See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning April 1 , 2012, and ending March 31 , 20 13

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

C Name of organization United Way of Central Georgia

Doing Business As

Number and street (or P O box if mail is not delivered to street address) PO Box 1302 | Room/suite

City, town or post office, state, and ZIP code Macon, GA 31202-1302

D Employer identification number 58-0639811

E Telephone number 478-745-4732

G Gross receipts $

F Name and address of principal officer George McCanless, President & CEO
Same as Organization Address

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.org

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

L Year of formation 1955

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: 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 2012 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	436
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-0-
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-0-

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,358,017	4,777,092
9	Program service revenue (Part VIII, line 2g)	196,019	209,369
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	(2,254)	19,601
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,828	125,104
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,655,610	5,131,165
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,283,855	3,739,930
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)	1,090,932	1,100,613
16a	Professional fundraising fees (Part IX, column (A), line 11e)	- 0 -	- 0 -
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 733,456		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	650,037	655,047
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,024,824	5,495,590
19	Revenue less expenses. Subtract line 18 from line 12	(369,214)	(364,425)

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,643,648	8,010,224
21	Total liabilities (Part X, line 26)	4,269,911	3,992,937
22	Net assets or fund balances Subtract line 21 from line 20	4,373,737	4,017,287

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 July 31, 2013

George McCanless, 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

Part III **Statement of Program Service Accomplishments**

Check 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 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 $ 3,989,812 including grants of $ 3,739,930) (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 $ 347,119 including grants of $ -0-) (Revenue $ 209,369)

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** ▶ 4,336,931

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		✓
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*	5		✓
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*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
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*	10	✓	
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*	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		✓
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*	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	✓	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		✓
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	✓	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	✓	
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
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, Part II, III, or IV, and Part V, line 1*	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	-0-		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	-0-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		✓
b	If "Yes," enter the name of the foreign country: ▶ See 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?		5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		✓
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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?		2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		✓
6	Did the organization have members or stockholders?		6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.				
a	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		✓

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 ☐ Other *(explain in Schedule O)*

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

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

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAN FORRESTER CHAIR	1.0	✓		✓				-0-	-0-	-0-
(2) JIM MANLEY PAST CHAIR	1.0	✓		✓				-0-	-0-	-0-
(3) BRUCE LEICHT TREASURER	1.0	✓		✓				-0-	-0-	-0-
(4) PAM WHITE-COLBERT VICE-CHAIR, COMMUNITY IMPACT	1.0	✓		✓				-0-	-0-	-0-
(5) JEFF DUDLEY VICE-CHAIR, MARKETING	1.0	✓		✓				-0-	-0-	-0-
(6) EDDIE NORRIS VICE-CHAIR, HOUSTON AREA	1.0	✓		✓				-0-	-0-	-0-
(7) MATTHEW LIAO-TROTH VICE-CHAIR, OCONEE AREA	1.0	✓		✓				-0-	-0-	-0-
(8) ALBERT ABRAMS 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) MERITA BURNEY TRUSTEE	1.0	✓						-0-	-0-	-0-
(12) BILL CAMPBELL TRUSTEE	1.0	✓						-0-	-0-	-0-
(13) MATHIS COXON TRUSTEE	1.0	✓						-0-	-0-	-0-
(14) JANE DRENNAN 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHRISTIE DREXLER TRUSTEE	1.0	✓						-0-	-0-	-0-
(16) LARONDA EASON TRUSTEE	1.0	✓						-0-	-0-	-0-
(17) SHANE EDWARDS TRUSTEE	1.0	✓						-0-	-0-	-0-
(18) DONNA ELLIS TRUSTEE	1.0	✓						-0-	-0-	-0-
(19) IRA FOSTER 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) JOHN HOUSER TRUSTEE	1.0	✓						-0-	-0-	-0-
(23) CHRIS HOWARD TRUSTEE	1.0	✓						-0-	-0-	-0-
(24) LATONYA JOHNSON TRUSTEE	1.0	✓						-0-	-0-	-0-
(25) MICHAEL KRUGER TRUSTEE	1.0	✓						-0-	-0-	-0-
1b **Sub-total** ▶								-0-	-0-	-0-
c **Total from continuation sheets to Part VII, Section A** ▶								155,200	-0-	37,342
d **Total (add lines 1b and 1c)** ▶								155,200	-0-	37,342

