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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	






<b>A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011</b>			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED WAY OF THE CSRA INC		<b>D</b> Employer identification number 58-0566155
	Doing Business As		<b>E</b> Telephone number (706) 724-5544
	Number and street (or P O box if mail is not delivered to street address) 1765 BROAD STREET	Room/suite	<b>G</b> Gross receipts \$ 4,584,745
	City or town, state or country, and ZIP + 4 AUGUSTA, GA 30904		
	<b>F</b> Name and address of principal officer LA VERNE GOLD 1765 BROAD STREET AUGUSTA, GA 30904		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.UWC.SRA.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1936	<b>M</b> State of legal domicile GA

## Part I Summary

Activities & Governance	<b>1</b> 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 42 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.		
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	39
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	39
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	18
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	1,756	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
Revenue		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	4,302,122	4,531,905
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	26,363	28,420
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	12,296	7,596
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,959	6,588
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	4,347,740	4,574,509
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	3,447,583	3,271,179
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	869,104	898,768
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>460,324</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	380,447	456,859
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,697,134	4,626,806
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	-349,394	-52,297
	Net Assets or Fund Balances		<b>Beginning of Current Year</b>
<b>20</b> Total assets (Part X, line 16) . . . . .		4,036,596	4,094,071
<b>21</b> Total liabilities (Part X, line 26) . . . . .		1,399,069	1,483,711
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .		2,637,527	2,610,360

## Part II Signature Block

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

<b>Sign Here</b>	***** Signature of officer		2012-06-30 Date		
	LA VERNE GOLD PRESIDENT Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature  DERON STANCIL CPA		Date	Check if self-employed 	Preparer's taxpayer identification number (see instructions) P00221718
	Firm's name (or yours if self-employed), address, and ZIP + 4  ELLIOTT DAVIS LLCPLLC PO BOX 2278 AUGUSTA, GA 30903		EIN  57-0381582		
			Phone no  (706) 722-9090		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

### **Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III ☒

**1** Briefly describe the organization's mission

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? ☒ **Yes** ☐ **No**  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a	(Code ) (Expenses \$ 1,811,324 including grants of \$ 1,811,324 ) (Revenue \$ 0 )
	<p>PROGRAM FUNDING ALLOCATIONSUSING CONTRIBUTIONS TO THE COMMUNITY INVESTMENT FUND, UNITED WAY OF THE CSRA DISTRIBUTES FUNDING TO NEARLY 42 HEALTH AND HUMAN SERVICE PROGRAMS AT 23 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</p>

4b	(Code ) (Expenses \$	886,941 including grants of \$	886,941 ) (Revenue \$	28,420 )
	DONOR DESIGNATIONSUNITED WAY OF THE CSRA COMBINED FEDERAL CAMPAIGN EXPENSES \$325,901 EXPENSES \$561,040REVENUE \$ 28,420 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 110 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 ACTCOMBINED FEDERAL CAMPAIGN OF THE CSRA THE COMBINED FEDERAL CAMPAIGN (CFC) PROMOTES AND SUPPORTS PHILANTHROPY THROUGH A PROGRAM THAT IS EMPLOYEE FOCUSED, COST-EFFICIENT, AND EFFECTIVE IN PROVIDING ALL FEDERAL EMPLOYEES THE OPPORTUNITY TO IMPROVE THE QUALITY OF LIFE FOR ALL THROUGH CHARITABLE CONTRIBUTIONS 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, GREENWOOD, SALUDA, ALLENDALE, BAMBERG, AND EDGEFIELD COUNTIES, INCLUDING FORT GORDON ARMY BASE AND U S DEPARTMENT OF ENERGY - SAVANNAH RIVER SITE			

4c	(Code	) (Expenses \$	572,616	including grants of \$	521,426 ) (Revenue \$	0 )
	<p>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 UP TO 22 AMERICORPS VISTA MEMBERS AND 14 AMERICORPS VISTA SUMMER ASSOCIATES WHO SERVE FULL-TIME FOR ONE YEAR WITH AGENCY 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 2011, THIS PROGRAM SERVED 21 NONPROFIT AGENCIES, ENGAGED MORE THAN 4,225 VOLUNTEERS IN MORE THAN 36,800 HOURS OF COMMUNITY SERVICE, RAISED OVER \$482,250 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</p>					

(Code) (Expenses \$) 385,176 including grants of \$ 45,489 ) (Revenue \$) 0 )















