See a Social Security Number? Say Something!
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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 private foundations)

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning April 1 , 2013, and ending March 31 , 20 14

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

C Name of organization United Way of Central Georgia, Inc.

Doing Business As

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

PO Box 1302

City or town, state or province, country, and ZIP or foreign postal code

Macon, GA 31202-1302

D Employer identification number 58-0639811

E Telephone number 478-745-4732

G Gross receipts $ 5,065,851

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

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

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

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

J Website: ▶ www.unitedwaycg.org

H(c) Group exemption number ▶

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

L Year of formation 1955

M State of legal domicile GA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: United Way of Central Georgia's mission is to increase the organized capacity of people in Central Georgia communities to care for one another. This is accomplished by providing funds for community services and bringing together charitable organizations to address those needs.	
	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)	41
	4	Number of independent voting members of the governing body (Part VI, line 1b)	41
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	22
	6	Total number of volunteers (estimate if necessary)	443
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-0-
	b	Net unrelated business taxable income from Form 990-T, line 34	-0-

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,777,092	4,716,337
	9	Program service revenue (Part VIII, line 2g)	209,369	172,882
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,601	16,629
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	125,104	123,050
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,131,165	5,028,898
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,739,930	3,018,214
	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)	1,100,613	1,229,940
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	- 0 -	- 0 -
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 724,122		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	655,047	609,346
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,495,590	4,857,500
	19	Revenue less expenses Subtract line 18 from line 12	(364,425)	171,498

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	8,010,224	7,495,185
	21	Total liabilities (Part X, line 26)	3,992,937	3,307,839
	22	Net assets or fund balances Subtract line 21 from line 20	4,017,287	4,187,346

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: August 5, 2014

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

917 25

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

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 $ 3,277,836 including grants of $ 3,000,714) (Revenue $ -0-)

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 $ 334,175 including grants of $ -0-) (Revenue $ 172,882)

The Organization owns and operates two commercial office buildings as community service centers and leases space 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 $ 111,180 including grants of $ 17,500) (Revenue $ -0-)

During FY2014, the Organization assumed the leadership role for the Promise Neighborhood initiative in two targeted communities within its service area. The initiative is a collaboration of approximately 35 nonprofit, for-profit and governmental entities and is intended to improve conditions in the targeted communities by taking a holistic approach to helping families with a variety of needs.

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

4e Total program service expenses ▶ 3,723,191

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✓	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
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 25a*	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
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 or note to any line in this Part V ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	23		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	2		
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	22		
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" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		✓
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 or note to any line 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 . 1a 41			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 41			
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 or note to any line in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) BRUCE LEICHT CHAIR	1.0	✓		✓				-0-	-0-	-0-
(2) DAN FORRESTER PAST CHAIR	1.0	✓		✓				-0-	-0-	-0-
(3) EDDIE NORRIS CHAIR-ELECT & VICE-CHAIR, RESOURCE DEV.	1.0	✓		✓				-0-	-0-	-0-
(4) LARRY BRUMLEY TREASURER	1.0	✓		✓				-0-	-0-	-0-
(5) SHANE EDWARDS VICE-CHAIR, COMMUNITY IMPACT	1.0	✓		✓				-0-	-0-	-0-
(6) THERESA ROBINSON VICE-CHAIR, MARKETING	1.0	✓		✓				-0-	-0-	-0-
(7) JOHN RHEA VICE-CHAIR, HOUSTON AREA	1.0	✓		✓				-0-	-0-	-0-
(8) ALBERT ABRAMS TRUSTEE	1.0	✓						-0-	-0-	-0-
(9) TIM ANDREWS TRUSTEE	1.0	✓						-0-	-0-	-0-
(10) AARON BLEVINS TRUSTEE	1.0	✓						-0-	-0-	-0-
(11) BRIAN BOWERS TRUSTEE	1.0	✓						-0-	-0-	-0-
(12) VALERIE BRADLEY TRUSTEE	1.0	✓						-0-	-0-	-0-
(13) CHARLES BRISCOE TRUSTEE	1.0	✓						-0-	-0-	-0-
(14) BRETT BURRIS 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) CYNDEY BUSBEE TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(16) BILL CAMPBELL TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(17) JOSH CANNON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(18) STEVE CORKERY TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(19) CHRISTIE DREXLER TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(20) DONNA ELLIS TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(21) CHRIS FLOORE TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(22) IRA FOSTER TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(23) TAMEKA GORDON TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(24) ANTHONY HAYES TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
(25) JOHN HOUSER TRUSTEE	1.0	✓						- 0 -	- 0 -	- 0 -
1b Sub-total ▶								- 0 -	- 0 -	- 0 -
c Total from continuation sheets to Part VII, Section A ▶								241,468	- 0 -	47,199
d Total (add lines 1b and 1c) ▶								241,468	- 0 -	47,199