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-

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) JOHN LITTLE TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(27) SARA MASON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(28) SYLVIA MCGEE TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(29) STEPHANIE WOODS-MILLER TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(30) GARY PHILLIPS TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(31) JOHN RHEA TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(32) KAREN SINGLETON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(33) JEFF SMITH TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(34) ASBURY STEMBRIDGE TRUSTEE	1 0	✓						- 0 -	- 0 -	- 0 -
(35) JERRY WEST TRUSTEE	1 0	✓						- 0 -	- 0 -	- 0 -
(36) DIANA WILLIAMS 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) MIKE WINTERS TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(38) H. RONALD WATSON PRESIDENT & CEO (RETIRED DECEMBER 2012)	37.5			✓				155,200	- 0 -	37,342
(39) GEORGE MCCANLESS PRESIDENT & CEO (HIRED JANUARY 2013)	37.5			✓				- 0 -	- 0 -	- 0 -
(40) ROBERT EDWARDS EXECUTIVE VP, CHIEF OPERATING OFFICER	37.				✓			166,734	- 0 -	- 0 -
(41)										
(42)										
(43)										
(44)										
(45)										
(46)										
(47)										
1b Sub-total ▶								321,934	- 0 -	37,342
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*		
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

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 ▶

United Way of Central Georgia, Inc.

Form 990 (2012)

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 4,752,305				
	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 24,787				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a–1f	▶	4,777,092			
Program Service Revenue		Business Code				
	2a Rent Income - Unaffiliated Org's	532000	209,369	209,369		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f	▶	209,369			
	3 Investment income (including dividends, interest, and other similar amounts)	▶	16,269			16,269
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	3,332				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	3,332				3,332
	d Net gain or (loss)	▶	3,332			
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 16,213				
	b Less direct expenses	b 20,767				
	c Net income or (loss) from fundraising events	▶	(4,554)			(4,554)
	9a Gross income from gaming activities See Part IV, line 19	a 53,950				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶	53,950	53,950		
	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	75,708			75,708
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d	▶	75,708			
	12 **Total revenue.** See instructions	▶	5,131,166	263,319		90,755

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,739,930	3,739,930		
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 .	178,710	50,039	75,058	53,613
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 . .	632,810	139,458	131,932	361,420
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,396	13,672	12,427	36,297
9	Other employee benefits	174,461	31,386	60,246	82,829
10	Payroll taxes	52,236	12,060	12,208	27,968
11	Fees for services (non-employees):				
a	Management	- 0 -	- 0 -	- 0 -	- 0 -
b	Legal	3,549	- 0 -	3,549	- 0 -
c	Accounting	28,975	5,169	12,420	11,386
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 (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .	- 0 -	- 0 -	- 0 -	- 0 -
12	Advertising and promotion . .	87,002	260	2,555	84,187
13	Office expenses	58,656	12,265	22,401	23,990
14	Information technology . .	8,995	8,995	- 0 -	- 0 -
15	Royalties	- 0 -	- 0 -	- 0 -	- 0 -
16	Occupancy	42,552	42,552	- 0 -	- 0 -
17	Travel	12,580	400	4,368	7,812
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	247	- 0 -	- 0 -	247
19	Conferences, conventions, and meetings	12,852	1,216	6,210	5,426
20	Interest . . .	3,244	- 0 -	3,244	- 0 -
21	Payments to affiliates . . .	40,532	10,133	12,160	18,239
22	Depreciation, depletion, and amortization	133,595	109,538	11,227	12,830
23	Insurance	7,579	4,664	1,202	1,713
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	81,779	81,779	- 0 -	- 0 -
b	SECURITY	41,423	41,423	- 0 -	- 0 -
c	JANITORIAL SERVICE	29,493	29,493	- 0 -	- 0 -
d	MISCELLANEOUS	61,994	2,499	53,996	5,499
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	5,495,590	4,336,931	425,203	733,456
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) . .				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	603,065	1	794,163
	2	Savings and temporary cash investments	1,864,214	2	1,437,480
	3	Pledges and grants receivable, net	3,361,082	3	2,992,944
	4	Accounts receivable, net	25,405	4	11,433
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	-0-	5	-0-
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	-0-	6	-0-
	7	Notes and loans receivable, net	-0-	7	-0-
	8	Inventories for sale or use	-0-	8	-0-
	9	Prepaid expenses and deferred charges	21,642	9	34,664
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 4,271,737			
	b	Less accumulated depreciation — 10b: 1,968,613	2,383,943	10c	2,303,124
	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	384,297	15	436,417
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	8,643,648	16	8,010,224
Liabilities	17	Accounts payable and accrued expenses	45,505	17	42,741
	18	Grants payable	271,500	18	150,000
	19	Deferred revenue	-0-	19	267
	20	Tax-exempt bond liabilities	-0-	20	-0-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	-0-	21	-0-
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	-0-	22	-0-
	23	Secured mortgages and notes payable to unrelated third parties	225,796	23	230,072
	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	3,727,110	25	3,569,858
	26	**Total liabilities.** Add lines 17 through 25	4,269,911	26	3,992,937
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,336,717	27	3,980,267
	28	Temporarily restricted net assets	37,020	28	37,020
	29	Permanently restricted net assets	-0-	29	-0-
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,373,737	33	4,017,287
	34	Total liabilities and net assets/fund balances	8,643,648	34	8,010,224