2-1-1 INFORMATION AND REFERRAL PROGRAMTHE 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 2011, UNITED WAY OF THE CSRA'S 2-1-1 INFORMATION AND REFERRAL SPECIALISTS ASSISTED 424,741 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, AND HOMELESS PREVENTION PROGRAMS (RENT AND UTILITIES) AN IMPORTANT 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 ANOTHER IMPORTANT CONTRIBUTION IS "2-1-1 ON THE GO" THIS PROGRAM TAKES INFORMATION AND REFERRAL DIRECTLY TO THOSE MOST IN NEED- THE HOMELESS 2-1-1 WORKS CLOSELY WITH LOCAL HOMELESS SHELTERS TO PROVIDE BACKPACKS CONTAINING INFORMATION, HYGIENE PRODUCTS AND FREE LOCAL BUS TRANSPORTATION PASSES TO ASSIST WITH SEEKING EMPLOYMENT, ACCESSING MENTAL HEALTH TREATMENT AND PURSUING OTHER NEEDED SERVICES 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 FAMILYWIZE PRESCRIPTION ASSISTANCECETHROUGH THE FAMILYWIZE PRESCRIPTION ASSISTANCE CARD PROGRAM, UNITED WAY SAVED THE COMMUNITY \$362,409 IN 2011THESE FREE-OF-CHARGE PRESCRIPTION DISCOUNT CARDS OFFERED BY UNITED WAY WERE USED 31,487 TIMES THROUGHOUT NINE LOCAL COUNTIES BURKE, COLUMBIA, EMANUEL, JEFFERSON, JENKINS, LINCOLN, MCDUFFIE, RICHMOND, AND WILKES FAMILYWIZE CARDS CAN BE USED BY ANYONE ON UNINSURED PRESCRIPTIONS AND OFFER AN AVERAGE SAVINGS OF APPROXIMATELY 30% OR MORE SINCE ITS LOCAL LAUNCH IN 2009, FAMILYWIZE HAS PROVIDED TOTAL SAVINGS OF \$893,684 TO CSRA RESIDENTS 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 NAME 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 2011, OVER 16,000 INDIVIDUALS IN THE CSRA RECEIVED ASSISTANCE THROUGH CLEARINGHOUSE PARTNERS OUTCOMES MEASUREMENTUNITED WAY HAS TRANSITIONED TO AN OUTCOME-FOCUSED ORGANIZATION AND INCORPORATES OUTCOMES INTO ITS FUNDING APPLICATIONS AND AWARDS 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 2011 SAW THE COMPLETION OF A FIVE-YEAR OUTCOMES TRANSITION FOR UNITED WAY FUNDING HOMELESS PREVENTION AND TRANSPORTATION ASSISTANCEUNITED WAY SERVES AS A COMMUNITY INTERMEDIARY SPONSOR FOR PROVIDING VITAL HEALTH AND 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 AND REFERRAL SERVICES 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 40 HOUSEHOLDS IN 2011 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 INCREASE AWARENESS OF COMMUNITY NEEDS AND AN ENHANCED COMMITMENT TO UNITED WAY'S WORK IN THE COMMUNITY IN 2011, APPROXIMATELY 300 VOLUNTEERS COMPLETED PROJECTS AT 14 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, EARLY CHILDHOOD TRAINING AND EDUCATION, 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

<b>4d</b>	Other program services (Describe in Schedule O )				
	(Expenses \$	385,176	including grants of \$	45,489 )	(Revenue \$ )

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 3,656,057</b>
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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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . .	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? <i>If "Yes," complete Schedule C, Part I.</i> . . .	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . .	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . .	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . .	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . .	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i> . . .	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . .	20b	

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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 (or a family member thereof) 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

## Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .		
	1a3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.		
	2a18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	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?	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	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 made 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 made 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 1765 BROAD STREET AUGUSTA, GA 30901 (706) 724-5544

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

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

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

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

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	156,368	0	33,097

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	No
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

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	4,531,905			
	g	Noncash contributions included in lines 1a-1f \$ 18,201					
	h	Total. Add lines 1a-1f . . . . .		4,531,905			
Program Service Revenue	2a	PLEDGE PROCESSING FEE	Business Code 561000	28,420	28,420		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		28,420			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		7,596		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .					
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a 16,824				
b		Less direct expenses . . . . .	b 10,236				
c		Net income or (loss) from fundraising events . .		6,588			6,588
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 . . . . .		4,574,509	28,420	0	14,184	