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 ▶ 2

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(26) LATONYA JOHNSON TRUSTEE	1.0	✓						-0-	-0-	-0-
(27) BILL KILBURG TRUSTEE	1.0	✓						-0-	-0-	-0-
(28) MICHAEL KRUGER TRUSTEE	1.0	✓						-0-	-0-	-0-
(29) BOB MABRY TRUSTEE	1.0	✓						-0-	-0-	-0-
(30) SCOTT MARKEL TRUSTEE	1.0	✓						-0-	-0-	-0-
(31) SARA MASON TRUSTEE	1.0	✓						-0-	-0-	-0-
(32) SYLVIA MCGEE TRUSTEE	1.0	✓						-0-	-0-	-0-
(33) BOB MCMAHON TRUSTEE	1.0	✓						-0-	-0-	-0-
(34) STEPHANIE WOODS MILLER TRUSTEE	1.0	✓						-0-	-0-	-0-
(35) ELI MORGAN TRUSTEE	1.0	✓						-0-	-0-	-0-
(36) MARILYN PETERSON TRUSTEE	1.0	✓						-0-	-0-	-0-
(37) PHIL POSTLE TRUSTEE	1.0	✓						-0-	-0-	-0-
(38) JOHN RHEA TRUSTEE	1.0	✓						-0-	-0-	-0-
(39) JEFF SMITH TRUSTEE	1.0	✓						-0-	-0-	-0-

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(40) BERNARD SNELL TRUSTEE	1.0	✓						-0-	-0-	-0-
(41) SPENCER STRICKLAND TRUSTEE	1.0	✓						-0-	-0-	-0-
(42) GEORGE MCCANLESS PRESIDENT & CEO	37.5			✓				156,002	-0-	29,559
(43) ROBERT EDWARDS EXECUTIVE VP, CHIEF OPERATING OFFICER	37.5					✓		85,466	-0-	17,640
(44)										
(45)										
(46)										
(47)										
(48)										
(49)										
(50)										
(51)										
(53)										
(54)										

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,716,337			
	g	Noncash contributions included in lines 1a-1f $ 39,408					
	h	**Total.** Add lines 1a–1f ▶		4,716,337			
Program Service Revenue			Business Code				
	2a	Rent Income - Unafflilated Org's	532000	172,882	172,882	- 0 -	- 0 -
	b						
	c						
	d						
	e						
	f	All other program service revenue .					
	g	**Total.** Add lines 2a–2f ▶		172,882			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		11,697	- 0 -	- 0 -	11,697
	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	4,932				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	4,932				
	d	Net gain or (loss) ▶		4,932	- 0 -	- 0 -	4,932
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 a	26,208				
	b	Less: direct expenses b	36,953				
	c	Net income or (loss) from fundraising events ▶		(10,745)		- 0 -	(10,745)
	9a	Gross income from gaming activities. See Part IV, line 19 a	54,262				
	b	Less: direct expenses b	- 0 -				
	c	Net income or (loss) from gaming activities ▶		54,262	- 0 -	- 0 -	54,262
	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	79,533	- 0 -	- 0 -	79,533
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶		79,533			
	12	**Total revenue.** See instructions. ▶		5,028,898	172,882	- 0 -	139,679