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,131,166
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,495,590
3	Revenue less expenses Subtract line 2 from line 1	3	(364,424)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,373,737
5	Net unrealized gains (losses) on investments	5	7,974
6	Donated services and use of facilities	6	-0-
7	Investment expenses	7	-0-
8	Prior period adjustments	8	-0-
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-0-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,017,287

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,371,559	5,610,434	5,396,731	5,407,436	4,831,042	26,617,202
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	5,371,559	5,610,434	5,396,731	5,407,436	4,831,042	26,617,202
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.						26,617,202

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	5,371,559	5,610,434	5,396,731	5,407,436	4,831,042	26,617,202
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	258,072	238,121	241,719	221,789	225,638	1,185,339
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.)	163,294	157,479	65,646	60,340	75,708	522,467
11 **Total support.** Add lines 7 through 10						28,325,008

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	93.97 %
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	93.72 %

16a **33⅓% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33⅓% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		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 XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	318,636	316,515	298,333	262,107	294,901
b Contributions					
c Net investment earnings, gains, and losses	12,093	3,887	19,768	37,204	-32,794
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,945	1,766	1,586	978	- 0 -
g End of year balance	328,784	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:

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		114,706		114,706
b Buildings		3,616,430	1,583,630	2,032,800
c Leasehold improvements				
d Equipment		340,601	295,880	44,721
e Other		200,000	89,103	110,897
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,303,124

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.

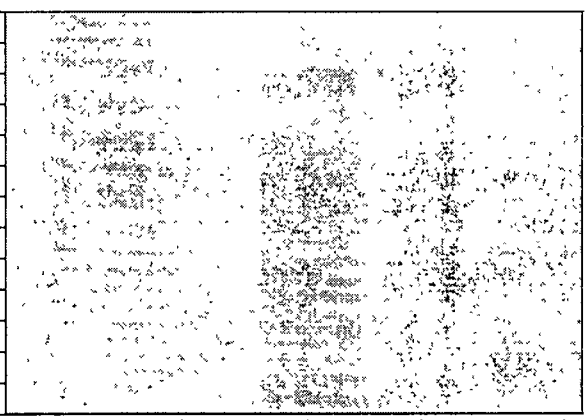
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1) **Cash Surrender Value of Life Insurance**	**436,417**
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	**436,417**

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**	**2,117,527**
(3) **Designations payable to agencies**	**1,452,331**
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	**3,569,858**



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

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

1	Total revenue, gains, and other support per audited financial statements			1	3,933,583
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	7,974		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	249,524		
e	Add lines **2a** through **2d**			2e	257,498
3	Subtract line **2e** from line **1**			3	3,676,085
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,455,081		
c	Add lines **4a** and **4b**			4c	1,455,081
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	5,131,166

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

1	Total expenses and losses per audited financial statements			1	4,290,031
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	20,766		
e	Add lines **2a** through **2d**			2e	20,766
3	Subtract line **2e** from line **1**			3	4,269,265
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,226,325		
c	Add lines **4a** and **4b**			4c	1,226,325
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	5,495,590

Part XIII Supplemental Information

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

Part V, Line 4: 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 is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code 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. The Organization files its form 990 in the U S federal jurisdiction and Georgia With few exceptions, the Organization is no longer subject to U.S federal and state income tax examinations by tax authorities for years before 2010. The Organization

Part XIII Supplemental Information *(continued)*

has concluded no material uncertain tax positions have been taken on any open tax returns For the current year the Organization believes all tax positions are fully supportable by existing Federal law and related interpretations and there are no uncertain tax positions to consider.