Part IX

Statement of Functional Expenses

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

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,271,179	3,271,179		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	189,465	45,980	102,803	40,682
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	513,187	164,107	156,088	192,992
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	61,407	19,042	25,234	17,131
9	Other employee benefits . . . . .	85,251	35,085	31,719	18,447
10	Payroll taxes . . . . .	49,458	16,643	19,014	13,801
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	15,023		15,023	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	18,206	16,190	931	1,085
12	Advertising and promotion . . . . .	12,544	249	12,295	
13	Office expenses . . . . .	140,734	25,105	41,829	73,800
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	35,154	10,845	15,028	9,281
17	Travel . . . . .	10,191	2,139	1,014	7,038
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	14,024	3,572	6,504	3,948
20	Interest . . . . .				
21	Payments to affiliates . . . . .	35,994	13,127	12,825	10,042
22	Depreciation, depletion, and amortization . . . . .	13,400	2,684	6,010	4,706
23	Insurance . . . . .	1,370	500	488	382
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	SPECIAL EVENTS	111,482	10,253	51,748	49,481
b	MISCELLANEOUS	24,916	17,311	7,551	54
c	AWARDS	17,497	136	232	17,129
d	MEMBERSHIP DUES	6,324	1,910	4,089	325
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,626,806	3,656,057	510,425	460,324
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	<b>1</b>	Cash—non-interest-bearing . . . . .			197,630	<b>1</b>	104,062
	<b>2</b>	Savings and temporary cash investments . . . . .			2,143,136	<b>2</b>	2,452,496
	<b>3</b>	Pledges and grants receivable, net . . . . .			1,459,298	<b>3</b>	1,318,742
	<b>4</b>	Accounts receivable, net . . . . .			145,479	<b>4</b>	147,817
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				<b>5</b>	
	<b>6</b>	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 . . . . .				<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .				<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .				<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			12,112	<b>9</b>	14,049
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	316,693			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	259,788	78,941	<b>10c</b>	56,905
	<b>11</b>	Investments—publicly traded securities . . . . .				<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .				<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .				<b>13</b>	
	<b>14</b>	Intangible assets . . . . .				<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .				<b>15</b>	
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			4,036,596	<b>16</b>	4,094,071
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .			85,224	<b>17</b>	169,661
	<b>18</b>	Grants payable . . . . .				<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			38,683	<b>19</b>	31,416
	<b>20</b>	Tax-exempt bond liabilities . . . . .				<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				<b>21</b>	
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .				<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .				<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			1,275,162	<b>25</b>	1,282,634
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			1,399,069	<b>26</b>	1,483,711
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .			1,092,252	<b>27</b>	1,233,401
	<b>28</b>	Temporarily restricted net assets . . . . .			1,545,275	<b>28</b>	1,376,959
	<b>29</b>	Permanently restricted net assets . . . . .				<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .				<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .				<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .			2,637,527	<b>33</b>	2,610,360
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .			4,036,596	<b>34</b>	4,094,071

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,574,509
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,626,806
3	Revenue less expenses Subtract line 2 from line 1	3	-52,297
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,637,527
5	Other changes in net assets or fund balances (explain in Schedule O)	5	25,130
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,610,360

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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 separate basis, consolidated 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

2011

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 Se**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)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,956,493	4,648,975	4,498,529	4,301,497	4,531,905	21,937,399
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	3,956,493	4,648,975	4,498,529	4,301,497	4,531,905	21,937,399
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						21,937,399

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,956,493	4,648,975	4,498,529	4,301,497	4,531,905	21,937,399
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62,308	32,181	15,249	12,296	7,596	129,630
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets			2,320	6,959	6,588	15,867
11 Total support (Add lines 7 through 10)						22,082,896
12 Gross receipts from related activities, etc (See instructions )					12	150,380
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 2011 (line 6 column (f) divided by line 11 column (f))	14	99.340 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99.140 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2010. If the organization did not check 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—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

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

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

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



**Part IV** **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
UNITED WAY OF THE CSRA INC

Employer identification number  
58-0566155

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)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	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?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116, 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

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

	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)

Yes

No

(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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		15,223		15,223
b Buildings . . . . .		241,441	206,364	35,077
c Leasehold improvements . . . . .				
d Equipment . . . . .		60,029	53,424	6,605
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				56,905



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)	14,574,509
2	Total expenses (Form 990, Part IX, column (A), line 25)	24,626,806
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-52,297
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	825,130
9	Total adjustments (net) Add lines 4 - 8	925,130
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-27,167

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	13,765,059
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a	
b	Donated services and use of facilities . . . . .2b	41,550
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	128,297
e	Add lines 2a through 2d . . . . .2e	169,847
3	Subtract line 2e from line 1 . . . . .3	3,595,212
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	979,297
c	Add lines 4a and 4b . . . . .4c	979,297
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .5	4,574,509

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	13,792,226
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	41,550
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	128,297
e	Add lines 2a through 2d . . . . .2e	169,847
3	Subtract line 2e from line 1 . . . . .3	3,622,379
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	1,004,427
c	Add lines 4a and 4b . . . . .4c	1,004,427
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .5	4,626,806

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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 25,130
PART XII, LINE 2D - OTHER ADJUSTMENTS		CFC REIMBURSEMENTS TO UWCSRA 118,061 FUNDRAISING EXPENSES NETTED AGAINST FORM 990 INCOME 10,236
PART XII, LINE 4B - OTHER ADJUSTMENTS		COMBINED FEDERAL CAMPAIGN 653,402 DESIGNATION EXPENSES NETTED AGAINST REVENUE 325,895
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CFC EXPENSES PAID FOR BY UWCSRA 118,061 FUNDRAISING EXPENSES NETTED AGAINST FORM 990 INCOME 10,236
PART XIII, LINE 4B - OTHER ADJUSTMENTS		COMBINED FEDERAL CAMPAIGN 678,532 DESIGNATION EXPENSES NETTED AGAINST REVENUE 325,895

