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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

UNITED WAY OF THE CSRA INC

Doing Business As

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

630 ELLIS STREET

Room/suite

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

AUGUSTA, GA 30901

D Employer identification number

58-0566155

E Telephone number

(706) 724-5544

G Gross receipts \$ 4,551,459

F Name and address of principal officer

la verne gold

630 ELLIS STREET

AUGUSTA, GA 30901

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) (3) ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW UWCSRA ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1936

M State of legal domicile

GA

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities UNITED WAY FOCUSES ON ACHIEVING OUTCOMES IN FOUR COMMUNITY IMPACT AREAS DETERMINED TO BE ESSENTIAL IN IMPROVING PEOPLE'S LIVES AND STRENGTHENING OUR COMMUNITY HELPING YOUTH SUCCEED, PROMOTING HEALTH AND WELLNESS, PROVIDING BASIC NEEDS, AND STRENGTHENING FAMILIES AND INDIVIDUALS We strive to accomplish this through an annual fundraising campaign which provides funding to 40 vital health and human service programs We secure/administer grants to aid local organizations in meeting community needs, develop strategic partnerships and initiatives, and provide a 24 hour/7 day 2-1-1 information and referral line linking local citizens with health and human services available in the community United Way positions itself as a leader in targeting community resources to address local needs, expand collaborations and achieve measurable results		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	37
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5	Total number of employees (Part V, line 2a)	5	22
	6	Total number of volunteers (estimate if necessary)	6	1,918
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,648,975	4,498,529
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,639	21,066
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,092	15,249
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,089	2,320
			4,726,795	4,537,164
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,308,149	3,439,243
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	797,863	844,999
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 422,182		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	415,093	361,583
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,521,105	4,645,825
	19	Revenue less expenses Subtract line 18 from line 12	205,690	-108,661
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,681,086	3,950,556
	21	Total liabilities (Part X, line 26)	684,974	1,034,199
	22	Net assets or fund balances Subtract line 21 from line 20	2,996,112	2,916,357

Part II

Signature Block

Sign Here

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

Signature of officer

2010-07-19

Date

la verne gold president

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

WILLIAM H WOODWARD CPAABV CVA

Date

Check if self-employed

☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

ELLIOTT DAVIS LLCPLLC
PO BOX 2278
AUGUSTA, GA 30903

EIN

Phone no (706) 722-9090

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

United Way of the CSRA improves life in our community by maximizing the impact of charitable contributions

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If “Yes,” describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	

4a	(Code) (Expenses \$ 2,003,139 including grants of \$ 2,003,139) (Revenue \$ 0)
Program Funding AllocationsUsing contributions to the Community Investment Fund, United Way of the CSRA distributes funding to nearly 40 health and human service programs at 17 partner agencies. Program allocation requests are made bi-annually and include budget information as well as proposed impact of funds. Quarterly success stories, outcomes logic models, and annual total service reports are required under United Way's partnership agreement. Partner agencies also submit annual IRS Form 990s and audits as per UW policies. These funded programs are reviewed annually by groups of community volunteers to ensure appropriate usage of funds. Volunteers complete site visits and in-depth reviews of program accomplishments. Funding is targeted towards programs demonstrating an impact on the community. United Way's funding policies are designed to ensure the greatest accountability for donors' funds and the greatest impact on individuals in our local community. Funded Programs achieve outcomes within the following impact areas: 1) Helping Youth Succeed 2) Promoting Health and Wellness 3) Providing Basic Needs 4) Strengthening Families and Individuals	

4b	(Code) (Expenses \$ 1,042,354 including grants of \$ 1,042,354) (Revenue \$ 21,066)
Donor DesignationsUnited Way of the CSRA Combined Federal Campaign Expenses: \$413,631. Expenses: \$628,723. Revenue: \$21,066. Revenue: -0-UNITED WAY OF THE CSRA. United Way offers donor choice options through our annual campaign. Donors may opt to donate to a number of health and human service agencies. Approximately 125 local agencies receive donor designated monies. Organizations receiving donor designated funds undergo a screening process which includes: 1) Completion of an application 2) Verification of status as an IRS 501(c)3 nonprofit organization 3) Verification of compliance with the provisions of the Patriot Act.COMBINED FEDERAL CAMPAIGN OF THE CSRA. United Way of the CSRA has been selected to serve as Principal Combined Fund Organization (PCFO) for the local CFC. This role has strict requirements set upon it by the Office of Personnel Management (OPM) and is monitored by annual audits performed by an independent accounting firm. The local Federal Coordinating Committee (LFCC) is a committee composed of local federal employees, usually one from each federal installation in the area, who governs the local CFC. The Combined Federal Campaign was started by President John F. Kennedy in the early 1960s. Since that time, more than \$6 billion have been generated by the federal workforce. Here in the CSRA, more than 30 federal agencies participate each year by giving of their time and resources to charities here in the area, throughout the United States of America and around the world. CFC is the world's largest annual workplace charity campaign, with more than 200 CFC campaigns throughout the country and internationally to help to raise millions of dollars each year. Pledges made by Federal civilian, postal and military donors during the campaign season (September 1st to December 15th) support eligible non-profit organizations that provide health and human service benefits throughout the world. Locally, the CFC runs campaigns in Richmond, Columbia, Burke, Lincoln, McDuffie, Barnwell, Taliaferro, Warren, Glascock, Jefferson, McCormick, Aiken and Edgefield Counties, including Fort Gordon Army Base and U.S. Department of Energy - Savannah River Site.	