Part XI, Line 2d: Deduct administrative fee revenue on designated pledges and special event expenses.

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

Part XII, Line 2d: Deduct special event expenses

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

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047
2012
Open to Public Inspection

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

Employer identification number
58-0639811

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
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 Campaign Kickoff (event type)	(b) Event #2 Annual Meeting (event type)	(c) Other events 10 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	5,480	5,325	5,408	16,213
	2 Less: Contributions	- 0 -	- 0 -	- 0 -	- 0 -
	3 Gross income (line 1 minus line 2)	5,480	5,325	5,408	16,213
Direct Expenses	4 Cash prizes	- 0 -	- 0 -	- 0 -	- 0 -
	5 Noncash prizes	- 0 -	- 0 -	- 0 -	- 0 -
	6 Rent/facility costs	- 0 -	- 0 -	- 0 -	- 0 -
	7 Food and beverages	3,444	5,062	7,753	16,259
	8 Entertainment	- 0 -	- 0 -	- 0 -	- 0 -
	9 Other direct expenses	2,247	1,522	739	4,508
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(20,767)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				(4,554)

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	- 0 -	- 0 -	53,950	53,950
Direct Expenses	2 Cash prizes	- 0 -	- 0 -	1,000	1,000
	3 Noncash prizes	- 0 -	- 0 -	25,085	25,085
	4 Rent/facility costs	- 0 -	- 0 -	- 0 -	- 0 -
	5 Other direct expenses	- 0 -	- 0 -	- 0 -	- 0 -
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☑ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(26,085)
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				27,865

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 Organization

Address ▶ 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 information:

Name ▶ Judy Quinlan

Gaming manager compensation ▶ $ -0-

Description of services provided ▶ Overall supervision of all fundraising activities including gaming 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. The grand prize was an automobile donated by a dealership.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

UNITED WAY OF 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. 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) Advocacy Resource Center 4664 Sheraton Drive, Macon, GA	58-0836285		48,000				Community Services
(2) American Red Cross, Central GA Chapter, 195 Holt Ave., Macon, GA	53-0196605		321,460				Community Services
(3) Bibb County 4-H 736 Riverside Drive, Macon, GA	58-1549136		11,000				Community Services
(4) Big Brothers Big Sisters of Heart of Georgia, 2720 Riverside Dr, Macon	58-0707593		125,000				Community Services
(5) Boy Scouts of America, Central GA Chapter, 4335 Confederate Way,	58-0633976		139,296				Community Services
(6) Boys & Girls Clubs of Baldwin & Jones Counties, Milledgeville GA	58-1671393		90,315				Community Services
(7) Boys & Girls Clubs of Centrl GA 277 MLK Jr Blvd, Ste 202, Macon, GA	58-0621444		229,803				Community Services
(8) Cherished Children/Warner Robi Daycare, 511 Myrtle St., Warner Robi	58-1030849		74,000				Community Services
(9) Consumer Credit Counseling Se 901 Washington Avenue, Macon, GA	58-1105840		26,390				Community Services
(10) Crisis Line and Safe House of Central GA 487 Cherry Street, Macon	58-1329248		139,401				Community Services
(11) Family Counseling Center of Central GA 277 MLK Jr Blvd., Macon	58-0684376		161,385				Community Services
(12) Fund for Life/Family Advanceme Ministries, 570 High Place, Macon, G	58-1941915		31,500				Community Services

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 74

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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, Part III, column (b), 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 participation in the Campaign.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58 : 0639811

