								184,955	- 0 -	34,421

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
None	N/A	- 0 -
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	- 0 -	

United Way of Central Georgia, Inc.

Form 990 (2011) Part VII, Section A Continuation Page 1 of 2

58-0639811

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) KING KEMPER TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(27) AUDREY KING TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(28) MATTHEW LIAO-TROTH TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(29) JOHN LITTLE TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(30) SYLVIA MCGEE TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(31) ROB MORTON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(32) BRIGITTE MOTEN TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(33) KAREN SINGLETON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(34) DEANNA SQUIRES TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(35) ASBURY STEMBRIDGE TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(36) PAM WHITE-COLBERT TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
1b Sub-total								- 0 -	- 0 -	- 0 -
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶		

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) DIANA WILLIAMS TRUSTEE	10	✓						- 0 -	- 0 -	- 0 -
(38) H. RONALD WATSON PRESIDENT & CEO	37.5			✓				184,955	- 0 -	34,421
(39)										
(40)										
(41)										
(42)										
(43)										
(44)										
(45)										
(46)										
(47)										
1b Sub-total								184,955	- 0 -	34,421
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- | | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | 4 | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | |

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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	5,335,967			
	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	22,050			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		5,358,017			
Program Service Revenue	2a	Rent Income - Unaffiliated Org's	Business Code 532000	196,019	196,019		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		196,019			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		25,770		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)	(12,503) (15,521)				
d		Net gain or (loss)		(28,024)			(28,024)
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	14,111			
b		Less: direct expenses	b	20,042			
c		Net income or (loss) from fundraising events		(5,931)			(5,931)
9a		Gross income from gaming activities See Part IV, line 19	a	49,419			
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities		49,419	49,419		
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	60,340			60,340	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		60,340				
12	Total revenue. See instructions		5,655,610	245,438	- 0 -	52,155	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	4,283,855	4,283,855		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	- 0 -	- 0 -		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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	207,470	50,829	102,207	54,434
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	626,994	144,086	141,858	341,050
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,593	13,810	11,604	31,179
9 Other employee benefits	141,124	25,743	44,144	71,237
10 Payroll taxes	58,751	14,445	16,334	27,972
11 Fees for services (non-employees)				
a Management	- 0 -	- 0 -	- 0 -	- 0 -
b Legal	60	- 0 -	60	- 0 -
c Accounting	27,400	4,875	11,750	10,775
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	90,002	892	4,710	84,400
13 Office expenses	57,593	11,192	22,247	24,154
14 Information technology	17,386	17,386	- 0 -	- 0 -
15 Royalties	- 0 -	- 0 -	- 0 -	- 0 -
16 Occupancy	49,134	49,134	- 0 -	- 0 -
17 Travel	14,032	704	7,091	6,237
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	1,491	- 0 -	1,491	- 0 -
19 Conferences, conventions, and meetings	14,891	3,686	6,309	4,896
20 Interest	3,445	- 0 -	3,445	- 0 -
21 Payments to affiliates	37,319	9,330	11,196	16,793
22 Depreciation, depletion, and amortization	136,037	106,638	13,719	15,680
23 Insurance	7,160	4,394	1,140	1,626
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	87,207	87,207	- 0 -	- 0 -
b SECURITY	42,007	42,007	- 0 -	- 0 -
c JANITORIAL SERVICE	26,783	26,783	- 0 -	- 0 -
d MISCELLANEOUS	38,090	2,323	29,198	6,569
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,024,824	4,899,319	428,503	697,002
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	532,105	1	603,065
	2 Savings and temporary cash investments	2,012,415	2	1,864,214
	3 Pledges and grants receivable, net	3,299,672	3	3,361,082
	4 Accounts receivable, net	41,352	4	25,405
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	- 0 -	5	- 0 -
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	- 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	20,708	9	21,642
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 4,273,578		
	b Less: accumulated depreciation	10b (1,889,635)	2,540,525	10c 2,383,943
	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	344,804	15	384,297
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,791,581	16	8,643,648	
Liabilities	17 Accounts payable and accrued expenses	167,486	17	45,505
	18 Grants payable	310,000	18	271,500
	19 Deferred revenue	3,056	19	- 0 -
	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	22,750	23	225,796
	24 Unsecured notes and loans payable to unrelated third parties	- 0 -	24	- 0 -
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,565,326	25	3,727,110
	26 Total liabilities. Add lines 17 through 25	4,068,618	26	4,269,911
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	4,570,382	27	4,336,717
	28 Temporarily restricted net assets	152,581	28	37,020
	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	4,722,963	33	4,373,737
34 Total liabilities and net assets/fund balances	8,791,581	34	8,643,648	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,655,610
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,024,824
3	Revenue less expenses Subtract line 2 from line 1	3	(369,214)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,722,963
5	Other changes in net assets or fund balances (explain in Schedule O)	5	19,988
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,373,737