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

2011

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.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

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

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	16,824		16,824
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .	16,824		16,824
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .	3,320		3,320
	6	Rent/facility costs . . . .	3,000		3,000
	7	Food and beverages . . . .	2,805		2,805
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	1,111		1,111
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			( 10,236 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			6,588

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	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 and 7 in column (d) . . . . . ▶			

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? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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

2011

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 listed in the line 1 table . . . . . ▶

63

3

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

2

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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DESCRIPTION OF POLICIES AND PROCEDURES FOR MONITORING HOW AGENCIES USE FUNDING PARTNER AGENCY ALLOCATIONS USING CONTRIBUTIONS TO THE COMMUNITY INVESTMENT FUND, UNITED WAY OF THE CSRA DISTRIBUTES FUNDING TO NEARLY 42 HEALTH AND HUMAN SERVICE PROGRAMS AT 23 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 DONOR DESIGNATED FUNDS UNITED WAY OFFERS DONOR CHOICE OPTIONS THROUGH OUR ANNUAL CAMPAIGN DONORS MAY OPT TO DONATE TO A NUMBER OF HEALTH AND HUMAN SERVICE AGENCIES 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 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, GREENWOOD, SALUDA, ALLENDALE, BAMBERG, AND EDGEFIELD COUNTIES, INCLUDING FORT GORDON ARMY BASE AND U S DEPARTMENT OF ENERGY - SAVANNAH RIVER SITE
		IN ADDITION TO DISTRIBUTIONS REPORTED IN SCHEDULE I PART II, UNITED WAY OF THE CSRA ALSO MADE DISTRIBUTIONS TO 312 AGENCIES THAT RECEIVED LESS THAN \$5,000 AGGREGATE DOLLARS DISTRIBUTED TO THESE AGENCIES TOTALED \$212,666

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
AMERICAN CANCER SOCIETY AUGUSTA 220 LAKE BLVD ATLANTA, GA 30319	58-0659875	501 (C) (3)	7,625				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS AUGUSTA CHAPTER1322 ELLIS STREET AUGUSTA, GA 30901	58-0568699	501 (C) (3)	20,579				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS AUGUSTA CHAPTER1322 ELLIS STREET AUGUSTA, GA 30901	58-0568699	501 (C) (3)	218,421				PROGRAM OPERATING COSTS
AMERICAN RED CROSS AUGUSTA CHAPTER1323 ELLIS STREET AUGUSTA, GA 30901	58-0568699	501 (C) (3)	1,421				PROGRAM OPERATING COSTS
AQUINAS HIGH SCHOOL1920 HIGHLAND AVENUE AUGUSTA, GA 30904	58-1351382	SCHOOL	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT
AUGUSTA TRAINING SHOP INC1704 JENKINS STREET AUGUSTA, GA 30904	58-0632778	501 (C) (3)	6,681				DONOR DESIGNATED FOR GENERAL SUPPORT
AUGUSTA TRAINING SHOP INC1704 JENKINS STREET AUGUSTA, GA 30904	58-0632778	501 (C) (3)	63,319				PROGRAM OPERATING COSTS
BERRY CHILDREN'S CENTER3017 WALTON WAY EXT AUGUSTA, GA 30909	58-1602633	501 (C) (3)	5,524				DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA GEORGIA-CAROLINA1450 GREENE STREET SUITE 150 AUGUSTA, GA 30901	58-0566185	501 (C) (3)	17,022				DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA GEORGIA-CAROLINA1450 GREENE STREET SUITE 150 AUGUSTA, GA 30901	58-0566185	501 (C) (3)	131,978				PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF AUGUSTA1903 DIVISION STREET AUGUSTA, GA 30901	58-0610382	501 (C) (3)	11,261				DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF AUGUSTA1903 DIVISION STREET AUGUSTA, GA 30901	58-0610382	501 (C) (3)	146,739				PROGRAM OPERATING COSTS
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501 (C) (3)	7,725				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501 (C) (3)	32,275				PROGRAM OPERATING COSTS
CHRIST COMMUNITY HEALTH SERVICES PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501 (C) (3)	3,504				DONOR DESIGNATED FOR GENERAL SUPPORT
CHRIST COMMUNITY HEALTH SERVICES PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501 (C) (3)	32,496				PROGRAM OPERATING COSTS
COLUMBIA COUNTY COMMUNITY CONNECTIONSPO BOX 3006 EVANS,GA 30809	58-2658852	501 (C) (3)	666				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBIA COUNTY COMMUNITY CONNECTIONSPO BOX 3006 EVANS,GA 30809	58-2658852	501 (C) (3)	36,334				PROGRAM OPERATING COSTS
COMMUNITIES IN SCHOOLS BURKE CTY229 E 6TH STREET WAYNESBORO, GA 30830	58-1960654	501 (C) (3)	2,435				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITIES IN SCHOOLS BURKE CTY229 E 6TH STREET WAYNESBORO, GA 30830	58-1960654	501 (C) (3)	42,565				PROGRAM OPERATING COSTS