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girl Scouts of Historic Georgia 6869 Columbus Road, Lizella, GA	58-0566191		135,305				Community Service
Heart of Georgia Hospice 103 Westridge Drive, Macon, GA	58-1602135		44,386				Community Service
HODAC, Inc 2762 Watson Blvd, Warner Robins, G	58-1333698		158,500				Community Service
Hospice of Central Georgia 6261 Peake Road, Macon, GA	58-2149128		73,388				Community Service
Houston Co. Assn for Exceptional Citizens, 202 N Davis Dr., Warner Rol	58-0687548		19,481				Community Service
Houston Co. Council on Aging/ Meals on Wheels, Warner Robins,GA	58-1310116		53,239				Community Service
Houston County Vol. Medical Clinic 125 Russell Pkwy, Warner Robins, G/	20-1859450		52,000				Community Service
Macon Volunteer Clinic 376 Rogers Avenue, Macon, GA	74-3055376		90,000				Community Service
Meals on Wheels of Baldwin County PO Box 1425, Milledgeville, GA	58-1491565		13,697				Community Service
Meals on Wheels of Macon-Bibb Co. 1212 Gray Highway, Macon, GA	23-7412434		75,000				Community Service
Middle Georgia Community Action Agency, 121 Prince St, Warner Robin	58-1192477		27,380				Community Service
Middle GA Community Food Bank 4490 Ocmulgee East Blvd,. Macon, G	58-2484086		44,731				Community Service
NAMI-Natl Alliance for the Mentally Ill 209 Elberta Road, Warner Robins, GA	58-1648662		23,225				Community Service
Rainbow House Children's Resource Ctr, 108 Elmwood St., Warner Robins	58-1651220		69,542				Community Service
The Salvation Army of Central Georgia, 1955 Broadway, Macon, GA	58-0660607		248,332				Community Service

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58 : 0639811

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Salvation Army, Milledgeville 420 S. Wilkinson St., Milledgeville, GA	58-0660607		23,829				Community Service
Voluntary Action Center 195 Holt Avenue, Macon, GA	58-1169547		60,000				Community Service
Volunteer Houston County 2841 Moody Road, Warner Robins,GA	58-1901420		36,200				Community Service
Community Health Charities of Georgia, Atlanta, GA	58-1705677		61,002				Designated Gifts
Georgia Black United Fund Atlanta, GA	58-1248558		7,012				Designated Gifts
Bleckley County 4-H Cochran, GA	20-5600654		6,562				Designated Gifts
Central GA Volleyball Assn. Warner Robins, GA	52-2413024		5,148				Designated Gifts
Community Outreach Service Center Warner Robins, GA	58-2269595		7,847				Designated Gifts
Covenant Care Services, Inc. Macon, GA	58-1865887		6,311				Designated Gifts
Fort Valley State University Foundation, Fort Valley, GA	23-7281905		13,929				Designated Gifts
Georgia Canine Rescue and Rehabilitation, Cochran, GA	42-1734842		7,110				Designated Gifts
Humane Society of Houston County Warner Robins, GA	42-1763233		24,068				Designated Gifts
Jay's Hope Foundation Macon, GA	20-5117271		7,941				Designated Gifts
Joanna Mcafee Childhood Cancer Fndn , Warner Robins, GA	20-4356988		21,648				Designated Gifts
Loaves & Fishes of South Houston County, Perry, GA	58-2052991		14,329				Designated Gifts

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58 : 0639811

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Macon Rescue Mission Macon, GA	58-6011446		7,442				Designated Gifts
Make-A-Wish Fndn of GA & Alabama Atlanta, GA	58-2146828		5,197				Designated Gifts
Methodist Home of the South GA Conference, Macon, GA	58-0622971		11,865				Designated Gifts
Museum of Aviation at Robins AFB Warner Robins, GA	58-1451656		5,715				Designated Gifts
Robins Airman & Family Readiness Activities Council, Robins AFB, GA	80-0106476		6,003				Designated Gifts
Robins Airmen Relief Fund Robins AFB, GA	33-0525106		12,684				Designated Gifts
Ronald McDonald House Charities Macon, GA	58-2473799		20,618				Designated Gifts
Sav-A-Life Ministry, Inc Macon, GA	58-1589744		9,665				Designated Gifts
Save A Pet, Inc Forsyth, GA	58-2426129		8,438				Designated Gifts
America's Charities Chantilly, VA	54-1517707		51,035				Designated Gifts
American Red Cross Washington, DC	53-0196605		24,019				Designated Gifts
Animal Charities of America Larkspur, CA	94-3193389		39,860				Designated Gifts
CancerCURE of America Larkspur, CA	810648432		39,541				Designated Gifts
Charities Under 1% of Overhead Larkspur, CA	27-3132554		13,867				Designated Gifts
Charities Under 5% of Overhead Larkspur, CA	27-3132492		9,062				Designated Gifts