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

	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?		✓
b Were the organization's financial statements audited by an independent accountant?	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	✓	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC

Employer identification number

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—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?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
 - (ii) A family member of a person described in (i) above? ☐
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
 - h Provide the following information about the supported organization(s)

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

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,390,725	5,371,559	5,610,434	5,396,731	5,407,436	27,176,885
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.	5,390,725	5,371,559	5,610,434	5,396,731	5,407,436	27,176,885
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.						27,176,885

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5,390,725	5,371,559	5,610,434	5,396,731	5,407,436	27,176,885
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	255,206	258,072	238,121	241,719	221,789	1,214,907
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.)	158,429	163,294	157,479	65,646	60,340	605,188
11 Total support. Add lines 7 through 10						28,996,980
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 2011 (line 6, column (f) divided by line 11, column (f))	14	93.72 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	93.52 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

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. Also complete this part for any additional information. (See instructions).

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ \$

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	316,515	298,333	262,107	294,901	
b Contributions					
c Net investment earnings, gains, and losses	3,887	19,768	37,204	-32,794	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,766	1,586	978		
g End of year balance	318,636	316,515	298,333	262,107	

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

- a Board designated or quasi-endowment ▶ 100 %
- b Permanent endowment ▶ %
- c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		114,706		114,706
b Buildings		3,565,734	1,487,239	2,078,495
c Leasehold improvements				
d Equipment		393,138	318,422	74,716
e Other		200,000	83,974	116,026
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				2,383,943

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	- 0 -
(2) Allocations payable to agencies	2,276,360
(3) Designations payable to agencies	1,450,750
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 3,727,110

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,655,610
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,024,824
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(369,214)
4	Net unrealized gains (losses) on investments	4	18,874
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	1,115
9	Total adjustments (net). Add lines 4 through 8	9	19,989
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	349,225

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	4,359,201
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	18,874
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	269,971
e	Add lines 2a through 2d	2e	288,845
3	Subtract line 2e from line 1	3	4,070,356
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	1,585,254
c	Add lines 4a and 4b	4c	1,585,254
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,655,610

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

1	Total expenses and losses per audited financial statements	1	4,708,420
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	35,566
e	Add lines 2a through 2d	2e	35,566
3	Subtract line 2e from line 1	3	4,672,854
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	1,351,970
c	Add lines 4a and 4b	4c	1,351,970
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,024,824

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 X, Line 2; The Organization qualifies as a charitable organization as defined by Internal Revenue Code Section 501(c)(3) and,

accordingly, is exempt from federal income taxes under Internal Revenue Code Section 501(a). Accordingly, no provision for income

taxes is included in these financial statements. It is the Organization's policy to account for any uncertainties in income tax law in

accordance with FASB ASC 740-10 "Accounting for Uncertainty in Income Taxes". ASC 740-10 clarifies the accounting for uncertain tax

Part XIV Supplemental Information (continued)

positions and requires that the Organization recognize the impact of such a tax position in its financial statements if, upon ultimate settlement, that position is more likely than not to be sustained. Management has evaluated the Organization's tax positions and concluded that the Organization had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements.

Part XI, Line 8: Adjustment of administrative fee revenue on designated pledges for difference in estimated future audit expenses

Part XII, Line 2d: Deduct administrative fee revenue on designated pledges, special event expenses and loss on disposal of other assets.

Part XII, Line 4b: Contributions designated to specific organizations without variance power granted to the Organization.

Part XIII, Line 2d: Deduct special event expenses and loss on disposal of other assets.