4c	(Code) (Expenses \$ 350,243 including grants of \$ 299,944) (Revenue \$ 0)
AmeriCorps*VISTA (Volunteers in Service to America)United Way's AmeriCorps VISTA program, Project UNITE, is part of the national service program designed specifically for the purpose of fighting poverty. United Way serves as a regional intermediary agency and is assigned 19 AmeriCorps VISTA members, 9 AmeriCorps Recovery VISTA members, and 7 AmeriCorps VISTA Summer Associates who serve full-time for one year with area nonprofits in need of capacity building. AmeriCorps VISTAs help build nonprofit human capacity, financial capacity, and social capacity in nonprofits where they are assigned. Expenses provide support funds necessary for regional program supervision and oversight. In 2009, this program served 23 nonprofit agencies, engaged 2,668 volunteers in more than 23,674 hours of community service, raised over \$610,725 dollars of cash (grants, donations and fundraising) and non-cash resources (in-kind goods and services) to support community nonprofits, and identified numerous partnerships. The organization's vision is to keep abreast of community needs and identify resources and funding streams that assist in strengthening and building nonprofit capacity to deliver quality programs and services to persons and families experiencing poverty in our service area.	








	(Code) (Expenses \$ 395,125 including grants of \$ 93,806) (Revenue \$ 0)
2-1-1 Information and Referral ProgramExpenses: \$156,685. Grants received: \$16,147. The concept of 2-1-1 - an easy-to-remember 3-digit dialing code that connects people with professionally-delivered information and referral to health, community and human services - was born in Atlanta in 1997 through the leadership of the United Way of Metropolitan Atlanta. Locally, 2-1-1 has significant impact on the quality of life throughout the community. In 2009, United Way of the CSRA's 2-1-1 information and referral specialists assisted 21,808 callers. In addition to assisting those callers, 2-1-1 provided support to specific agencies that offered direct service in the areas of free tax preparation, homeless prevention programs (rent and utilities) and free local bus transportation for the homeless. The most recent contribution by the 2-1-1 program is Community Voicemail (CVM). CVM helps low-income and homeless citizens in Richmond and Columbia counties without phones by providing them with a free phone number and voice mail service. This allows them to re-connect to the community for employment, housing, education and their support system. Providing a database of wide-ranging volunteer opportunities assists non-profit agencies in every sector of the community in maintaining a supply of dedicated, enthusiastic workers and donors to fulfill the mission of their organization. It is there when people need it, a vital, proven part of the human service infrastructure. Other United Way of the CSRA Program ServicesExpenses: \$238,440. Revenue: -0-Born LearningUnited Way's Born Learning is a public engagement campaign that helps parents, grandparents and caregivers explore ways to turn everyday moments into fun learning opportunities for children from birth through age 5. It is built on three cornerstones: awareness, education and action, and includes nationwide advertising, a wide array of research-based parent education materials along with community impact tools to help galvanize communities around early learning. Born Learning focuses on "everyday moments"- things that parents and caregivers can do every day to encourage early learning. The upbeat radio and TV ads are designed to capture the attention of busy parents and direct them to the Born Learning website or United Way's 2-1-1 line where they will receive user-friendly tools, tips and answers and referrals to many of the excellent parenting programs already available in our community. Additionally, parent education materials are available in pediatrician's offices, hospitals, child care centers, and other agencies that serve small children. Christmas ClearinghouseAs co-administrator of the CSRA Christmas Clearinghouse, United Way collaborates with over 40 local non-profits, churches, schools, government entities and civic groups to provide holiday assistance. The mission of the Christmas Clearinghouse is to fairly distribute holiday assistance so that no family is helped by more than one agency until all needy families have been helped. Through the use of an online system, local non-profits, faith-based, government and civic organizations check the names of their applicants to ensure they are not being served by other organizations. By reducing duplications, more individuals in need can be assisted with toys and food. The clearinghouse simultaneously reduces duplication and increases the resources available to serve individuals and families that are in the greatest need in our community. The project includes coordinating efforts to reach eight outlying counties. In 2009, over 16,000 individuals in the CSRA received assistance through clearinghouse partners. Outcomes MeasurementUnited Way is transitioning to becoming an outcome-focused organization. An outcome is a sustained, measurable change in individual lives. The focus of everyone's work is to bring about a meaningful and measurable change in the lives of the individuals served. By measuring outcomes, United Way can track and report our impact in the community more effectively. United Way believes in targeting funding towards programs achieving measurable results and providing the best return on investment for our contributors. Homeless Prevention and Transportation AssistanceUnited Way serves as a community intermediary sponsor for providing vital health & human services to the multitude of individuals and families in the CSRA who are in danger of becoming homeless due to economic, personal, and social issues. In coordination with several key community and state partners and funders, United Way administers homeless prevention programs, HMIS (Pathways) services and United Way 2-1-1 information & referral services. To date, over 80% of families assisted have been able to remain in their homes because of the efforts of United Way of the CSRA and its collaborative partners. United Way also serves as an intermediary for transportation assistance in Richmond County. The organization's Transportation Program provides homeless adults and children with transportation assistance for job search, to obtain housing, medical assistance, and basic essential services. Through the provision of local bus tickets, homeless individuals and families are provided with the assistance needed to obtain mainstream services and employment. Homeless Prevention/Rapid Re-Housing (HPRP)Through the American Recovery and Reinvestment Act of 2009, United Way provides pre-assessment, outreach, and financial assistance to either prevent individuals and families from becoming homeless or help those who are experiencing homelessness to be quickly re-housed and stabilized. In Richmond County, United Way serves as a community intermediary sponsor for HPRP outreach and financial assistance, providing services to eight households in 2009. United Way 2-1-1, in partnership with the CSRA Economic Opportunity Authority, serves as the initial-point-of-contact for 12 rural counties in our service area, providing HPRP pre-assessment services for residents seeking homeless prevention and rapid re-housing services. A total of 53 rural households received rural HPRP program services in 2009. These 12 counties include Columbia, Burke, Glascock, Lincoln, Taliaferro, Wilkes, Emanuel, Jefferson, Jenkins, McDuffie, Warren and Screven counties. Project Serve Day-of-CaringEvery spring, through United Way's efforts, volunteers from local companies go out to local non-profit organizations to complete projects ranging from painting and landscaping to playground installation. Without the help of these generous volunteers, most of these agencies could not afford to have this much-needed work done. Volunteers walk away with an increased awareness of community needs and an enhanced commitment to United Way's work in the community. In 2009, over 220 volunteers completed projects at 12 local non-profit agencies, saving these agencies countless dollars and allowing them to have an enhanced focus on program delivery. Other Grants and InitiativesThrough other special grants, initiatives and collaborations, United Way positions itself as a community leader in addressing needs. These projects include additional federal, state, and local grants, special assistance, community engagement and a host of other projects. United Way seeks out collaborations with the corporate, non-profit, faith-based, government, civic and educational communities and continually engages new partners and strategies.	