Part IX Statement of Functional Expenses

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

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

	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	3,018,214	3,018,214		
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	199,208	65,378	77,068	56,762
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	708,937	200,087	140,864	367,986
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,030	16,392	13,499	33,139
9	Other employee benefits	194,607	43,066	62,616	88,925
10	Payroll taxes	64,158	17,888	15,162	31,108
11	Fees for services (non-employees):				
a	Management	- 0 -	- 0 -	- 0 -	- 0 -
b	Legal	1,221	- 0 -	1,221	- 0 -
c	Accounting	25,200	4,100	10,960	10,140
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	64,081	882	3,237	59,962
13	Office expenses	59,833	11,751	23,725	24,357
14	Information technology	9,736	9,736	- 0 -	- 0 -
15	Royalties	- 0 -	- 0 -	- 0 -	- 0 -
16	Occupancy	41,344	41,344	- 0 -	- 0 -
17	Travel	8,777	535	527	7,715
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	968	- 0 -	- 0 -	968
19	Conferences, conventions, and meetings .	19,480	1,487	7,613	10,380
20	Interest	3,634	- 0 -	3,634	- 0 -
21	Payments to affiliates	32,745	9,823	9,823	13,099
22	Depreciation, depletion, and amortization .	128,071	104,014	11,227	12,830
23	Insurance	7,881	4,860	1,273	1,748
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	81,914	81,914	- 0 -	- 0 -
b	SECURITY	41,085	41,085	- 0 -	- 0 -
c	JANITORIAL SERVICE	28,237	28,237	- 0 -	- 0 -
d					
e	All other expenses	55,139	23,115	27,021	5,003
25	**Total functional expenses.** Add lines 1 through 24e	4,857,500	3,723,908	409,470	724,122
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	794,163	1	937,156
	2	Savings and temporary cash investments	1,437,480	2	1,148,325
	3	Pledges and grants receivable, net	2,992,944	3	2,697,863
	4	Accounts receivable, net	11,433	4	13,841
	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	34,664	9	38,266
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D — 10a: 4,236,994			
	b	Less: accumulated depreciation — 10b: 2,060,614	2,303,124	10c	2,176,380
	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	436,417	15	483,353
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	8,010,224	16	7,495,185
Liabilities	17	Accounts payable and accrued expenses	42,741	17	51,049
	18	Grants payable	150,000	18	91,000
	19	Deferred revenue	267	19	5,695
	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	230,072	23	195,933
	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	3,569,858	25	2,964,162
	26	**Total liabilities.** Add lines 17 through 25	3,992,937	26	3,307,839
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	3,980,267	27	4,074,426
	28	Temporarily restricted net assets	37,020	28	112,921
	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	4,017,287	33	4,187,346
	34	Total liabilities and net assets/fund balances	8,010,224	34	7,495,185

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,028,898
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,857,500
3	Revenue less expenses. Subtract line 2 from line 1	3	171,398
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,017,287
5	Net unrealized gains (losses) on investments	5	(1,339)
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	4,187,346

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,610,434	5,396,731	5,407,436	4,831,042	4,770,599	26,016,242
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	5,610,434	5,396,731	5,407,436	4,831,042	4,770,599	26,016,242
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)						826,000
6 **Public support.** Subtract line 5 from line 4.						25,190,242

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	5,610,434	5,396,731	5,407,436	4,831,042	4,770,599	26,016,242
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	238,121	241,719	221,789	225,638	184,579	1,111,846
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.)	157,479	65,646	60,340	75,708	79,533	438,706
11 **Total support.** Add lines 7 through 10						27,566,794