Part XIII, Line 4b: Expense related to designations to specific organizations without variance power granted to the Organization

Name of the organization

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

Open to Public Inspection

58-0639811

Part I **Fundraising Activities.** Complete if the organization answers "Yes" to any of the questions below. 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 | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |
- 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

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

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			49,419	49,419
Direct Expenses	2 Cash prizes			- 0 -	- 0 -
	3 Noncash prizes			21,766	21,766
	4 Rent/facility costs			- 0 -	- 0 -
	5 Other direct expenses			- 0 -	- 0 -
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(21,766)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				27,653

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in
- | | | |
|--------------------------------------|------------|-------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ The OrganizationAddress ▶ 277 MLK Jr Blvd, Suite 301, Macon, GA 31201

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager informationName ▶ H. Ronald WatsonGaming manager compensation ▶ \$ - 0 -Description of services provided ▶ Overall supervision of all fundraising activities☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Part III Lines 1-8 Columns c and d - The Organization conducted a raffle to raise additional funds to support programs and services of its partner agencies

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

2011

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.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Abilities Discovered 211 Corder Road, Warner Robins, GA			4,800				Community Services
(2) Advocacy Resource Center 4664 Sheraton Drive, Macon, GA			51,645				Community Services
(3) American Red Cross, Central GA Chapter, 195 Holt Ave, Macon, GA			349,691				Community Services
(4) Bibb County 4-H 736 Riverside Drive, Macon, GA			11,000				Community Services
(5) Big Brothers Big Sisters of Heart of Georgia, 777 Walnut St, Macon, GA			125,000				Community Services
(6) Boy Scouts of America, Central GA Chapter, 4335 Confederate Way, Macon			159,296				Community Services
(7) Boys & Girls Clubs of Baldwin & Jones Counties, Milledgeville GA			100,000				Community Services
(8) Boys & Girls Clubs of Central GA 277 MLK Jr Blvd, Ste 202, Macon, GA			240,689				Community Services
(9) Boys & Girls Clubs of GA Heartlands 500 Riley Street, Fort Valley, GA			50,000				Community Services
(10) Cherished Children/Warner Robins Daycare, 511 Myrtle St, Warner Robins			74,000				Community Services
(11) Consumer Credit Counseling Service 901 Washington Avenue, Macon, GA			28,300				Community Services
(12) Crisis Line and Safe House of Central 487 Cherry Street, Macon, GA			155,000				Community Services

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

76

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

0

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

Cat No 50055P

Schedule I (Form 990) (2011)

SCHEDULE I
(Form 990)

Page 2 of 7

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

2011

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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.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) Family Counseling Center of Central GA, 277 MLK Jr Blvd Ste 203, Macon, GA			182,505				Community Services
(14) Fund for Life/Family Advancement Ministries, 570 High Place, Macon, GA			41,500				Community Services
(15) Girl Scouts of Historic Georgia 6869 Columbus Road, Lizella, GA			161,850				Community Services
(16) Heart of Georgia Hospice 103 Westridge Drive, Macon, GA			52,876				Community Services
(17) HODAC, Inc 2762 Watson Blvd, Warner Robins, GA			169,497				Community Services
(18) Hospice of Central Georgia 6261 Peake Road, Macon, GA			86,170				Community Services
(19) Houston Co Assn for Exception Citizens, 202 N Davis Dr, Warner Robins			22,232				Community Services
(20) Houston Co Council on Aging/Meals on Wheels, Warner Robins, GA			63,330				Community Services
(21) Houston County Vol Medical Clinic 125 Russell Pkwy, Warner Robins, GA			55,000				Community Services
(22) Macon Volunteer Clinic 376 Rogers Avenue, Macon, GA			90,000				Community Services
(23) Meals on Wheels of Baldwin County PO Box 1425, Milledgeville, GA			14,744				Community Services
(24) Meals on Wheels of Macon-Bibb Co 1212 Gray Highway, Macon, GA			75,000				Community Services

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

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

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

Cat No 50055P

Schedule I (Form 990) (2011)

SCHEDULE I
(Form 990)

Page 3 of 7

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC

**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

2011

**Open to Public
Inspection**

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.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(25) Middle Georgia Community Action Agency, 121 Prince St, Warner Robins, GA			45,000				Community Services
(26) Middle GA Community Food Bank 4490 Ocmulgee East Blvd, Macon, GA			98,150				Community Services
(27) NAM-Natl Alliance for the Mentally Ill 209 Elberta Road, Warner Robins, GA			37,000				Community Services
(28) Rainbow House Children's Resource Ctr, 108 Elmwood St., Warner Robins, GA			76,178				Community Services
(29) Reading Is Fundamental, Amer Assn of Univ Women, CBX072, Milledgeville GA			2,021				Community Services
(30) The Salvation Army, Milledgeville 420 S Wilkinson St., Milledgeville, GA			36,000				Community Services
(31) The Salvation Army of Central Georgia, 1955 Broadway, Macon, GA			302,066				Community Services
(32) Volunteer Houston County 2841 Moody Road, Warner Robins, GA			45,200				Community Services
(33) Volunteer Macon 195 Holt Avenue, Macon, GA			65,000				Community Services
(34) Wilkinson County Service Center 113 Solomon St., Gordon, GA			15,000				Community Services
(35) Community Health Charities of Georgia, Atlanta, GA			71,368				Designated Gifts
(36) Earthshare of Georgia Atlanta, GA			7,173				Designated Gifts

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

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

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

Cat No 50055p

Schedule I (Form 990) (2011)

SCHEDULE I
(Form 990)
Page 4 of 7

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2011

Open to Public
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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.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(37) Georgia Black United Fund Atlanta, GA			11,544				Designated Gifts
(38) Local Independent Charities of America, Corte Madera, CA			12,119				Designated Gifts
(39) Fort Valley State University Foundation, Fort Valley, GA			15,521				Designated Gifts
(40) GA Canine Rescue & Rehabilitation Cochran, GA			14,198				Designated Gifts
(41) Hospice of Laurens County Dublin, GA			5,160				Designated Gifts
(42) Houston County Habitat for Humanity, Warner Robins, GA			12,491				Designated Gifts
(43) Humane Society of Houston County, Warner Robins, GA			20,787				Designated Gifts
(44) Jay's Hope Foundation Macon, GA			5,551				Designated Gifts
(45) Joanna McAfee Childhood Cancer, Warner Robins, GA			25,529				Designated Gifts
(46) Loaves & Fishes of South Houston County, Perry, GA			8,696				Designated Gifts
(47) Macon Rescue Mission Macon, GA			5,018				Designated Gifts
(48) Methodist Home of the South Georgia Conference, Macon, GA			15,053				Designated Gifts

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

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

Cat No 50055P

Schedule I (Form 990) (2011)

SCHEDULE I
(Form 990)
Page 5 of 7

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2011

Open to Public
Inspection

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.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(49) Museum of Aviation at Robins AFB Warner Robins, GA			5,117				Designated Gifts
(50) Robins AFB Family Services Robins AFB, GA			5,941				Designated Gifts
(51) Robins Airman Relief Fund Robins AFB, GA			12,520				Designated Gifts
(52) Ronald McDonald House Charities, Macon, GA			19,389				Designated Gifts
(53) Sav-A-Life Ministry of Macon Macon, GA			10,931				Designated Gifts
(54) Save A Pet, Inc Forsyth, GA			7,134				Designated Gifts
(55) America's Charities Chantilly, VA			43,162				Designated Gifts
(56) American Red Cross Washington, DC			23,549				Designated Gifts
(57) Animal Charities of America Larkspur, CA			45,617				Designated Gifts
(58) Cancer Cure of America Larkspur, CA			44,131				Designated Gifts
(59) Charities Under 1% of Overhead Larkspur, CA			13,270				Designated Gifts
(60) Charities Under 5% of Overhead Larkspur, CA			6,624				Designated Gifts

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

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

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

Cat No 50055P

Schedule I (Form 990) (2011)

SCHEDULE I
(Form 990)
Page 6 of 7

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2011

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.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(61) Children First - America's Charities, Chantilly, VA			13,342				Designated Gifts
(62) Children's Charities of America Larkspur, CA			26,365				Designated Gifts
(63) Children's Medical Charities Larkspur, CA			30,053				Designated Gifts
(64) Christian Charities USA Larkspur, CA			36,994				Designated Gifts
(65) Christian Service Charities Annandale, VA			77,941				Designated Gifts
(66) Community Health Charities Arlington, VA			146,888				Designated Gifts
(67) Conservation and Preservation Charities of America, Larkspur, CA			7,874				Designated Gifts
(68) Earth Share Bethesda, MD			12,098				Designated Gifts
(69) Educate America Larkspur, CA			5,852				Designated Gifts
(70) Health & Medical Research Charities of America, Larkspur, CA			54,835				Designated Gifts
(71) Health First - America's Charities Chantilly, VA			10,423				Designated Gifts
(72) Human Care Charities Larkspur, CA			11,040				Designated Gifts

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

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

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

Cal No 50055P

Schedule I (Form 990) (2011)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2011

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.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(73) Medical Research Charities of America, Annandale, VA			19,409				Designated Gifts
(74) Military, Veterans and Patriotic Service Organizations, Larkspur, CA			63,598				Designated Gifts
(75) Women, Children & Family Service Charities, Larkspur, CA			8,426				Designated Gifts
(76) Global Impact Alexandria, VA			21,399				Designated Gifts
(77)							
(78)							
(79)							
(80)							
(81)							
(82)							
(83)							
(84)							

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

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

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

Cal No 50055P

Schedule I (Form 990) (2011)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						
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. The Organization also serves as the Principal Combined Fund Organization (PCFO) for the Middle Georgia Area Combined Federal Campaign and distributes designated

contributions to national, international and local federations and agencies approved by the Office of Personnel Management or the Local Federal Coordinating Committee for inclusion in the Campaign.

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

2011

**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 <table border="0"><tr><td>☐ First-class or charter travel</td><td>☐ Housing allowance or residence for personal use</td></tr><tr><td>☐ Travel for companions</td><td>☐ Payments for business use of personal residence</td></tr><tr><td>☐ Tax indemnification and gross-up payments</td><td>☒ Health or social club dues or initiation fees</td></tr><tr><td>☐ Discretionary spending account</td><td>☐ Personal services (e g , maid, chauffeur, chef)</td></tr></table>	☐ 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)		
☐ First-class or charter travel	☐ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees									
☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	☒									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	☒									
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <table border="0"><tr><td>☐ Compensation committee</td><td>☒ Written employment contract</td></tr><tr><td>☐ Independent compensation consultant</td><td>☐ Compensation survey or study</td></tr><tr><td>☐ Form 990 of other organizations</td><td>☒ Approval by the board or compensation committee</td></tr></table>	☐ Compensation committee	☒ Written employment contract	☐ Independent compensation consultant	☐ Compensation survey or study	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☐ Compensation committee	☒ Written employment contract									
☐ Independent compensation consultant	☐ Compensation survey or study									
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee									
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment?		☒								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		☒								
c Participate in, or receive payment from, an equity-based compensation arrangement?		☒								
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III										
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.										
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		☒								
b Any related organization?		☒								
If "Yes" to line 5a or 5b, describe in Part III										
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		☒								
b Any related organization?		☒								
If "Yes" to line 6a or 6b, describe in Part III										
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		☒								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		☒								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	H. Ronald Watson	(i)	158,700	- 0 -	- 0 -	- 0 -	40,978	225,934	- 0 -
		(ii)	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58-0639811

Form 990, Part VI, Section A, Line 1a: The Organization's officers are the members of the Executive Committee which 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 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 in the response to Form 990, Part VI, Section A, Line 6 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.

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

UNITED WAY OF CENTRAL GEORGIA, INC

Employer identification number

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.

Form 990, Part XI, Line 5: As identified in Schedule D, Parts XI, XII, and XIII and described in Part XIV, other changes in net assets include unrealized gains on investments, adjustment of administrative fee revenue on designated pledges for differences identified in the current period in estimated future audit expenses, contributions designated to specific organizations without variance power granted to the Organization and recognition of expense related to contributions designated to specific organizations without variance power granted to the Organization.

United Way of Central GA [0208611]
Depreciation Expense

Financial
04/01/2011 - 03/31/2012

3/29/2012
3:09:42PM

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	1,161,302.49	75,531.87	1,236,834.36
BUILD OUT RES CTR												
184			9/15/1996	MSL / MM	39.0000	24,147.00	100.0000	0.00	0.00	9,003.50	619.16	9,622.66
BUILDOUT												
191			9/15/1996	MSL / MM	39.0000	11,091.00	100.0000	0.00	0.00	4,135.42	284.38	4,419.80
Conference Room Improvements												
243			3/15/1999	MSL / MQ	10.0000	100,974.34	100.0000	0.00	0.00	100,974.34	0.00	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	95,278.26	11,548.88	106,827.14
Roof Replacement - Olympia Bldg												
329			5/30/2003	MSL / HY	10.0000	29,485.00	100.0000	0.00	0.00	22,113.75	2,948.50	25,062.25
Window in WIC Office - 106 Olympia Drive												
356			9/30/2007	MSL / HY	5.0000	3,887.00	100.0000	0.00	0.00	2,720.90	777.40	3,498.30
Subtotal: BLDG						3,565,733.84		0.00	0.00	1,395,528.66	91,710.19	1,487,238.85
Less dispositions and exchanges:						0.00				0.00	0.00	0.00
Net for: BLDG						3,565,733.84		0.00	0.00	1,395,528.66	91,710.19	1,487,238.85
EQUI												
DBS 72 Telephone Sys												
96			7/11/1995	MSL / HY	5.0000	15,660.00	100.0000	0.00	0.00	15,660.00	0.00	15,660.00
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
DESK												
169			8/15/1996	MSL / HY	5.0000	1,372.00	100.0000	0.00	0.00	1,372.00	0.00	1,372.00
5 BOOKCASES												
173			8/15/1996	MSL / HY	5.0000	1,162.00	100.0000	0.00	0.00	1,162.00	0.00	1,162.00

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Sorted: General - category

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Depreciation Expense

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3/29/2012
3:09:42PM

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												
Floodlights												
217			2/28/1998	MSL / HY	5 0000	1,675 00	100 0000	0 00	0 00	1,675 00	0 00	1,675 00
Hewlett Packard Laserjet 4000se												
221			2/28/1998	MSL / HY	3 0000	1,302 49	100 0000	0 00	0 00	1,302 49	0 00	1,302 49
Desk, Credenza, & Keyboard Shelf												
232		D	5/31/1998	MSL / HY	5.0000	1,806 24	100 0000	0 00	0 00	1,806 24	0 00	1,806 24
Ice Machine												
244			1/18/1999	MSL / HY	5 0000	1,690 70	100 0000	0 00	0 00	1,690 70	0 00	1,690 70
HP Color Laserjet 4500 printer												
266			2/23/2000	MSL / HY	3 0000	2,920 47	100 0000	0 00	0 00	2,920 47	0 00	2,920 47
HP Laserjet 4050N												
301			2/15/2001	MSL / HY	3 0000	1,695 36	100.0000	0 00	0 00	1,695 36	0 00	1,695 36
Telephones, Expansion Cards & Software												
303			3/31/2001	MSL / HY	3 0000	5,293 43	100 0000	0 00	0 00	5,293 43	0 00	5,293 43
Indiana 36x72 Desk w/Bridge & Corner												
288			5/15/2001	MSL / HY	5 0000	2,005 04	100 0000	0 00	0 00	2,005 04	0 00	2,005 04
5 Boardroom chairs												
297			5/15/2001	MSL / HY	5 0000	1,224 30	100 0000	0 00	0 00	1,224 30	0 00	1,224 30
54" Round Marble Table												
283			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
4 Black leather chairs												
308			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
3 Chippendale bench seats												
310			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
Bldg Number & Lobby Sign												
316			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
Adtran 550 base unit												
317			3/31/2003	MSL / MQ	3 0000	3,204 65	100.0000	0 00	0 00	3,204 65	0 00	3,204 65
2 Atlas 550 Quad T1/PRI Modules												
318			3/31/2003	MSL / MQ	3 0000	3,199 30	100 0000	0 00	0 00	3,199 30	0 00	3,199 30
9 Efficient Network 5940 Routers												
320			3/31/2003	MSL / MQ	3 0000	9,581 85	100 0000	0 00	0 00	9,581 85	0 00	9,581 85
Purchase and installation of routers and Macon and WR												
328			4/29/2003	MSL / HY	3 0000	7,477 16	100 0000	0 00	0 00	7,477 16	0 00	7,477 16
6 Drawer Card File Cabinet												
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
A/C - Phoenix Center												
335			8/25/2004	SL / N/A	10 0000	2,300 00	100 0000	0 00	0 00	1,514 17	230 00	1,744 17
New Server (Computer Concepts)												
331			11/15/2004	SL / N/A	5 0000	20,243 09	100 0000	0 00	0 00	20,243 09	0 00	20,243 09
Financial Edge Software												
330			2/28/2005	SL / N/A	5 0000	23,721 98	100 0000	0 00	0 00	23,721 98	0 00	23,721 98
Savin 4051 Copier												
333			3/10/2005	SL / N/A	5 0000	13,583 15	100 0000	0 00	0 00	13,583 15	0 00	13,583 15
Raiser's Edge Software												

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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												
332	D	Raiser's Edge Software	6/30/2005	SL / N/A	5 0000	22,227 21	100 0000	0 00	0 00	22,227 21	0 00	22,227 21
336	D	Office Chair	6/30/2005	SL / N/A	5 0000	24,340 04	100 0000	0 00	0 00	24,340 04	0 00	24,340 04
338		Office Chair - Peyton Anderson Room	11/15/2005	SL / N/A	5 0000	507 73	100 0000	0 00	0 00	507 73	0 00	507 73
339		Office Chairs (9) - Peyton Anderson Room	11/15/2005	SL / N/A	5 0000	507 73	100 0000	0 00	0 00	507 73	0 00	507 73
340		Dell Latitude D820 Laptop Computer	12/15/2005	SL / N/A	5 0000	4,455 66	100 0000	0 00	0 00	4,455 66	0 00	4,455 66
341		Dell Optiplex GX620 Desktop Computer	6/30/2006	SL / N/A	3 0000	2,874 01	100 0000	0 00	0 00	2,874 01	0 00	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	1,622 13	0 00	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	1,521 53	0 00	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	1,521 54	0 00	1,521 54
345		Dell Optiplex GX620 Desktop Computer	8/15/2006	SL / N/A	3 0000	1,841 47	100 0000	0 00	0 00	1,841 47	0 00	1,841 47
346		Fountain Waterproofing	9/15/2006	SL / N/A	5 0000	7,800 00	100 0000	0 00	0 00	7,150 00	650 00	7,800 00
347		Carpet	11/30/2006	SL / N/A	7 0000	13,750 00	100 0000	0 00	0 00	8,511 92	1,964 29	10,476 21
349		Dell 3115 Printer/Scanner/Fax	6/15/2007	SL / N/A	3 0000	1,228 66	100 0000	0 00	0 00	1,228 66	0 00	1,228 66
350		Dell Computer	7/13/2007	SL / N/A	3 0000	1,324 66	100 0000	0 00	0 00	1,324 66	0 00	1,324 66
351		DI 600 Folding/Inserting Machine	8/15/2007	SL / N/A	3 0000	12,826 28	100 0000	0 00	0 00	12,826 28	0 00	12,826 28
352		HP Laptop	9/13/2007	SL / N/A	3 0000	1,416 66	100 0000	0 00	0 00	1,416 66	0 00	1,416 66
354		Commercial Furnishings	12/31/2007	M / HY	5 0000	6,629 70	100 0000	0 00	0 00	5,484 08	763 75	6,247 83
353		Benchmark Technology Check Scanner	2/15/2008	SL / N/A	3 0000	916 54	100 0000	0 00	0 00	916 54	0 00	916 54
355		HVAC Control System	2/29/2008	SL / N/A	5 0000	12,850 00	100 0000	0 00	0 00	7,924 17	2,570 00	10,494 17
358	D	Dell Latitude D630C Laptop Computer	4/1/2008	SL / N/A	3 0000	1,978 56	100 0000	0 00	0 00	1,978 56	0 00	1,978 56
357		Dell Latitude D830 Laptop Computer	6/18/2008	SL / N/A	3 0000	2,240 94	100 0000	0 00	0 00	2,054 20	186 74	2,240 94
362		eCFund 2 0 Online Community Impact System	6/30/2008	SL / N/A	5 0000	5,378 05	100 0000	0 00	0 00	2,957 93	1,075 61	4,033 54
359		Dell M4400 Laptop	11/14/2008	SL / N/A	3 0000	2,182 07	100 0000	0 00	0 00	1,757 79	424 28	2,182 07
		Dell M4400 Laptop										

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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												
361			11/14/2008	SL / N/A	3 0000	2,175 67	100 0000	0 00	0 00	1,752 62	423 05	2,175 67
CCTV System												
360			12/11/2008	SL / N/A	5 0000	8,325 60	100 0000	0 00	0 00	3,885 28	1,665 12	5,550 40
3 Dell Optiplex 760 Computers												
363			6/15/2009	SL / N/A	3 0000	2,715 50	100 0000	0 00	0 00	1,659 48	905.17	2,564 65
Carrier Chiller												
365			7/7/2009	SL / N/A	5 0000	59,050 00	100 0000	0 00	0 00	20,667 50	11,810 00	32,477.50
Dell Latitude E6500 Laptop Computer												
364			1/15/2010	SL / N/A	3.0000	1,054 75	100 0000	0 00	0 00	439 48	351 58	791 06
Scotsman Ice Machine												
373			5/15/2010	SL / N/A	5.0000	2,097 74	100 0000	0 00	0 00	384 59	419.55	804 14
Optiplex 980 Computer												
369			8/13/2010	SL / N/A	3 0000	1,165 65	100 0000	0 00	0 00	259 03	388 55	647.58
2 Optiplex 980 Computers												
370			8/13/2010	SL / N/A	3.0000	2,316 28	100 0000	0 00	0 00	514 73	772 09	1,286 82
2 Optiplex 980 Computers												
371			8/13/2010	SL / N/A	3.0000	2,472.14	100 0000	0 00	0 00	549 37	824 05	1,373 42
2.5 Ton Carrier Heat Pump (WR Suite B)												
374			8/13/2010	SL / N/A	5 0000	4,100 00	100 0000	0 00	0 00	546 67	820 00	1,366 67
DA 300 Address Printer												
372			9/30/2010	SL / N/A	3.0000	3,605 44	100 0000	0 00	0 00	600 91	1,201 81	1,802 72
Andar Campaign Software												
367			10/31/2010	SL / N/A	5.0000	25,750 00	100 0000	0 00	0 00	2,145 83	5,150 00	7,295 83
Backup Exec 2010 for Andar Server												
375			11/15/2010	SL / N/A	5.0000	1,055 04	100 0000	0 00	0 00	87 92	211 01	298 93
Windows and Sequel Server Software												
376			11/15/2010	SL / N/A	5 0000	1,137 82	100.0000	0 00	0 00	94 82	227 56	322 38
Poweredge Rack Mounted Server (Andar)												
377			11/15/2010	SL / N/A	5.0000	3,643 96	100 0000	0 00	0 00	303 66	728.79	1,032 45
2011 Chevrolet Traverse												
368			12/6/2010	SL / N/A	5 0000	34,188 67	100.0000	0 00	0 00	2,279 24	3,418 87	5,698 11
D												
HP ML350G6 Server												
379			5/29/2011	SL / N/A	7 0000	1,952 54	100 0000	0 00	0 00	0 00	232 44	232 44
BTV System												
382			8/15/2011	SL / N/A	5 0000	2,065 48	100 0000	0 00	0 00	0 00	275 40	275 40
White 2011 Chevrolet Traverse												
378			10/12/2011	SL / N/A	5 0000	42,331 97	100 0000	0 00	0 00	0 00	1,411 07	1,411 07
D												
Small Bus. Server 2011 & Forefront Firewall												
380			11/30/2011	SL / N/A	7 0000	1,001 61	100 0000	0 00	0 00	0 00	47 70	47 70
Latitude E6520 Laptop												
381			2/15/2012	SL / N/A	5 0000	1,515 29	100 0000	0 00	0 00	0.00	50 51	50 51
Subtotal EQUI						521,229.79		0.00	0.00	337,903.27	39,198.99	377,102.26
Less dispositions and exchanges:						128,091 69		0.00	0.00	53,850 29	0.00	58,680 23
Net for: EQUI						393,138 10		0.00	0.00	284,052.98	39,198.99	318,422.03

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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
LAND												
LAND												
77			4/21/1993	No Calc / N/A	0 0000	113,899 00	100 0000	0 00	0 00	0 00	0 00	0 00
LAND-EASEMENT FEES												
95			8/2/1994	No Calc / N/A	40 0000	368 00	100 0000	0 00	0 00	0 00	0 00	0 00
LAND - PROF FEE												
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	78,846 16	5,128 20	83,974 36
Subtotal: PLAZA						200,000 00		0 00	0 00	78,846 16	5,128 20	83,974 36
Less dispositions and exchanges:						0 00		0 00	0 00	0 00	0 00	0 00
Net for: PLAZA						200,000 00		0 00	0 00	78,846 16	5,128 20	83,974 36
Subtotal:						4,401,669.63		0 00	0 00	1,812,278.09	136,037.38	1,948,315.47
Less dispositions and exchanges:						128,091 69		0 00	0 00	53,850 29	0 00	58,680 23
Grand Totals:						4,273,577.94		0 00	0 00	1,758,427.80	136,037 38	1,889,635.24