4d	Other program services (Describe in Schedule O)
	(Expenses \$ 395,125 including grants of \$ 93,806) (Revenue \$)

4e	Total program service expenses➤\$ 3,790,861
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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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a6	1cYes	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a22	2bYes	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
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		No
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	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	37	
b	Enter the number of voting members that are independent . . .	1b	37	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶GA , SC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ LA VERNE GOLD 630 ELLIS STREET Augusta, GA 30901 (706) 724-5544

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK T MAUND DIRECTOR	50	X						0	0	0
MARK ALISON DIRECTOR	50	X						0	0	0
DR J MICHAEL ASH DIRECTOR	50	X						0	0	0
DONALD W BAILEY DIRECTOR	50	X						0	0	0
DAVID A BELKOSKI DIRECTOR	50	X						0	0	0
THOMAS M BLANCHARD III DIRECTOR	50	X						0	0	0
NADIA BUTLER DIRECTOR	50	X						0	0	0
RON C CROSS DIRECTOR	50	X						0	0	0
ZACK DAFFIN DIRECTOR	50	X						0	0	0
DR C GREGORY DELOACH DIRECTOR	50	X						0	0	0
ROGER DUKE DIRECTOR	50	X						0	0	0
WALTER DUKES DIRECTOR	50	X						0	0	0
KENT DUNN DIRECTOR	50	X						0	0	0
J EDWARD ENOCH DIRECTOR	50	X						0	0	0
ALICE FRYE DIRECTOR	50	X						0	0	0
MARIAN F FUTRELL DIRECTOR	50	X						0	0	0
SHAYNE GEORGE DIRECTOR	50	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROSANNE GRUBBS DIRECTOR	50	X						0	0	0
DR FAYE HARGROVE DIRECTOR	50	X						0	0	0
EDDIE HUFF DIRECTOR	50	X						0	0	0
LINDA R LAMARR DIRECTOR	50	X						0	0	0
MACHELL WRIGHT MIMS DIRECTOR	50	X						0	0	0
MARTY O'GORMAN DIRECTOR	50	X						0	0	0
SUE PARR DIRECTOR	50	X						0	0	0
JOHN RAY DIRECTOR	50	X						0	0	0
KAREN RIBBLE DIRECTOR	50	X						0	0	0
BOB RICHARDS JR DIRECTOR	50	X						0	0	0
FREDERICK L RUSSELL DIRECTOR	50	X						0	0	0
GREGORY SCURLOCK DIRECTOR	50	X						0	0	0
STAN SHEPHERD DIRECTOR	50	X						0	0	0
WENDELL C SMITH DIRECTOR	50	X						0	0	0
JEFF SPEARS DIRECTOR	50	X						0	0	0
DR SAMUEL SULLIVAN DIRECTOR	50	X						0	0	0
REV DA'HENRI THURMOND DIRECTOR	50	X						0	0	0
RICHARD TOBIAS DIRECTOR	50	X						0	0	0
TOM E TYNAN DIRECTOR	50	X						0	0	0
SAMUEL E TYSON JR DIRECTOR	50	X						0	0	0
TONY UMEK DIRECTOR	50	X						0	0	0
RAYMOND G WANS JR CPA DIRECTOR	50	X						0	0	0
ANNA DORIS WILDS DIRECTOR	50	X						0	0	0
GERALD W WOODS DIRECTOR	50	X						0	0	0
LAVERNE GOLD PRESIDENT	53 00			X				91,837	0	18,957
DEBBIE BROWN DIRECTOR OF FINANCE	45 00			X				54,186	0	12,331
1b Total								146,023	0	31,288