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 2013 (line 6, column (f) divided by line 11, column (f)) . . . . 14 91.38 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . 15 93.97 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33⅓% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** 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.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF 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	328,784	318,636	316,515	298,333	262,107
b Contributions					
c Net investment earnings, gains, and losses	14,701	12,093	3,887	19,798	37,204
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	2,103	1,945	1,766	1,586	978
g End of year balance	341,382	328,784	318,636	316,515	298,333

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 ▶ 0%
c Temporarily restricted endowment ▶ 0%

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.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		114,706		114,706
b Buildings		3,616,430	1,674,497	1,941,933
c Leasehold improvements				
d Equipment		305,858	291,886	13,972
e Other		200,000	94,231	105,769
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,176,380

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

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

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

(a) Description	(b) Book value
(1) **Cash Surrender Value of Life Insurance**	**483,353**
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	**483,353**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	- 0 -
(2) **Allocations Payable to Agencies**	**2,144,452**
(3) **Designations Payable to Agencies**	**789,710**
(4) **Supplemental Retirement Plan Accrued Liability**	**30,000**
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	**2,964,162**

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	4,429,513
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-0-		
b	Donated services and use of facilities	2b	-0-		
c	Recoveries of prior year grants	2c	-0-		
d	Other (Describe in Part XIII.)	2d	244,120		
e	Add lines 2a through 2d			2e	244,120
3	Subtract line 2e from line 1			3	4,185,393
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	-0-		
b	Other (Describe in Part XIII)	4b	843,505		
c	Add lines 4a and 4b			4c	843,505
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	5,028,898

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,259,454
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	-0-		
b	Prior year adjustments	2b	-0-		
c	Other losses	2c	-0-		
d	Other (Describe in Part XIII.)	2d	36,953		
e	Add lines 2a through 2d			2e	36,953
3	Subtract line 2e from line 1			3	4,222,501
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	-0-		
b	Other (Describe in Part XIII.)	4b	634,999		
c	Add lines 4a and 4b			4c	634,199
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	4,857,500

Part XIII Supplemental Information.

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

Part V, Line 4: The Board of Trustees of the Organization 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. In addition to these funds, other donors have made contributions that are subject to restrictions to the Organization's endowment fund.

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 2011. The Organization 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 XIII Supplemental Information *(continued)*

Part XI, Line 4b: Contributions designated to specific organizations without variance power granted to the Organization and unrealized losses on investments.

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.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF 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 (event type)	(c) Other events 10 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	6,500		19,708	26,208
	2	Less: Contributions	- 0 -		- 0 -	- 0 -
	3	Gross income (line 1 minus line 2)	6,500		19,708	26,208
Direct Expenses	4	Cash prizes	- 0 -		- 0 -	- 0 -
	5	Noncash prizes	- 0 -		- 0 -	- 0 -
	6	Rent/facility costs	- 0 -		250	250
	7	Food and beverages	4,998		- 0 -	4,998
	8	Entertainment	- 0 -		- 0 -	- 0 -
	9	Other direct expenses	3,552		28,153	31,705
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				36,953
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				(10,745)

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			54,262	54,262
Direct Expenses	2	Cash prizes				1,000
	3	Noncash prizes				23,841
	4	Rent/facility costs				- 0 -
	5	Other direct expenses				1,383
	6	Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				26,224
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				26,224