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

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EASTER SEALS EAST GEORGIA1500 WRIGHTSBORO ROAD AUGUSTA, GA 30903	58-1918315	501 (C) (3)	10,120				DONOR DESIGNATED FOR GENERAL SUPPORT
EASTER SEALS EAST GEORGIA1500 WRIGHTSBORO ROAD AUGUSTA, GA 30903	58-1918315	501 (C) (3)	24,880				PROGRAM OPERATING COSTS
FAMILY COUNSELING CENTER OF THE CSRA3711 EXECUTIVE CENTER DRIVE SUITE 201 MARTINEZ, GA 30907	58-1388519	501 (C) (3)	514				DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY COUNSELING CENTER OF THE CSRA3711 EXECUTIVE CENTER DRIVE SUITE 201 MARTINEZ, GA 30907	58-1388519	501 (C) (3)	112,486				PROGRAM OPERATING COSTS
FAMILY Y THE3570 WHEELER ROAD AUGUSTA, GA 30909	58-0566254	501 (C) (3)	7,108				DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY Y THE3570 WHEELER ROAD AUGUSTA, GA 30909	58-0566254	501 (C) (3)	290,992				PROGRAM OPERATING COSTS
FIRESIDE MINISTRIES (PRESBYTERIAN EVANGELISTIC FELLOWSHIP INC) 226 GREENE STREET AUGUSTA, GA 30901	58-6065089	501 (C) (3)	26,127				DONOR DESIGNATED FOR GENERAL SUPPORT
FIRESIDE MINISTRIES (PRESBYTERIAN EVANGELISTIC FELLOWSHIP INC) 226 GREENE STREET AUGUSTA, GA 30901	58-6065089	501 (C) (3)	9,873				PROGRAM OPERATING COSTS
FIRST BAPTIST CHURCH OF AUGUSTAPO BOX 14489 AUGUSTA, GA 30919	58-0644905	CHURCH	13,500				PROGRAM OPERATING COSTS
FIRST BAPTIST CHURCH OF AUGUSTAPO BOX 14489 AUGUSTA, GA 30919	58-0644905	CHURCH	11,115				PROGRAM OPERATING COSTS
FRIENDSHIP COMMUNITY CENTER1720 CENTRAL AVENUE AUGUSTA, GA 30904	58-1788566	501 (C) (3)	3,615				DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDSHIP COMMUNITY CENTER1720 CENTRAL AVENUE AUGUSTA, GA 30904	58-1788566	501 (C) (3)	78,585				PROGRAM OPERATING COSTS
GIRL SCOUTS CENTRAL SAVANNAH RIVER 1325 GREENE STREET AUGUSTA, GA 30901	56-0566130	501 (C) (3)	3,048				DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS CENTRAL SAVANNAH RIVER 1325 GREENE STREET AUGUSTA, GA 30901	56-0566130	501 (C) (3)	80,412				PROGRAM OPERATING COSTS
GOLDEN HARVEST FOOD BANK INC 3310 COMMERCE DRIVE AUGUSTA, GA 30909	58-1466516	501 (C) (3)	8,508				DONOR DESIGNATED FOR GENERAL SUPPORT
HINDU TEMPLE SOCIETYPO BOX 204264 MARTINEZ, GA 30907	58-0011356	501 (C) (3)	13,023				DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE HOUSEPO BOX 3597 AUGUSTA, GA 30914	58-2074040	501 (C) (3)	675				DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE HOUSEPO BOX 3597 AUGUSTA, GA 30914	58-2074040	501 (C) (3)	30,325				PROGRAM OPERATING COSTS
JEWISH FEDERATION OF CHARLOTTE5007 PROVIDENCE ROAD SUITE 101 CHARLOTTE, NC 28226	56-1951745	501 (C) (3)	9,600				DONOR DESIGNATED FOR GENERAL SUPPORT
MEN MAKING A DIFFERENCEPO BOX 5565 AUGUSTA, GA 30916	58-2296993	501 (C) (3)	6,678				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
NATIONAL SOCIETY OF BLACK ENGINEERSPO BOX 105 AUGUSTA,GA 30904	58-1942035	501 (C) (3)	5,556				DONOR DESIGNATED FOR GENERAL SUPPORT
OUR LADY OF PEACE CATHOLIC CHURCH 856 OLD EDGEFIELD ROAD NORTH AUGUSTA,SC 29841	57-0442391	501 (C) (3)	7,416				DONOR DESIGNATED FOR GENERAL SUPPORT
RAPE CRISIS & SEXUAL ASSAULT SERV1350 WALTON WAY AUGUSTA,GA 30901	58-1581103	501 (C) (3)	9,641				DONOR DESIGNATED FOR GENERAL SUPPORT