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization0

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

No

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

No

5

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*

5

No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	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	4,498,529				
	g	Noncash contributions included in lines 1a-1f \$ 15,919						
	h	Total. Add lines 1a-1f			4,498,529			
Program Service Revenue			Business Code					
	2a	Pledge Processing Fee	561,000	21,066	21,066			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			21,066			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		15,249			15,249	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ 16,615 of contributions reported on line 1c) See Part IV, line 18		a				
		b Less direct expenses b		14,295				
c	Net income or (loss) from fundraising events . .			2,320			2,320	
9a	Gross income from gaming activities See Part IV, line 19		a					
	b Less direct expenses b							
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances		a					
	b Less cost of goods sold b							
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			4,537,164	21,066	0	17,569	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,439,243	3,439,243		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	177,312	40,115	97,311	39,886
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	479,827	167,247	132,615	179,965
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	57,378	20,454	20,833	16,091
9	Other employee benefits	82,529	35,652	28,405	18,472
10	Payroll taxes	47,953	16,649	16,817	14,487
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	16,606		16,606	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	4,232	2,430	1,594	208
12	Advertising and promotion	8,462	900	7,562	
13	Office expenses	115,717	31,507	23,410	60,800
14	Information technology				
15	Royalties				
16	Occupancy	28,530	1,231	11,123	16,176
17	Travel	11,895	3,978	485	7,432
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,084	6,041	7,525	1,518
20	Interest	208	41	91	76
21	Payments to affiliates	35,723	12,989	12,353	10,381
22	Depreciation, depletion, and amortization	25,034	6,101	10,288	8,645
23	Insurance	2,095	762	724	609
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Special Events	55,211	3,535	25,473	26,203
b	Awards	23,502	59	3,215	20,228
c	Miscellaneous	12,590	137	12,413	40
d	Membership Dues	6,694	1,790	3,939	965
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,645,825	3,790,861	432,782	422,182
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			175,092	1	145,078
	2	Savings and temporary cash investments			1,421,936	2	1,779,228
	3	Pledges and grants receivable, net			1,851,853	3	1,763,492
	4	Accounts receivable, net			117,938	4	150,360
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			11,090	9	10,990
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	399,802	103,177	10c	101,408
	b	Less accumulated depreciation	10b	298,394			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,681,086	16	3,950,556
Liabilities	17	Accounts payable and accrued expenses			57,721	17	78,672
	18	Grants payable				18	
	19	Deferred revenue			11,300	19	6,480
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			6,551	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			609,402	25	949,047
	26	Total liabilities. Add lines 17 through 25			684,974	26	1,034,199
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,217,279	27	1,161,979
	28	Temporarily restricted net assets			1,778,833	28	1,754,378
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			2,996,112	33	2,916,357
	34	Total liabilities and net assets/fund balances			3,681,086	34	3,950,556

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization UNITED WAY OF THE CSRA INC	Employer identification number 58-0566155
--	--

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 **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,246,202	4,148,581	3,956,493	4,648,975	4,498,529	21,498,780
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	4,246,202	4,148,581	3,956,493	4,648,975	4,498,529	21,498,780
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						21,498,780

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4,246,202	55,849	3,956,493	4,648,975	4,498,529	21,498,780
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,489	55,849	62,308	32,181	15,249	210,076
9 Net income from unrelated business activities, whether or not the business is regularly carried on					2,320	2,320
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						21,711,176
12 Gross receipts from related activities, etc (See instructions)					12	154,433

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	99 020 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	98 950 %

- 16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- ☒
- b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- ☒
- 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions
- ☒

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private 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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization UNITED WAY OF THE CSRA INC	Employer identification number 58-0566155
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i)

unrelated organizations

3a(i)

☐

☐

(ii)

related organizations

3a(ii)

☐

☐

b

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

3b

☐

☐

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		399,802	298,394	101,408
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				101,408

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	14,537,164
2	Total expenses (Form 990, Part IX, column (A), line 25)	14,645,825
3	Excess or (deficit) for the year Subtract line 2 from line 1	1-108,661
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	28,906
9	Total adjustments (net) Add lines 4 - 8	28,906
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-79,755

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	13,545,017
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b9,048	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d125,980	
e	Add lines 2a through 2d2e	135,028
3	Subtract line 2e from line 13	3,409,989
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 7b4a	
b	Other (Describe in Part XIV)4b1,127,175	
c	Add lines 4a and 4b4c	1,127,175
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	4,537,164

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	13,624,772
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a9,048	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d125,980	
e	Add lines 2a through 2d2e	135,028
3	Subtract line 2e from line 13	3,489,744
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 7b4a	
b	Other (Describe in Part XIV)4b1,156,081	
c	Add lines 4a and 4b4c	1,156,081
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	4,645,825