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	- 0 - %
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, STE 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. 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.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF 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	501(C)3	47,942				Community Services
(2) American Red Cross, Central GA Chapter, 195 Holt Ave., Macon, GA	53-0196605	501(C)3	310,810				Community Services
(3) Big Brothers Big Sisters Heart of GA 2720 Riverside Dr, Macon GA	58-0707593	501(C)3	128,943				Community Services
(4) Boy Scouts of America, Central GA 4335 Confederate Way, Macon GA	58-0633976	501(C)3	133,494				Community Services
(5) Boys & Girls Clubs Baldwin & Jones 1211 West Charlton, Milledgeville GA	58-1671393	501(C)3	85,572				Community Services
(6) Boys & Girls Clubs of Centrl GA 277 MLK Jr Blvd, Ste 202, Macon, GA	58-0621444	501(C)3	236,397				Community Services
(7) Cherished Children/WR Daycare 511 Myrtle St., Warner Robins GA	58-1030849	501(C)3	73,740				Community Services
(8) Consumer Credit Counseling Svc 901 Washington Avenue, Macon, GA	58-1105840	501(C)3	26,120				Community Services
(9) Crisis Line and Safe House 487 Cherry Street, Macon GA	58-1329248	501(C)3	139,766				Community Services
(10 Family Advancement Ministries 570 High Place, Macon, GA	58-1941915	501(C)3	32,750				Community Services
(11 Family Counseling Center 277 MLK Jr Blvd, Ste 203, Macon GA	58-0684376	501(C)3	148,377				Community Services
(12 Girl Scouts of Historic Georgia 6809 Columbus Road, Lizella, GA	58-0566191	501(C)3	129,046				Community Services

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 58

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.** 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
Heart of Georgia Hospice 103 Westridge Drive, Macon, GA	58-1602135	501(C)3	20,425				Community Services
HODAC, Inc. 2762 Watson Blvd,Warner Robins GA	58-1333698	501(C)3	93,421				Community Services
Hospice of Central Georgia 6261 Peake Road, Macon, GA	58-2149128	501(C)3	53,026				Community Services
Houston Co. Assn. for Exceptional Citizens, 202 N Davis Dr., WR GA	58-0687548	501(C)3	7,064				Community Services
Houston Co. Council on Aging/ Meals on Wheels, Warner Robins,GA	58-1310116	501(C)3	56,063				Community Services
Houston Co Volunteer Medical Clinic 125 Russell Pkwy, Warner Robins, G/	20-1859450	501(C)3	52,000				Community Services
Macon Volunteer Clinic 376 Rogers Avenue, Macon, GA	74-3055376	501(C)3	89,150				Community Services
Meals on Wheels of Baldwin County PO Box 1425, Milledgeville, GA	58-1491565	501(C)3	13,177				Community Services
Meals on Wheels of Macon-Bibb Co. 1212 Gray Highway, Macon, GA	23-7412434	501(C)3	66,464				Community Services
Middle Georgia Community Action Agency, 121 Prince St, Warner Robin	58-1192477	501(C)3	25,000				Community Services
Middle GA Community Food Bank 4490 Ocmulgee East Blvd Macon, GA	58-2484086	501(C)3	40,880				Community Services
Rainbow House Children's Resource Ctr, 108 Elmwood St Warner Robins,(	58-1651220	501(C)3	67,987				Community Services
The Salvation Army of Central Georgia, 1955 Broadway, Macon, GA	58-0660607	501(C)3	229,495				Community Services
The Salvation Army, Milledgeville 420 S. Wilkinson St Milledgeville, GA	58-0660607	501(C)3	23,829				Community Services
Voluntary Action Center 195 Holt Avenue, Macon, GA	58-1169547	501(C)3	55,500				Community Services

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
Volunteer Houston County 2841 Moody Road Warner Robins GA	58-1901420	501(C)3	33,804				Community Services
Communities In Schools 150 Sessions Drive Macon GA		501(C)3	17,500				Community Services
Community Health Charities of the Southeast, Atlanta, GA	58-1705677	501(C)3	17,721				CFC Designations
Family Promise of Houston County Warner Robins, GA	45-2454402	501(C)3	7,307				CFC Designations
Fort Valley State University Foundation, Fort Valley, GA	23-7281905	501(C)3	5,137				CFC Designations
Humane Society of Houston County Warner Robins, GA	42-1763233	501(C)3	5,137				CFC Designations
Joanna Mcafee Childhood Cancer Foundation, Warner Robins, GA	20-4356988	501(C)3	8,183				CFC Designations
Loaves & Fishes of South Houston County, Perry, GA	58-2052991	501(C)3	9,308				CFC Designations
Methodist Home of the South GA Conference, Macon, GA	58-0622971	501(C)3	10,698				CFC Designations
Ronald McDonald House Charities Macon, GA	58-2473799	501(C)3	6,983				CFC Designations
Sav-A-Life Ministry, Inc. Macon, GA	58-1589744	501(C)3	5,313				CFC Designations
America's Charities Chantilly, VA	54-1517707	501(C)3	11,788				CFC Designations
American Red Cross Washington, DC	53-0196605	501(C)3	11,787				CFC Designations
Animal Charities of America Larkspur, CA	94-3193389	501(C)3	20,191				CFC Designations
CancerCURE of America Larkspur, CA	81-0648432	501(C)3	17,310				CFC Designations