RAPE CRISIS & SEXUAL ASSAULT SERV1350 WALTON WAY AUGUSTA,GA 30901	58-1581103	501 (C) (3)	60,359				PROGRAM OPERATING COSTS
RONALD MCDONALD HOUSE CHARITIES AUGUSTAPO BOX 14189 AUGUSTA,GA 30919	58-1509465	501 (C) (3)	10,842				DONOR DESIGNATED FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES AUGUSTAPO BOX 14189 AUGUSTA,GA 30919	58-1509465	501 (C) (3)	29,158				PROGRAM OPERATING COSTS
SAFE HOMES OF AUGUSTA INC1276 MERRY STREET AUGUSTA,GA 30904	58-1708717	501 (C) (3)	25,281				DONOR DESIGNATED FOR GENERAL SUPPORT
SAFE HOMES OF AUGUSTA INC1276 MERRY STREET AUGUSTA,GA 30904	58-1708717	501 (C) (3)	66,719				PROGRAM OPERATING COSTS
SALVATION ARMY AUGUSTA GA1384 GREENE STREET AUGUSTA,GA 30901	58-0660607	501 (C) (3)	17,056				DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY AUGUSTA GA1384 GREENE STREET AUGUSTA,GA 30901	58-0660607	501 (C) (3)	124,413				PROGRAM OPERATING COSTS
SENIOR CITIZENS COUNCIL OF GREATER218 OAK STREET NORTH SUITE L MARTINEZ,GA 30907	58-1519107	501 (C) (3)	4,136				DONOR DESIGNATED FOR GENERAL SUPPORT
SENIOR CITIZENS COUNCIL OF GREATER218 OAK STREET NORTH SUITE L MARTINEZ,GA 30907	58-1519107	501 (C) (3)	75,864				PROGRAM OPERATING COSTS
SHILOH COMPREHENSIVE COMMUNITY CTR 1635 FIFTEENTH STREET AUGUSTA,GA 30901	58-1351194	501 (C) (3)	6,592				DONOR DESIGNATED FOR GENERAL SUPPORT
SHILOH COMPREHENSIVE COMMUNITY CTR 1635 FIFTEENTH STREET AUGUSTA,GA 30901	58-1351194	501 (C) (3)	20,408				PROGRAM OPERATING COSTS
SPCA OF AIKEN401 WIRE ROAD AIKEN,SC 29801	57-0329782	501 (C) (3)	5,442				DONOR DESIGNATED FOR GENERAL SUPPORT
ST STEPHEN'S MINISTRY OF AUGUSTA924 GREENE STREET AUGUSTA,GA 30901	58-1994437	501 (C) (3)	2,994				DONOR DESIGNATED FOR GENERAL SUPPORT
ST STEPHEN'S MINISTRY OF AUGUSTA924 GREENE STREET AUGUSTA,GA 30901	58-1994437	501 (C) (3)	9,006				PROGRAM OPERATING COSTS
THE SPEECH AND HEARING CENTER 1430 HARPER STREET SUITE C3 AUGUSTA,GA 30901	58-1581103	501 (C) (3)	1,234				DONOR DESIGNATED FOR GENERAL SUPPORT
THE SPEECH AND HEARING CENTER 1430 HARPER STREET SUITE C3 AUGUSTA,GA 30901	58-1581103	501 (C) (3)	13,046				PROGRAM OPERATING COSTS
UNITED METHODIST CHILDREN'S HOME 325 8TH STREET AUGUSTA,GA 30901	58-0632081	501 (C) (3)	16,000				PROGRAM OPERATING 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
YOUNG LIFE OF AIKENPO BOX 5067 AIKEN, SC 29804	84-0385934	501 (C) (3)	24,687				DONOR DESIGNATED FOR GENERAL SUPPORT
AID FOR AFRICA 6909 RIDGEWOOD AVENUE CHEVY CHASE, MD 20815	06-1703295	501 (C) (3)	6,680				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS2025 E STREET NW 7TH FLOOR DEVELOPMENT NE7-034A WASHINGTON, DC 20006	53-0196605	501 (C) (3)	18,632				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICA'S CHARITIES14150 NEWBROOK DRIVE SUITE 110 CHANTILLY, VA 20151	54-1517707	501 (C) (3)	11,366				DONOR DESIGNATED FOR GENERAL SUPPORT
ANIMAL CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3193389	501 (C) (3)	34,456				DONOR DESIGNATED FOR GENERAL SUPPORT
AUGUSTA MINI THEATRE2548 DEANS BRIDGE ROAD AUGUSTA, GA 30906	58-1374032	501 (C) (3)	5,044				DONOR DESIGNATED FOR GENERAL SUPPORT
CANCERCURE OF AMERICA CARE UNDERSTAND RESEARCH & FUND 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	81-0648432	501 (C) (3)	31,424				DONOR DESIGNATED FOR GENERAL SUPPORT