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC

Employer identification number

58 : 0639811

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children First - America's Charities Chantilly, VA	30-0186795		16,815				Designated Gifts
Children's Charities of America Larkspur, CA	94-3148588		25,189				Designated Gifts
Children's Medical & Research Charities of America, Larkspur, CA	27-0093393		22,978				Designated Gifts
Christian Charities USA Larkspur, CA	94-3255961		34,119				Designated Gifts
Christian Service Charities Annandale, VA	94-3193374		68,072				Designated Gifts
Community Health Charities Arlington, VA	13-6167225		139,112				Designated Gifts
Conservation & Preservation Charites of America, Larkspur, CA	94-3217738		8,695				Designated Gifts
Earth Share Bethesda, MD	52-1601960		10,291				Designated Gifts
Health & Medical Research Charities of America, Larkspur, CA	94-3217739		49,580				Designated Gifts
Health First - America's Charities Chantilly, VA	30-0186796		7,149				Designated Gifts
Medical Research Charities Annandale, VA	94-3148591		15,986				Designated Gifts
Military Family and Veterans Service Organizations , Larkspur,CA	94-3193418		50,686				Designated Gifts
Military Support Groups of America Larkspur,CA	27-2242752		12,916				Designated Gifts
Women, Children and Family Service Charities, Larkspur, CA	94-3193386		11,061				Designated Gifts
Do Unto Others Larkspur,CA	94-3148590		6,573				Designated Gifts

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58 : 0639811

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Global Impact Alexandria, VA		52-1273585	18,546				Designated Gifts
United Negro College Fund Washington, DC		13-1624241	9,400				Designated Gifts

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

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC

Employer identification number

58-0639811

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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 and Title		(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, President & CEO	(i)	155,200	- 0 -	- 0 -	- 0 -	42,877	198,077	- 0 -
	(ii)	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
2 Robert Edwards, Executive VP, COO	(i)	86,734	80,000	- 0 -	- 0 -	19,626	186,360	- 0 -
	(ii)	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
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, 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.

PART I, LINE 4b: In accordance with an employment contract approved by the Search Committee of the Board of Trustees, the Organization's President and CEO hired in January 2013 is a participant in a supplemental nonqualified deferred compensation plan. No amounts were accrued for expense related to this plan in the current year.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization

UNITED WAY OF CENTRAL GEORGIA, INC.

Employer identification number

58-0639811

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	✓	1	25,085	Provided by auto dealer
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		✓
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		✓
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✓
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Part I, Line 6. The automobile was donated by a car dealership as the grand prize in a raffle to raise funds to support programs and services of the Organization's partner agencies.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

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

Form 990, Part V, Line 7h The Organization received a donation of a car from a auto dealership for use as a grand prize in a raffle to raise funds to support programs and services of its partner agencies Because the contribution was from a donor that holds such property primarily for sale to customers, the car is not considered a qualified vehicle and a Form 1098-C is not required

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 11b The Form 990 was presented 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

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

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

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 XII, Line 2c The Executive Committee of the Organization's Board of Trustees is responsible for hiring the auditing firm and overseeing the audit of the Organization's financial statements The partner in charge of the audit presents the report to the Committee for their review and approval This process has not changed from the previous year

United Way of Central GA [0208611]
Depreciation Expense
Financial
04/01/2012 - 03/31/2013