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
Charities Under 1% of Overhead Larkspur, CA	27-3132554	501(C)3	7,488				CFC Designations
Children First - America's Charities Chantilly, VA	30-0186795	501(C)3	9,792				CFC Designations
Children's Charities of America Larkspur, CA	94-3148588	501(C)3	12,359				CFC Designations
Children's Medical & Research Charities of America, Larkspur, CA	27-0093393	501(C)3	16,342				CFC Designations
Christian Charities USA Larkspur, CA	94-3255961	501(C)3	18,530				CFC Designations
Christian Service Charities Annandale, VA	94-3193374	501(C)3	44,275				CFC Designations
Community Health Charities Arlington, VA	13-6167225	501(C)3	61,435				CFC Designations
Conservation & Preservation Charites of America, Larkspur, CA	94-3217738	501(C)3	6,181				CFC Designations
Earth Share Bethesda, MD	52-1601960	501(C)3	5,710				CFC Designations
Health & Medical Research Charities of America, Larkspur, CA	94-3217739	501(C)3	22,761				CFC Designations
Health First - America's Charities Chantilly, VA	30-0186796	501(C)3	8,944				CFC Designations
Medical Research Charities Annandale, VA	94-3148591	501(C)3	10,893				CFC Designations
Military Family and Veterans Service Organizations , Larkspur,CA	94-3193418	501(C)3	26,110				CFC Designations
Military Support Groups of America Larkspur,CA	27-2242752	501(C)3	6,838				CFC Designations
Wounded Warrior Project Jacksonville, FL	20-2370934	501(C)3	16,115				CFC Designations

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**	**501(C)3**	**12,090**				**CFC Designations**

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" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF 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 directors, trustees, and officers, including 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 George M. Mccanless, President & CEO	(i)	156,002	-0-	-0-	30,000	32,174	218,176	-0-
	(ii)	-0-	-0-	-0-	-0-	-0-	-0-	-0-
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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 club for the President & CEO. The dues are not treated as taxable compensation.

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 is a participant in a supplemental nonqualified deferred compensation plan described in IRS Section 457 (f).

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

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization

UNITED WAY OF 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	23,841	PROVIDED BY AUTO DEALER
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	✓	7	15,567	GROSS PROCEEDS FROM SALES
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.** 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.

Part I, Line 9: The organization received seven contributions of publicly traded stocks. The stocks were sold upon receipt and the gross amounts received from the sales were recorded as contributions.

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Form 990, Part III, Line 2: During FY2014, the Organization assumed the leadership role for the Promise Neighborhood initiative in two targeted communities within its service area. The initiative is a collaboration of approximately 35 nonprofit, for-profit and governmental entities and is intended to improve conditions in the targeted communities by taking a holistic approach to helping families with a variety of needs.

Form 990, Part V, Line 7h: The Organization received a donation of a car from an 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 but do not require ratification or approval.

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 review and approval prior to submission.