CHARITIES UNDER 1 OVERHEAD1101 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	27-3132554	501 (C) (3)	12,955				DONOR DESIGNATED FOR GENERAL SUPPORT
CHARITIES UNDER 5 OVERHEAD1102 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	27-3132492	501 (C) (3)	8,944				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN FIRST-AMERICA'S CHARITIES14150 NEWBROOK DRRIVE SUITE 110 CHANTILLY, VA 20151	30-0186795	501 (C) (3)	11,729				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN'S CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3148588	501 (C) (3)	21,386				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN'S MEDICAL CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	27-0093393	501 (C) (3)	16,717				DONOR DESIGNATED FOR GENERAL SUPPORT
CHRISTIAN CHARITIES USA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3255961	501 (C) (3)	17,975				DONOR DESIGNATED FOR GENERAL SUPPORT
CHRISTIAN SERVICE CHARITIES7620 LITTLE RIVER TURNPIKE SUITE 600 ANNANDALE, VA 22003	94-3193374	501 (C) (3)	30,835				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES 200 NORTH GLEBE RD SUITE 801 ARLINGTON, VA 22203	13-6167225	501 (C) (3)	55,425				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES OF GEORGIA200 NORTH GLEBE RD SUITE 801 ARLINGTON, VA 22203	13-6167225	501 (C) (3)	25,971				DONOR DESIGNATED FOR GENERAL SUPPORT
CONSERVATION & PRESERVATION CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3217738	501 (C) (3)	5,677				DONOR DESIGNATED FOR GENERAL SUPPORT
EARTH SHARE7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA, MD 20814	52-1601960	501 (C) (3)	5,222				DONOR DESIGNATED FOR GENERAL SUPPORT
FORT GORDON FISHER HOUSE IMWRF-FINANCIAL MANAGEMENT DIVISON BUILDING 29801 FT GORDON, GA 30905	76-0573980	501 (C) (3)	15,031				DONOR DESIGNATED FOR GENERAL SUPPORT
GLOBAL IMPACT66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314	52-1273585	501 (C) (3)	8,953				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
HEALTH FIRST - AMERICA'S CHARITIES14150 NEWBROOK DRIVE SUITE 110 CHANTILLY, VA 20151	30-0186796	501 (C) (3)	10,545				DONOR DESIGNATED FOR GENERAL SUPPORT
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3217739	501 (C) (3)	24,904				DONOR DESIGNATED FOR GENERAL SUPPORT
HUMAN CARE CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3067804	501 (C) (3)	8,682				DONOR DESIGNATED FOR GENERAL SUPPORT
MACH ACADEMY INC 4360 QUAIL CREEK ROAD MARTINEZ, GA 30907	58-2013645	501 (C) (3)	6,097				DONOR DESIGNATED FOR GENERAL SUPPORT
MEDICAL RESEARCH CHARITIES7620 LITTLE RIVER TURNPIKE SUITE 600 ANNANDALE, VA 22003	94-3148591	501 (C) (3)	10,870				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)	49,354				DONOR DESIGNATED FOR GENERAL SUPPORT
NATIONAL BLACK UNITED FEDERATIONS OF CHARITIES40 CLINTON STREET - 5TH FLOOR NEWARK, NJ 07102	52-1764913	501 (C) (3)	5,842				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED NEGRO COLLEGE FUND8260 WILLOW OAKS CORPORATE DRIVE FAIRFAX, VA 22031	13-1624241	501 (C) (3)	6,616				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF AIKEN COUNTYPO BOX 699 AIKEN, SC 29802	57-0360086	501 (C) (3)	83,748				DONOR DESIGNATED FOR GENERAL SUPPORT
WOMEN CHILDREN & FAMILY SERVICE CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3193386	501 (C) (3)	5,423				DONOR DESIGNATED FOR GENERAL SUPPORT