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	United Way adopted FIN 48 in its 2009 financial statements. The adoption did not have any impact on the United Way's financial position or results of operations.
Part XI, Line 8 - Other Adjustments		combined federal campaign net assets at 12/31 28906
Part XII, Line 2d - Other Adjustments		CFC Reimbursements to UWCSRA 111685 fundraising expenses netted against Form 990 income 14295
Part XII, Line 4b - Other Adjustments		COMBINED FEDERAL CAMPAIGN 713544 DONOR DESIGNATIONS 413631
Part XIII, Line 2d - Other Adjustments		CFC expenses paid for by UWCSRA 111685 fundraising expenses netted against form 990 income 14295
Part XIII, Line 4b - Other Adjustments		DONOR DESIGNATIONS 413631 COMBINED FEDERAL CAMPAIGN 742450

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF THE CSRA INC

Employer identification number
58-0566155

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

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ 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. Form 990-EZ filers are not required to complete this table.

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

3

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

Part II Fundraising Events.

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>golf tournament</u>			(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	16,615			16,615	
2	Less Charitable contributions	. . .					
3	Gross income (line 1 minus line 2)	. . .	16,615			16,615	
Direct Expenses	4	Cash prizes	. . .				
	5	Non-cash prizes	. .				
	6	Rent/facility costs	. .				
	7	Food and beverages	. .				
	8	Entertainment	. . .				
	9	Other direct expenses	.	14,295		14,295	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					14,295
	11	Net income summary Combine lines 3, column d, and line 10. ▶					2,320

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.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶				

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

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF THE CSRA INC

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
58-0566155

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

70

3

Enter total number of other organizations

1

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

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

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

[illegible]

Software ID:
Software Version:
EIN: 58-0566155
Name: UNITED WAY OF THE CSRA INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALS Association of Georgia 1955 Cliff Valley Way Atlanta, GA 30329	58-1943490	501 (c) (3)	8,492				Donor Designated for General Support
American Cancer Society Augusta220 Lake Blvd Atlanta, GA 30319	58-0659875	501 (c) (3)	13,355				Donor Designated for General Support
American Diabetes Association17 Executive Park Drive NE Suite 115 Atlanta, GA 30329	13-1623888	501 (c) (3)	5,253				Donor Designated for General Support
American Red Cross Augusta Chapter1322 Ellis Street Augusta, GA 30901	58-0568699	501 (c) (3)	22,424				Donor Designated for General Support
American Red Cross Augusta Chapter1322 Ellis Street Augusta, GA 30901	58-0568699	501 (c) (3)	216,726				Program Operating Costs
American Red Cross Augusta Chapter1323 Ellis Street Augusta, GA 30901	58-0568699	501 (c) (3)	1,665				Program Operating Costs
Augusta Training Shop Inc 1704 Jenkins Street Augusta, GA 30904	58-0632778	501 (c) (3)	8,103				Donor Designated for General Support
Augusta Training Shop Inc 1704 Jenkins Street Augusta, GA 30904	58-0632778	501 (c) (3)	107,280				Program Operating Costs
Berry Children's Center3017 Walton Way Ext Augusta, GA 30909	58-1602633	501 (c) (3)	5,980				Donor Designated for General Support
Beulah Grove Comm Resource Center1446 Lee Beard Way Augusta, GA 30901	58-2159621	501 (c) (3)	5,267				Donor Designated for General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Boy Scouts of America Georgia-Carolina1450 Greene Street Suite 150 Augusta,GA 30901	58-0566185	501 (c) (3)	18,886				Donor Designated for General Support
Boy Scouts of America Georgia-Carolina1450 Greene Street Suite 150 Augusta,GA 30901	58-0566185	501 (c) (3)	162,621				Program Operating Costs
Boy Scouts of America Georgia-Carolina1450 Greene Street Suite 150 Augusta,GA 30901	58-0566185	501 (c) (3)	2,500				Program Operating Costs
Boys & Girls Club of Augusta 1903 Division Street Augusta,GA 30901	58-0610382	501 (c) (3)	11,205				Donor Designated for General Support
Boys & Girls Club of Augusta 1903 Division Street Augusta,GA 30901	58-0610382	501 (c) (3)	182,784				Program Operating Costs
Catholic Social Services811 12th Street Augusta,GA 30901	58-1368093	501 (c) (3)	23,923				Donor Designated for General Support
Child Enrichment IncPO Box 12036 Augusta,GA 30914	58-1287799	501 (c) (3)	6,953				Donor Designated for General Support
Communities in Schools Burke Cty229 E 6th Street Waynesboro,GA 30830	58-1960654	501 (c) (3)	2,029				Donor Designated for General Support
Communities in Schools Burke Cty229 E 6th Street Waynesboro,GA 30830	58-1960654	501 (c) (3)	55,627				Program Operating Costs
Family Counseling Center of the CSRA3711 Executive Center Drive Suite 201 Martinez,GA 30907	58-1388519	501 (c) (3)	1,456				Donor Designated for General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Counseling Center of the CSRA3711 Executive Center Drive Suite 201 Martinez, GA 30907	58-1388519	501 (c) (3)	153,955				Program O perating Costs
Family Y The3570 Wheeler Road Augusta,GA 30909	58-0566254	501 (c) (3)	5,303				Donor Designated for General Support
Family Y The3570 Wheeler Road Augusta,GA 30909	58-0566254	501 (c) (3)	370,865				Program O perating Costs
Fireside Ministries (Presbyterian Evangelistic Fellowship Inc)226 Greene Street Augusta,GA 30901	58-6065089	501 (c) (3)	36,520				Donor Designated for General Support
Fireside Ministries (Presbyterian Evangelistic Fellowship Inc)226 Greene Street Augusta,GA 30901	58-6065089	501 (c) (3)	1,345				Program O perating Costs
First Baptist Church of AugustaPO Box 14489 Augusta,GA 30919	58-0644905	Church	21,000				Program O perating Costs
First Baptist Church of AugustaPO Box 14489 Augusta,GA 30919	58-0644905	Church	629				Program O perating Costs
First Baptist Church of AugustaPO Box 14489 Augusta,GA 30919	58-0644905	Church	7,627				Program O perating Costs
Friendship Community Center 1720 Central Avenue Augusta,GA 30904	58-1788566	501 (c) (3)	3,129				Donor Designated for General Support
Friendship Community Center 1720 Central Avenue Augusta,GA 30904	58-1788566	501 (c) (3)	99,848				Program O perating Costs