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

Employer identification number: 58-0639811

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

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, and the members are all volunteers that are independent of the Organization's management. Minutes of the meeting at which the employment contract was 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
04/01/2013 - 03/31/2014

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
BLDG												
BUILDING												
141			11/1/1995	MSL / MM	39.0000	2,945,743 00	100.0000	0.00	0.00	1,312,366.23	75,531 87	1,387,898.10
BUILD OUT RES. CTR												
184			9/15/1996	MSL / MM	39 0000	24,147 00	100.0000	0.00	0.00	10,241.81	619.16	10,860 97
BUILDOUT												
191			9/15/1996	MSL / MM	39.0000	11,091.00	100.0000	0.00	0.00	4,704 19	284 38	4,988.57
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	118,376 02	11,548 88	129,924.90
Roof Replacement - Olympia Bldg												
329			5/30/2003	MSL / HY	10.0000	29,485 00	100.0000	0 00	0 00	28,010 75	1,474 25	29,485.00
Window in WIC Office - 106 Olympia Drive												
356			9/30/2007	MSL / HY	5.0000	3,887 00	100.0000	0 00	0.00	3,887.00	0 00	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	3,098 09	3,379.73	6,477 82
Subtotal: BLDG						**3,616,429.84**		**0.00**	**0.00**	**1,581,658.43**	**92,838.27**	**1,674,496.70**
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**	**1,581,658.43**	**92,838.27**	**1,674,496.70**
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	D		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	D		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	D		12/1/1995	MSL / HY	5.0000	1,523 00	100 0000	0 00	0.00	1,523 00	0.00	1,523 00
DESK												
169			8/15/1996	MSL / HY	5.0000	1,372.00	100 0000	0.00	0 00	1,372.00	0 00	1,372.00
5 BOOKCASES												
173			8/15/1996	MSL / HY	5 0000	1,162.00	100 0000	0.00	0 00	1,162 00	0 00	1,162 00

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System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
EQUI												
Floodlights												
217			2/28/1998	MSL / HY	5 0000	1,675 00	100.0000	0.00	0.00	1,675 00	0 00	1,675.00
Hewlett Packard Laserjet 4000se												
221			2/28/1998	MSL / HY	3 0000	1,302 49	100 0000	0.00	0 00	1,302.49	0 00	1,302 49
Ice Machine												
244	D		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
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
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	1,974 17	230 00	2,204 17
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
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 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												

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EQUI												
346	D		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	D		11/30/2006	SL / N/A	7 0000	13,750 00	100.0000	0.00	0.00	12,440 50	1,309.50	13,750.00
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
Commercial Furnishings												
354	D		12/31/2007	M / HY	5 0000	6,629.70	100.0000	0 00	0 00	6,629 70	0.00	6,629.70
Benchmark Technology Check Scanner												
353	D		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	12,850.00	0 00	12,850.00
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	5,109 15	268 90	5,378 05
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	7,215 52	1,110 08	8,325 60
3 Dell Optiplex 760 Computers												
363			6/15/2009	SL / N/A	3 0000	2,715.50	100 0000	0.00	0.00	2,715.50	0.00	2,715.50
Carrier Chiller												
365			7/7/2009	SL / N/A	5.0000	59,050 00	100 0000	0 00	0.00	44,287 50	11,810.00	56,097 50
Dell Latitude E6500 Laptop Computer												
364			1/15/2010	SL / N/A	3.0000	1,054 75	100.0000	0 00	0.00	1,054.75	0 00	1,054 75
Scotsman Ice Machine												
373			5/15/2010	SL / N/A	5.0000	2,097.74	100 0000	0.00	0 00	1,223.69	419 55	1,643 24
Optiplex 980 Computer												
369			8/13/2010	SL / N/A	3.0000	1,165.65	100.0000	0 00	0 00	1,036.13	129.52	1,165 65
2 Optiplex 980 Computers												
370			8/13/2010	SL / N/A	3.0000	2,316.28	100.0000	0.00	0 00	2,058 91	257.37	2,316 28
2 Optiplex 980 Computers												
371			8/13/2010	SL / N/A	3.0000	2,472 14	100 0000	0 00	0 00	2,197.47	274.67	2,472 14
2 5 Ton Carrier Heat Pump (WR Suite B)												
374			8/13/2010	SL / N/A	5 0000	4,100.00	100 0000	0.00	0.00	2,186 67	820 00	3,006.67
DA 300 Address Printer												
372			9/30/2010	SL / N/A	3 0000	3,605 44	100.0000	0.00	0 00	3,004 53	600.91	3,605 44
Andar Campaign Software												
367			10/31/2010	SL / N/A	5.0000	25,750 00	100 0000	0 00	0 00	12,445 83	5,150 00	17,595 83
Backup Exec 2010 for Andar Server												
375			11/15/2010	SL / N/A	5.0000	1,055.04	100 0000	0 00	0 00	509 94	211.01	720 95

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EQUI												
Windows and Sequel Server Software												
376			11/15/2010	SL / N/A	5 0000	1,137 82	100 0000	0.00	0 00	549 94	227 56	777 50
Poweredge Rack Mounted Server (Andar)												
377			11/15/2010	SL / N/A	5 0000	3,643.96	100 0000	0 00	0 00	1,761 24	728 79	2,490.03
HP ML350G6 Server												
379			5/29/2011	SL / N/A	7.0000	1,952 54	100.0000	0 00	0 00	511 37	278.93	790.30
BTV System												
382			8/15/2011	SL / N/A	5.0000	2,065 48	100 0000	0.00	0 00	688 50	413 10	1,101.60
Small Bus. Server 2011 & Forefront Firewall												
380			11/30/2011	SL / N/A	7 0000	1,001.61	100.0000	0.00	0.00	190.79	143.09	333 88
Latitude E6520 Laptop												
381			2/15/2012	SL / N/A	5.0000	1,515.29	100 0000	0.00	0 00	353.57	303 06	656 63
Sonicwall Firewall & 2 Microtik Routers												
383			4/15/2012	SL / N/A	7.0000	2,080.20	100 0000	0.00	0 00	297 17	297.17	594 34
Dell Latitude E6530 Laptop												
385			10/26/2013	SL / N/A	3.0000	1,327.32	100.0000	0.00	0 00	0.00	184.35	184 35
Subtotal: EQUI						**341,927.96**		**0.00**	**0.00**	**295,880.39**	**25,167.56**	**321,047.95**
Less dispositions and exchanges:						36,069 94		0.00	0 00	34,760.44	0.00	36,069 94
Net for: EQUI						**305,858.02**		**0.00**	**0.00**	**261,119.95**	**25,167.56**	**284,978.01**
LAND												
LAND												
77			4/21/1993	No Calc / N/A	0.0000	113,899.00	100.0000	0 00	0 00	0 00	0.00	0.00
LAND-EASEMENT FEES												
95			8/2/1994	No Calc / N/A	40 0000	368 00	100 0000	0 00	0 00	0 00	0.00	0.00
LAND - PROF FEE												
143			6/15/1995	No Calc / N/A	0.0000	439.00	100.0000	0 00	0.00	0.00	0 00	0.00
Subtotal: LAND						**114,706.00**		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Less dispositions and exchanges:						0.00		0 00	0.00	0.00	0 00	0 00
Net for: LAND						**114,706.00**		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
PLAZA												
PLAZA												
142			11/1/1995	MSL / MM	39 0000	200,000.00	100 0000	0 00	0 00	89,102 57	5,128 20	94,230.77
Subtotal: PLAZA						**200,000.00**		**0.00**	**0.00**	**89,102.57**	**5,128.20**	**94,230.77**
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**	**89,102.57**	**5,128.20**	**94,230.77**
Subtotal:						**4,273,063.80**		**0.00**	**0.00**	**1,966,641.39**	**123,134.03**	**2,089,775.42**
Less dispositions and exchanges:						36,069.94		0.00	0.00	34,760 44	0 00	36,069.94
Grand Totals:						**4,236,993.86**		**0.00**	**0.00**	**1,931,880.95**	**123,134.03**	**2,053,705.48**