Description System No.	S	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	1,236,834 36	75,531 87	1,312,366 23
BUILD OUT RES CTR											
184		9/15/1996	MSL / MM	39 0000	24,147 00	100 0000	0 00	0 00	9,622 66	619 15	10,241 81
BUILDOUT											
191		9/15/1996	MSL / MM	39 0000	11,091 00	100 0000	0 00	0 00	4,419 80	284 39	4,704 19
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	106,827 14	11,548 88	118,376 02
Roof Replacement - Olympia Bldg											
329		5/30/2003	MSL / HY	10 0000	29,485 00	100 0000	0 00	0 00	25,062 25	2,948 50	28,010 75
Window in WIC Office - 106 Olympia Drive											
356		9/30/2007	MSL / HY	5 0000	3,887 00	100 0000	0 00	0 00	3,498 30	388 70	3,887 00
New Roof (Macon Bldg)											
384		4/30/2012	SL / N/A	15 0000	50,696 00	100 0000	0 00	0 00	0 00	3,098 09	3,098 09
Subtotal: BLDG					**3,616,429.84**		**0.00**	**0.00**	**1,487,238.85**	**94,419.58**	**1,581,658.43**
Less dispositions and exchanges.					0 00		0 00	0 00	0 00	0 00	0 00
Net for: BLDG					**3,616,429.84**		**0.00**	**0.00**	**1,487,238.85**	**94,419.58**	**1,581,658.43**
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
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

United Way of Central GA [0208611]
Depreciation Expense
Financial
04/01/2012 - 03/31/2013

Description / System No.	S	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
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	D	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	D	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	D	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	D	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	D	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	1,744 17	230 00	1,974 17
New Server (Computer Concepts)											
331	D	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
Office Chair											
338		11/15/2005	SL / N/A	5 0000	507 73	100 0000	0 00	0 00	507 73	0 00	507 73
Office Chair - Peyton Anderson Room											
339		11/15/2005	SL / N/A	5 0000	507 73	100 0000	0 00	0 00	507 73	0 00	507 73

United Way of Central GA [0208611]

Depreciation Expense

Financial

04/01/2012 - 03/31/2013

Description / System No.	S	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											
Office Chairs (9) - Peyton Anderson Room											
340		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
Dell Latitude D820 Laptop Computer											
341	D	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
Dell Optiplex GX620 Desktop Computer											
342		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
Dell Optiplex GX620 Desktop Computer											
343		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
Dell Optiplex GX620 Desktop Computer											
344		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
Dell Optiplex GX620 Desktop Computer											
345		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
Fountain Waterproofing											
346		9/15/2006	SL / N/A	5 0000	7,800 00	100 0000	0 00	0 00	7,800 00	0 00	7,800 00
Carpet											
347		11/30/2006	SL / N/A	7 0000	13,750 00	100 0000	0 00	0 00	10,476 21	1,964 29	12,440 50
Dell 3115 Printer/Scanner/Fax											
349		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
Dell Computer											
350		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
DI 600 Folding/Inserting Machine											
351		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
HP Laptop											
352	D	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
Commercial Furnishings											
354		12/31/2007	M / HY	5 0000	6,629 70	100 0000	0 00	0 00	6,247 83	381 87	6,629 70
Benchmark Technology Check Scanner											
353		2/15/2008	SL / N/A	3 0000	916 54	100 0000	0 00	0 00	916 54	0 00	916 54
HVAC Control System											
355		2/29/2008	SL / N/A	5 0000	12,850 00	100 0000	0 00	0 00	10,494 17	2,355 83	12,850 00
Dell Latitude D830 Laptop Computer											
357	D	6/18/2008	SL / N/A	3 0000	2,240 94	100 0000	0 00	0 00	2,240 94	0 00	2,240 94
eCFund 2 0 Online Community Impact System											
362		6/30/2008	SL / N/A	5 0000	5,378 05	100 0000	0 00	0 00	4,033 54	1,075 61	5,109 15
Dell M4400 Laptop											
359		11/14/2008	SL / N/A	3 0000	2,182 07	100 0000	0 00	0 00	2,182 07	0 00	2,182 07
Dell M4400 Laptop											
361		11/14/2008	SL / N/A	3 0000	2,175 67	100 0000	0 00	0 00	2,175 67	0 00	2,175 67
CCTV System											
360		12/11/2008	SL / N/A	5 0000	8,325 60	100 0000	0 00	0 00	5,550 40	1,665 12	7,215 52
3 Dell Optiplex 760 Computers											
363		6/15/2009	SL / N/A	3 0000	2,715 50	100 0000	0 00	0 00	2,564 65	150 85	2,715 50
Carrier Chiller											
365		7/7/2009	SL / N/A	5 0000	59,050 00	100 0000	0 00	0 00	32,477 50	11,810 00	44,287 50
Dell Latitude E6500 Laptop Computer											