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Friendship Community Center1720 Central Avenue Augusta,GA 30904	58-1788566	501 (c) (3)	1,000				Program O perating Costs
Girl Scouts Central Savannah River1325 Greene Street Augusta,GA 30901	56-0566130	501 (c) (3)	3,655				Donor Designated for General Support
Girl Scouts Central Savannah River1325 Greene Street Augusta,GA 30901	56-0566130	501 (c) (3)	106,187				Program O perating Costs
Girl Scouts Central Savannah River1325 Greene Street Augusta,GA 30901	56-0566130	501 (c) (3)	2,500				Program O perating Costs
Golden Harvest Food Bank Inc3310 Commerce Drive Augusta,GA 30909	58-1466516	501 (c) (3)	16,762				Donor Designated for General Support
Hindu Temple SocietyPO Box 204264 Martinez, GA 30907	58-0011356	501 (c) (3)	16,498				Donor Designated for General Support
MACH Academy Inc4360 Quail Creek Road Martinez, GA 30907	58-2013645	501 (c) (3)	7,145				Donor Designated for General Support
National Society of Black EngineersPO Box 105 Augusta,GA 30904	58-1942035	501 (c) (3)	6,498				Donor Designated for General Support
Our Lady ofPeace Catholic Church856 Old Edgefield Road North Augusta,SC 29841	57-0442391	501 (c) (3)	6,764				Donor Designated for General Support
Rape Crisis & Sexual Assault Serv1350 Walton Way Augusta,GA 30901	58-1581103	502 (c) (3)	9,940				Donor Designated for General Support

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Rape Crisis & Sexual Assault Serv1350 Walton Way Augusta,GA 30901	58-1581103	503 (c) (3)	81,256				Program O perating Costs
Ronald McDonald House Charities AugustaPO Box 14189 Augusta,GA 30919	58-1509465	501 (c) (3)	7,455				Donor Designated for General Support
Safe Homes of Augusta Inc 1276 Merry Street Augusta,GA 30904	58-1708717	501 (c) (3)	24,702				Donor Designated for General Support
Safe Homes of Augusta Inc 1276 Merry Street Augusta,GA 30904	58-1708717	501 (c) (3)	80,322				Program O perating Costs
Salvation Army Augusta GA 1384 Greene Street Augusta,GA 30901	58-0660607	501 (c) (3)	19,873				Donor Designated for General Support
Salvation Army Augusta GA 1384 Greene Street Augusta,GA 30901	58-0660607	501 (c) (3)	150,952				Program O perating Costs
Salvation Army Augusta GA 1384 Greene Street Augusta,GA 30901	58-0660607	501 (c) (3)	5,000				Program O perating Costs
Senior Citizens Council of Greater218 Oak Street North Suite L Martinez,GA 30907	58-1519107	501 (c) (3)	5,472				Donor Designated for General Support
Senior Citizens Council of Greater218 Oak Street North Suite L Martinez,GA 30907	58-1519107	501 (c) (3)	107,053				Program O perating Costs
Senior Citizens Council of Greater218 Oak Street North Suite L Martinez,GA 30907	58-1519107	501 (c) (3)	4,000				Program O perating Costs