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization UNITED WAY OF THE CSRA INC	Employer identification number  58-0566155
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Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	SEE DESCRIPTION PROVIDED FOR PART III, LINE 4D
	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.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	COMBINED FEDERAL CAMPAIGN NET ASSETS AT 12/31 25,130. TOTAL TO FORM 990, PART XI, LINE 5 25,130.
AUDIT COMMITTEE PROCESS	PART XI, LINE 2C	THE AUDIT COMMITTEE BELIEVES ITS PROCESSES PERTAINING TO THE OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS IS EFFECTIVE AND DID NOT CHANGE THIS PROCESS IN 2011.
FULL DESCRIPTIONS FOR PURPOSE OF GRANT ASSISTANCE	SCHEDULE I, PART II	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.



Additional Data

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

Form 990, Special Condition Description:

Special Condition Description
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Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	)(Expenses \$	385,176	including grants of \$ 45,489 )(Revenue \$ 0 )
2-1-1 INFORMATION AND REFERRAL PROGRAMTHE 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 2011, UNITED WAY OF THE CSRA'S 2-1-1 INFORMATION AND REFERRAL SPECIALISTS ASSISTED 424,741 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, AND HOMELESS PREVENTION PROGRAMS (RENT AND UTILITIES) AN IMPORTANT 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 ANOTHER IMPORTANT CONTRIBUTION IS "2-1-1 ON THE GO" THIS PROGRAM TAKES INFORMATION AND REFERRAL DIRECTLY TO THOSE MOST IN NEED- THE HOMELESS 2-1-1 WORKS CLOSELY WITH LOCAL HOMELESS SHELTERS TO PROVIDE BACKPACKS CONTAINING INFORMATION, HYGIENE PRODUCTS AND FREE LOCAL BUS TRANSPORTATION PASSES TO ASSIST WITH SEEKING EMPLOYMENT, ACCESSING MENTAL HEALTH TREATMENT AND PURSUING OTHER NEEDED SERVICES 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 FAMILYWIZE PRESCRIPTION ASSISTANCETHROUGH THE FAMILYWIZE PRESCRIPTION ASSISTANCE CARD PROGRAM, UNITED WAY SAVED THE COMMUNITY \$362,409 IN 2011 THESE FREE-OF-CHARGE PRESCRIPTION DISCOUNT CARDS OFFERED BY UNITED WAY WERE USED 31,487 TIMES THROUGHOUT NINE LOCAL COUNTIES BURKE, COLUMBIA, EMANUEL, JEFFERSON, JENKINS, LINCOLN, MCDUFFIE, RICHMOND, AND WILKES FAMILYWIZE CARDS CAN BE USED BY ANYONE ON UNINSURED PRESCRIPTIONS AND OFFER AN AVERAGE SAVINGS OF APPROXIMATELY 30% OR MORE SINCE ITS LOCAL LAUNCH IN 2009, FAMILYWIZE HAS PROVIDED TOTAL SAVINGS OF \$893,684 TO CSRA RESIDENTS 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 NAME 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 2011, OVER 16,000 INDIVIDUALS IN THE CSRA RECEIVED ASSISTANCE THROUGH CLEARINGHOUSE PARTNERS OUTCOMES MEASUREMENTUNITED WAY HAS TRANSITIONED TO AN OUTCOME-FOCUSED ORGANIZATION AND INCORPORATES OUTCOMES INTO ITS FUNDING APPLICATIONS AND AWARDS 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 2011 SAW THE COMPLETION OF A FIVE-YEAR OUTCOMES TRANSITION FOR UNITED WAY FUNDING HOMELESS PREVENTION AND TRANSPORTATION ASSISTANCEUNITED WAY SERVES AS A COMMUNITY INTERMEDIARY SPONSOR FOR PROVIDING VITAL HEALTH AND 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 AND REFERRAL SERVICES 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 40 HOUSEHOLDS IN 2011 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 INCREASE AWARENESS OF COMMUNITY NEEDS AND AN ENHANCED COMMITMENT TO UNITED WAY'S WORK IN THE COMMUNITY IN 2011, APPROXIMATELY 300 VOLUNTEERS COMPLETED PROJECTS AT 14 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, EARLY CHILDHOOD TRAINING AND EDUCATION, 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			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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
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
WILLIAM C BOHLING 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
KENT DUNN DIRECTOR	50	X						0	0	0
J TRUITT EAVENSON DIRECTOR	50	X						0	0	0
J EDWARD ENOCH DIRECTOR	50	X						0	0	0
RICK EVANS DIRECTOR	50	X						0	0	0
ALICE FRYE DIRECTOR	50	X						0	0	0
MARIAN F FUTRELL DIRECTOR	50	X						0	0	0
DR FAYE HARGROVE DIRECTOR	50	X						0	0	0
MIKE P HOGAN DIRECTOR	50	X						0	0	0
EDDIE HUFF DIRECTOR	50	X						0	0	0
COLLETTE HUGHES DIRECTOR	50	X						0	0	0
LINDA R LAMARR DIRECTOR	50	X						0	0	0
KAM KYZER DIRECTOR	50	X						0	0	0
SANFORD LOYD DIRECTOR	50	X						0	0	0
SANDRA I MCVICKER DIRECTOR	50	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
MACHELL WRIGHT MIMS DIRECTOR	50	X						0	0	0
SUE PARR DIRECTOR	50	X						0	0	0
JOHN RAY DIRECTOR	50	X						0	0	0
BOB RICHARDS JR DIRECTOR	50	X						0	0	0
WILBERT ROBERTS DIRECTOR	50	X						0	0	0
ANTHONY T ROBINSON 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
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
PHILIP VESTAL DIRECTOR	50	X						0	0	0
ANNA DORIS WILDS DIRECTOR	50	X						0	0	0
LAVERNE GOLD PRESIDENT	53 00			X				97,491	0	20,046
DEBBIE BROWN DIRECTOR OF FINANCE	45 00			X				58,877	0	13,051