United Way of Central GA [0208611]
Depreciation Expense
Financial
04/01/2012 - 03/31/2013

Description / System No.	S	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											
364 Scotsman Ice Machine		1/15/2010	SL / N/A	3 0000	1,054 75	100 0000	0 00	0 00	791 06	263 69	1,054 75
373 Optiplex 980 Computer		5/15/2010	SL / N/A	5 0000	2,097 74	100 0000	0 00	0 00	804 14	419 55	1,223 69
369 2 Optiplex 980 Computers		8/13/2010	SL / N/A	3 0000	1,165 65	100 0000	0 00	0 00	647 58	388 55	1,036 13
370 2 Optiplex 980 Computers		8/13/2010	SL / N/A	3 0000	2,316 28	100 0000	0 00	0 00	1,286 82	772 09	2,058 91
371 2 5 Ton Carrier Heat Pump (WR Suite B)		8/13/2010	SL / N/A	3 0000	2,472 14	100 0000	0 00	0 00	1,373 42	824 05	2,197 47
374 DA 300 Address Printer		8/13/2010	SL / N/A	5 0000	4,100 00	100 0000	0 00	0 00	1,366 67	820 00	2,186 67
372 Andar Campaign Software		9/30/2010	SL / N/A	3 0000	3,605 44	100 0000	0 00	0 00	1,802 72	1,201 81	3,004 53
367 Backup Exec 2010 for Andar Server		10/31/2010	SL / N/A	5 0000	25,750 00	100 0000	0 00	0 00	7,295 83	5,150 00	12,445 83
375 Windows and Sequel Server Software		11/15/2010	SL / N/A	5 0000	1,055 04	100 0000	0 00	0 00	298 93	211 01	509 94
376 Poweredge Rack Mounted Server (Andar)		11/15/2010	SL / N/A	5 0000	1,137 82	100 0000	0 00	0 00	322 38	227 56	549 94
377 HP ML350G6 Server		11/15/2010	SL / N/A	5 0000	3,643 96	100 0000	0 00	0 00	1,032 45	728 79	1,761 24
379 BTV System		5/29/2011	SL / N/A	7 0000	1,952 54	100 0000	0 00	0 00	232 44	278 93	511 37
382 Small Bus Server 2011 & Forefront Firewall		8/15/2011	SL / N/A	5 0000	2,065 48	100 0000	0 00	0 00	275 40	413 10	688 50
380 Latitude E6520 Laptop		11/30/2011	SL / N/A	7 0000	1,001 61	100 0000	0 00	0 00	47 70	143 09	190 79
381 Sonicwall Firewall & 2 Microtik Routers		2/15/2012	SL / N/A	5 0000	1,515 29	100 0000	0 00	0 00	50 51	303 06	353 57
383		4/15/2012	SL / N/A	7 0000	2,080 20	100 0000	0 00	0 00	0 00	297 17	297 17
Subtotal: EQUI					**395,218.30**		**0.00**	**0.00**	**318,422.03**	**32,076.02**	**350,498.05**
Less dispositions and exchanges:					54,617 66		0 00	0 00	54,617 66	0 00	54,617 66
Net for: EQUI					**340,600.64**		**0.00**	**0.00**	**263,804.37**	**32,076.02**	**295,880.39**
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

United Way of Central GA [0208611]

Depreciation Expense

Financial

04/01/2012 - 03/31/2013

Description System No.	S	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
Net for: 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	83,974 36	5,128 21	89,102 57
Subtotal: PLAZA					**200,000.00**		**0.00**	**0.00**	**83,974.36**	**5,128.21**	**89,102.57**
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**	**83,974.36**	**5,128.21**	**89,102.57**
Subtotal:					**4,326,354.14**		**0.00**	**0.00**	**1,889,635.24**	**131,623.81**	**2,021,259.05**
Less dispositions and exchanges:					54,617 66		0.00	0.00	54,617 66	0 00	54,617 66
Grand Totals:					**4,271,736.48**		**0.00**	**0.00**	**1,835,017.58**	**131,623.81**	**1,966,641.39**