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Shiloh Comprehensive Community Ctr1635 Fifteenth Street Augusta,GA 30901	58-1351194	501 (c) (3)	5,005				Donor Designated for General Support
Shiloh Comprehensive Community Ctr1635 Fifteenth Street Augusta,GA 30901	58-1351194	501 (c) (3)	17,798				Program O perating Costs
SPCA of Aiken401 Wire Road Aiken,SC 29801	57-0329782	501 (c) (3)	6,776				Donor Designated for General Support
St Stephen's Ministry of Augusta924 Greene Street Augusta,GA 30901	58-1994437	501 (c) (3)	3,174				Donor Designated for General Support
St Stephen's Ministry of Augusta924 Greene Street Augusta,GA 30901	58-1994437	501 (c) (3)	9,579				Program O perating Costs
The Speech and Hearing Center1430 Harper Street Suite C3 Augusta,GA 30901	58-1581103	502 (c) (3)	2,588				Donor Designated for General Support
The Speech and Hearing Center1430 Harper Street Suite C3 Augusta,GA 30901	58-1581103	503 (c) (3)	51,764				Program O perating Costs
United Methodist Children's Home325 8th Street Augusta,GA 30901	58-0632081	501 (c) (3)	19,000				Program O perating Costs
Young Life of AikenPO Box 5067 Aiken,SC 29804	84-0385934	501 (c) (3)	34,271				Donor Designated for General Support
Aid for Africa6909 Ridgewood Avenue Chevy Chase,MD 20815	06-1703295	501 (c) (3)	5,666				Donor Designated for General Support

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American Red Cross2025 E Street NW 7th Floor Development NE7-034A Washington,DC 20006	53-0196605	501 (c) (3)	23,089				Donor Designated for General Support
America's Charities14150 Newbrook Drive Suite 110 Chantilly,VA 20151	54-1517707	501 (c) (3)	15,809				Donor Designated for General Support
Animal Charities of America1100 Larkspur Landing Circle Suite 340 Larkspur,CA 94939	94-3193389	501 (c) (3)	28,877				Donor Designated for General Support
Augusta Urban Ministries303 Hale Street Augusta,GA 30901	58-2070427	501 (c) (3)	5,218				Donor Designated for General Support
CancerCURE of America Care Understand Research & Fund1100 Larkspur Landing Circle Suite 340 Larkspur,CA 94939	81-0648432	501 (c) (3)	30,077				Donor Designated for General Support
Catholic Social Services811 12th Street Augusta,GA 30901	58-1368093	501 (c) (3)	5,768				Donor Designated for General Support
Child Aid International10 Chestnut Street Salem,MA 01970	20-1358458	501 (c) (3)	6,105				Donor Designated for General Support
Children First-America's Charities14150 Newbrook Drive Suite 110 Chantilly,VA 20151	30-0186795	501 (c) (3)	13,620				Donor Designated for General Support
Children's Charities of America1100 Larkspur Landing Circle Suite 340 Larkspur,CA 94939	94-3148588	501 (c) (3)	27,884				Donor Designated for General Support
Children's Medical Charities of America1100 Larkspur Landing Circle Suite 340 Larkspur,CA 94939	27-0093393	501 (c) (3)	12,970				Donor Designated for General Support

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Children's Place310 Barnwell Avenue NW Aiken, SC 29801	57-0407808	501 (c) (3)	11,046				Donor Designated for General Support
Christian Charities USA1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3255961	501 (c) (3)	13,155				Donor Designated for General Support
Christian Service Charities7620 Little River Turnpike Suite 600 Annandale, VA 22003	94-3193374	501 (c) (3)	33,661				Donor Designated for General Support
Community Foundation of the CSRA1450 Greene Street Augusta, GA 30901	58-2184345	501 (c) (3)	18,561				Donor Designated for General Support
Community Health Charities200 North Glebe Rd Suite 801 Arlington, VA 22203	13-6167225	501 (c) (3)	57,172				Donor Designated for General Support
Community Health Charities Of Georgia200 North Glebe Rd Suite 801 Arlington, VA 22203	13-6167225	501 (c) (3)	34,036				Donor Designated for General Support
Conservation & Preservation Charities of America1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3217738	501 (c) (3)	9,203				Donor Designated for General Support
Cumbee Center to Assist Abused Persons135 Lancaster Street SW Aiken, SC 29801	57-0697237	501 (c) (3)	7,886				Donor Designated for General Support
Do Unto Others America's Emergency Relief Development and Humanitarian Ou1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3148590	501 (c) (3)	7,179				Donor Designated for General Support
Earth Share7735 Old Georgetown Road Suite 900 Bethesda, MD 20814	52-1601960	501 (c) (3)	11,272				Donor Designated for General Support

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Fort Gordon Fisher House IMWRF-Financial Management Divison Building 29801 Ft Gordon, GA 30905	76-0573980	501 (c) (3)	20,031				Donor Designated for General Support
Global Impact66 Canal Center Plaza Suite 310 Alexandria, VA 22314	52-1273585	501 (c) (3)	15,732				Donor Designated for General Support
Golden Harvest Food Bank 3310 Commerce Drive Augusta, GA 30909	58-1466516	501 (c) (3)	38,589				Donor Designated for General Support
Health & Medical Research Charities of America1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3217739	501 (c) (3)	25,536				Donor Designated for General Support
Human Care Charities of America1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3067804	501 (c) (3)	11,275				Donor Designated for General Support
MACH Academy Inc4360 Quail Creek Road Martinez, GA 30907	58-2013645	501 (c) (3)	7,807				Donor Designated for General Support
Medical Research Charities 7620 Little River Turnpike Suite 600 Annandale, VA 22003	94-3148591	501 (c) (3)	19,730				Donor Designated for General Support
Military Veterans & Patriotic Service Organizations of America1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3193418	501 (c) (3)	64,111				Donor Designated for General Support
National Black United Federations of Charities40 Clinton Street - 5th Floor Newark, NJ 07102	52-1764913	501 (c) (3)	8,669				Donor Designated for General Support
United Negro College Fund 229 Peachtree St NE Ste 2505 Atlanta, GA 30303	13-1624241	501 (c) (3)	5,570				Donor Designated for General Support

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United Negro College Fund 8260 Willow Oaks Corporate Drive Fairfax, VA 22031	13-1624241	501 (c) (3)	5,040				Donor Designated for General Support
United Way Of Aiken County PO Box 699 Aiken, SC 29802	57-0360086	501 (c) (3)	8,723				Donor Designated for General Support
USO (United Service Organizations) 2111 Wilson Blvd Suite 1200 Arlington, VA 22201	13-1610451	501 (c) (3)	7,088				Donor Designated for General Support
Wild Animals Worldwide 1100 Larkspur Landing Circle Suite 340 Larkspur, CA 68114	20-8774272	501 (c) (3)	5,322				Donor Designated for General Support
Women Children & Family Service Charities of America 1100 Larkspur Landing Circle Suite 340 Larkspur, CA 94939	94-3193386	501 (c) (3)	11,247				Donor Designated for General Support

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
UNITED WAY OF THE CSRA INC

Employer identification number
58-0566155

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		United Way of the CSRA sends all board members a copy of IRS Form 990 for review and comments. At the next regularly scheduled meeting, the Board of Directors or Executive Committee votes to approve the form. Form 990 is then filed with the IRS.
Form 990, Part VI, Section B, line 12c		United Way of the CSRA (UWCSRA) has a Conflict of Interest Policy. All staff and board volunteers are required to sign a Conflict of Interest Statement on an annual basis and disclose any conflicts or potential conflicts. Staff and board volunteers are asked to: * Avoid any activity or outside interest which conflicts or appears to conflict with the best interest of UWCSRA. * Ensure that outside employment and other activities do not adversely affect the performance of their UWCSRA duties or the achievement of UWCSRA's mission. * Ensure that travel, entertainment and related expenses are incurred on a basis consistent with the mission of UWCSRA and not for personal gain or interests. * Decline any gift, gratuity or favor in the performance of UWCSRA duties except for promotional items of nominal value, any food, transportation, lodging or entertainment unless directly related to UWCSRA business. * Refrain from influencing the selection or hiring of staff, consultants or vendors who are relatives or personal friends, or affiliated with, employ, or employed by a UWCSRA person. Additionally board volunteers are asked to: * Refrain from taking any action, or making any statement, intended to influence the conduct of UWCSRA in such a way to confer any financial benefit on themselves, their immediate family members or any organization in which they or their immediate family members have a significant interest as directors or officers. * Disclose all known conflicts of interest in matters before the Board of Directors. Board members or committee members shall abstain from voting on an issue of conflict. Board minutes must reflect identified conflicts. * Members of the Board shall communicate conflicts of interest in one of the following ways: in writing where conflicts are anticipated or verbally when issues arise. GUIDANCE AND DISCLOSURE: Volunteers and staff are encouraged to seek guidance from the President or the Sr. Finance Manager concerning the interpretation of a conflict of interest. Any known or possible conflicts of interest should be disclosed. Staff should contact a supervisor, the Sr. Finance Manager or the President. Volunteers should contact the President. Reports of undisclosed conflicts will be handled in the following manner: * All reports will be treated in confidence as much as the organization's duty to investigate and the law allow. If confidentiality cannot be maintained, the individual disclosing the possible conflict will be notified. * All reported conflicts will be investigated expeditiously and, if needed, appropriate action taken based upon the policies of the organization. * Retaliation against a person who suspects and reports a conflict in good faith will be treated as an independent breach of the Code. * UWCSRA affirms prompt response and fair resolution of all reported conflicts.
Form 990, Part VI, Section B, line 15		President/CEO: A search committee is organized for the purpose of recruiting and naming a President/CEO for United Way of the CSRA. Members from the board of directors and an agency representative comprise the committee. The search committee is lead by the board's chair of human resources. The committee researches available data provided by United Way of America as well as other regional data to determine a job description, appropriate salary range and compensation package. The committee reports the results of the search to the full board of directors and makes a recommendation. The candidate and salary package must be approved by the board of directors. A contract outlining job duties, salary and benefits is then executed. Director of Finance: The process for hiring and determining salary and benefits of the Director of Finance is the same as above with the following exceptions: The search committee is comprised of the finance committee as well as the President/CEO. The board's treasurer chairs the committee.
Form 990, Part VI, Section C, line 19		THE BALANCE SHEET IS AVAILABLE ON OUR WEBSITE. OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.
part xi line 2c	audit committee process	the audit committee believes its processes pertaining to the oversight of the audited financial statements is effective and did not change this process in 2009.
SCHEDULE I PART II	FULL DESCRIPTIONS FOR PURPOSE OF GRANT ASSISTANCE	PROGRAM OPERATING COST - A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES. DONOR DESIGNATED FOR GENERAL SUPPORT - AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS.