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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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	C Name of organization UNITED WAY OF THE CSRA INC		D Employer identification number 58-0566155
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1765 BROAD STREET	Room/suite	E Telephone number (706) 724-5544
	City or town, state or country, and ZIP + 4 AUGUSTA, GA 30904		G Gross receipts \$ 4,751,636
	F Name and address of principal officer LA VERNE GOLD 1765 BROAD STREET AUGUSTA, GA 30904		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I 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			
J Website: ▶ WWW.UWCSRA.ORG			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities UNITED WAY FOCUSES ON ACHIEVING OUTCOMES IN FOUR COMMUNITY IMPACT AREAS DETERMINED TO BE ESSENTIAL IN IMPROVING PEOPLE'S LIVES AND STRENGTHENING OUR COMMUNITY. HELPING YOUTH SUCCEED, PROMOTING HEALTH AND WELLNESS, PROVIDING BASIC NEEDS, AND STRENGTHENING FAMILIES AND INDIVIDUALS WE STRIVE TO ACCOMPLISH THIS THROUGH AN ANNUAL FUNDRAISING CAMPAIGN WHICH PROVIDES FUNDING TO 42 HEALTH AND HUMAN SERVICE PROGRAMS AT 23 PARTNER AGENCIES. WE SECURE/ADMINISTER GRANTS TO AID LOCAL ORGANIZATIONS IN MEETING COMMUNITY NEEDS, DEVELOP STRATEGIC PARTNERSHIPS AND INITIATIVES, AND PROVIDE A 24 HOUR/7 DAY 2-1-1 INFORMATION AND REFERRAL LINE LINKING LOCAL CITIZENS WITH HEALTH AND HUMAN SERVICES AVAILABLE IN THE COMMUNITY. UNITED WAY POSITIONS ITSELF AS A LEADER IN TARGETING COMMUNITY RESOURCES TO ADDRESS LOCAL NEEDS, EXPAND COLLABORATIONS AND ACHIEVE MEASURABLE RESULTS.		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	37
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	1,798
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,531,905	4,708,985
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,420	20,103
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,596	4,168
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,588	10,867
		4,574,509	4,744,123
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,271,179	3,163,702
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	898,768	920,677
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>472,951</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	456,859	409,627
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,626,806	4,494,006
	19 Revenue less expenses. Subtract line 18 from line 12	-52,297	250,117
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	4,094,071	4,160,968
	21 Total liabilities (Part X, line 26)	1,483,711	1,395,488
	22 Net assets or fund balances. Subtract line 21 from line 20	2,610,360	2,765,480

Part II Signature Block

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

Sign Here	*****	2013-06-30
	Signature of officer	Date
	LA VERNE GOLD, PRESIDENT	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DERON STANCIL CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00221718
	Firm's name ▶ ELLIOTT DAVIS LLCPLLC				Firm's EIN ▶ 57-0381582
	Firm's address ▶ PO BOX 2278 AUGUSTA, GA 30903				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 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 \$ 1,932,145 including grants of \$ 1,932,145) (Revenue \$ 0)

PROGRAM FUNDING ALLOCATIONSUSING CONTRIBUTIONS TO THE COMMUNITY INVESTMENT FUND, UNITED WAY OF THE CSRA DISTRIBUTES FUNDING TO 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

4b

(Code) (Expenses \$ 792,103 including grants of \$ 792,103) (Revenue \$ 20,103)

DONOR DESIGNATIONSUNITED WAY OF THE CSRA COMBINED FEDERAL CAMPAIGN EXPENSES \$365,662 EXPENSES \$426,441REVENUE \$ 20,103 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 CSRATHE 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 \$6.8 BILLION HAS BEEN GENERATED BY THE FEDERAL WORKFORCE HERE IN THE CSRA, MORE THAN 46 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 184 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 \$ 437,114 including grants of \$ 390,274) (Revenue \$ 0)

AMERICORPS*VISTA (VOLUNTEERS IN SERVICE TO AMERICA)UNITED WAY’S AMERICORPS VISTA PROGRAM, PROJECT UNITE, IS PART OF THE NATIONAL SERVICE PROGRAM DESIGNED SPECIFICALLY FOR THE PURPOSE OF FIGHTING POVERTY UNITED WAY SERVES AS A REGIONAL INTERMEDIARY AGENCY AND IS ASSIGNED UP TO 26 AMERICORPS VISTA MEMBERS AND 21 AMERICORPS VISTA SUMMER ASSOCIATES WHO SERVE FULL-TIME FOR ONE YEAR WITH AREA NONPROFITS IN NEED OF CAPACITY BUILDING AMERICORPS VISTAS HELP BUILD NONPROFIT HUMAN CAPACITY, FINANCIAL CAPACITY, AND SOCIAL CAPACITY IN NONPROFITS WHERE THEY ARE ASSIGNED EXPENSES PROVIDE SUPPORT FUNDS NECESSARY FOR REGIONAL PROGRAM SUPERVISION AND OVERSIGHT IN 2012, THIS PROGRAM SERVED 21 NONPROFIT AGENCIES, ENGAGED MORE THAN 3,825 VOLUNTEERS IN MORE THAN 30,600 HOURS OF COMMUNITY SERVICE, RAISED OVER \$481,605 DOLLARS OF CASH (GRANTS, DONATIONS AND FUNDRAISING) AND NON-CASH RESOURCES (IN-KIND GOODS AND SERVICES) TO SUPPORT COMMUNITY NONPROFITS, AND IDENTIFIED NUMEROUS PARTNERSHIPS THE ORGANIZATION’S VISION IS TO KEEP ABREAST OF COMMUNITY NEEDS AND IDENTIFY RESOURCES AND FUNDING STREAMS THAT ASSIST IN STRENGTHENING AND BUILDING NONPROFIT CAPACITY TO DELIVER QUALITY PROGRAMS AND SERVICES TO PERSONS AND FAMILIES EXPERIENCING POVERTY IN OUR SERVICE AREA

(Code) (Expenses \$ 385,873 including grants of \$ 49,181) (Revenue \$ 0)

2-1-1 INFORMATION AND REFERRAL PROGRAM OTHER PROGRAM SERVICES EXPENSES \$166,173 EXPENSES \$219,700GRANTS \$ 2,000 GRANTS \$ 47,1812-1-1 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 2012, UNITED WAY OF THE CSRA’S 2-1-1 INFORMATION AND REFERRAL SPECIALISTS ASSISTED 24,713 CALLERS AND 2-1-1’S WEBSITE EXPERIENCED 2,774 SESSIONS 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 EMERGENCY SHELTER ANOTHER 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 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 2-1-1 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 \$188,458.57 IN 2012 THESE FREE-OF-CHARGE PRESCRIPTION DISCOUNT CARDS OFFERED BY UNITED WAY WERE USED 17,485 TIMES THROUGHOUT FIVE LOCAL COUNTIES 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 \$1,082,354.43 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 NAMES OF THEIR APPLICANTS TO ENSURE THEY ARE NOT BEING SERVED BY OTHER ORGANIZATIONS BY REDUCING DUPLICATIONS, MORE INDIVIDUALS IN NEED CAN BE ASSISTED WITH TOYS AND FOOD THE CLEARINGHOUSE SIMULTANEOUSLY REDUCES DUPLICATION AND INCREASES THE RESOURCES AVAILABLE TO SERVE INDIVIDUALS AND FAMILIES THAT ARE IN THE GREATEST NEED IN OUR COMMUNITY THE PROJECT INCLUDES COORDINATING EFFORTS TO REACH EIGHT OUTLYING COUNTIES IN 2012, 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 2012 SAW THE CONTINUED EXPANSION OF OUTCOMES UTILIZATION IN THE PROGRAM REVIEW PROCESS HOMELESS PREVENTION AND TRANSPORTATION ASSISTANCEUNITED WAY SERVES AS A COMMUNITY INTERMEDIARY SPONSOR FOR PROVIDING VITAL HEALTH & HUMAN SERVICES TO THE MULTITUDE OF INDIVIDUALS AND FAMILIES IN THE CSRA WHO ARE IN DANGER OF BECOMING HOMELESS DUE TO ECONOMIC, PERSONAL, AND SOCIAL ISSUES IN COORDINATION WITH SEVERAL KEY COMMUNITY AND STATE PARTNERS AND FUNDERS, UNITED WAY ADMINISTERS HOMELESS PREVENTION PROGRAMS, HMIS (PATHWAYS) SERVICES AND UNITED WAY 2-1-1 INFORMATION & REFERRAL SERVICES PROJECT SERVE DAY-OF-CARINGEVERY SPRING, THROUGH UNITED WAY’S EFFORTS, VOLUNTEERS FROM LOCAL COMPANIES GO OUT TO LOCAL NON-PROFIT ORGANIZATIONS TO COMPLETE PROJECTS RANGING FROM PAINTING AND LANDSCAPING TO PLAYGROUND INSTALLATION WITHOUT THE HELP OF THESE GENEROUS VOLUNTEERS, MOST OF THESE AGENCIES COULD NOT AFFORD TO HAVE THIS MUCH-NEEDED WORK DONE VOLUNTEERS WALK AWAY WITH AN INCREASED AWARENESS OF COMMUNITY NEEDS AND AN ENHANCED COMMITMENT TO UNITED WAY’S WORK IN THE COMMUNITY IN 2012, APPROXIMATELY 300 VOLUNTEERS COMPLETED PROJECTS AT 15 LOCAL NON-PROFIT AGENCIES, SAVING THESE AGENCIES COUNTLESS DOLLARS AND ALLOWING THEM TO HAVE AN ENHANCED FOCUS ON PROGRAM DELIVERY OTHER GRANTS AND INITIATIVES THROUGH 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

4d

Other program services (Describe in Schedule O)

(Expenses \$ 385,873 including grants of \$ 49,181) (Revenue \$)


















4e

Total program service expenses

3,547,235

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	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? If "Yes," complete Schedule D, Part VI 	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? If "Yes," complete Schedule D, Part VII 	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? If "Yes," complete Schedule D, Part VIII 	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? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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 United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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	Yes	
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, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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.	2	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	19
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, securities account, or other financial 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 as charitable contributions?	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. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	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	37	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	37	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	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 <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	LA VERNE GOLD 1765 BROAD STREET AUGUSTA, GA (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 all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	162,453	0	24,768

\$100,000 of reportable compensation from the organization ➡ 1

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

Section B. Independent Contractors

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

\$100,000 of compensation from the organization 100

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	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	4,708,985				
	g	Noncash contributions included in lines 1a-1f \$		36,320				
	h	Total. Add lines 1a-1f			4,708,985			
Program Service Revenue	2a	PLEDGE PROCESSING FEE	Business Code	561000	20,103	20,103		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			20,103			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,168			4,168
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		(i) Real		(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		(i) Securities		(ii) Other				
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss)						
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a	18,380					
b		Less direct expenses		b	7,513			
c	Net income or (loss) from fundraising events . .			10,867			10,867	
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			4,744,123	20,103	0	15,035	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	3,163,702	3,163,702		
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.	187,220	42,926	104,743	39,551
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.	536,943	181,139	144,913	210,891
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	63,467	21,969	23,434	18,064
9	Other employee benefits.	80,456	36,918	24,420	19,118
10	Payroll taxes.	52,591	18,136	18,423	16,032
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	14,900		14,900	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	22,964	16,944	3,520	2,500
12	Advertising and promotion.	24,716	110	24,606	
13	Office expenses.	129,640	21,826	25,270	82,544
14	Information technology.				
15	Royalties.				
16	Occupancy.	17,530	4,332	9,581	3,617
17	Travel.	10,182	2,626	693	6,863
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	11,959	956	6,370	4,633
20	Interest.				
21	Payments to affiliates.	36,177	13,617	11,197	11,363
22	Depreciation, depletion, and amortization.	2,456	925	760	771
23	Insurance.	1,437	541	445	451
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	SPECIAL EVENTS	95,765	8,302	48,889	38,574
b	AWARDS	18,518	105	502	17,911
c	MISCELLANEOUS	18,314	11,101	7,420	-207
d	MEMBERSHIP DUES	5,069	1,060	3,734	275
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	4,494,006	3,547,235	473,820	472,951
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			104,062	1	129,074
	2	Savings and temporary cash investments			2,452,496	2	2,243,703
	3	Pledges and grants receivable, net			1,318,742	3	1,556,072
	4	Accounts receivable, net			147,817	4	157,857
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			14,049	9	15,485
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	320,953	56,905	10c	58,777
	b	Less accumulated depreciation	10b	262,176			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,094,071	16	4,160,968
Liabilities	17	Accounts payable and accrued expenses			169,661	17	101,291
	18	Grants payable				18	
	19	Deferred revenue			31,416	19	23,423
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			1,282,634	25	1,270,774
	26	Total liabilities. Add lines 17 through 25			1,483,711	26	1,395,488
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,233,401	27	1,259,296
	28	Temporarily restricted net assets			1,376,959	28	1,506,184
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			2,610,360	33	2,765,480
	34	Total liabilities and net assets/fund balances			4,094,071	34	4,160,968

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	4,744,123
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,494,006
3	Revenue less expenses Subtract line 2 from line 1	3	250,117
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,610,360
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-94,997
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,765,480

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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
3b	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)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,648,975	4,498,529	4,301,497	4,531,905	4,708,985	22,689,891
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,648,975	4,498,529	4,301,497	4,531,905	4,708,985	22,689,891
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						22,689,891

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	4,648,975	4,498,529	4,301,497	4,531,905	4,708,985	22,689,891
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,181	15,249	12,296	7,596	4,168	71,490
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		2,320	6,959	6,588	10,867	26,734
11	Total support (Add lines 7 through 10)						22,788,115
12	Gross receipts from related activities, etc (see instructions)					12	141,591
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 2012 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>99 570 %</td></tr></table>	14	99 570 %
14	99 570 %			
15	Public support percentage for 2011 Schedule A, Part II, line 14	<table><tr><td>15</td><td>99 340 %</td></tr></table>	15	99 340 %
15	99 340 %			
16a	33 1/3% support test—2012. 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	<input checked="" type="checkbox"/>		
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,223		15,223
b Buildings		241,092	206,014	35,078
c Leasehold improvements				
d Equipment		64,638	56,162	8,476
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				58,777

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

1	Total revenue, gains, and other support per audited financial statements	1	3,904,299
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	165,889
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	38,678
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	127,211
e	Add lines 2a through 2d	2e	165,889
3	Subtract line 2e from line 1	3	3,738,410
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	1,005,713
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,005,713
c	Add lines 4a and 4b	4c	1,005,713
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	4,744,123

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

1	Total expenses and losses per audited financial statements	1	3,749,179
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	166,975
a	Donated services and use of facilities	2a	38,678
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	128,297
e	Add lines 2a through 2d	2e	166,975
3	Subtract line 2e from line 1	3	3,582,204
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	911,802
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	911,802
c	Add lines 4a and 4b	4c	911,802
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,494,006

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	UNITED WAY IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, UNITED WAY HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). UNITED WAY IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2012 AND BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS BEFORE 2009.
PART XI, LINE 2D - OTHER ADJUSTMENTS		CFC REIMBURSEMENTS TO UWCSRA 119,698 FUNDRAISING EXPENSES NETTED AGAINST FORM 990 INCOME 7,513
PART XI, LINE 4B - OTHER ADJUSTMENTS		COMBINED FEDERAL CAMPAIGN 640,051 DESIGNATION EXPENSES NETTED AGAINST REVENUE 365,662
PART XII, LINE 2D - OTHER ADJUSTMENTS		CFC EXPENSES PAID FOR BY UWCSRA 120,784 FUNDRAISING EXPENSES NETTED AGAINST FORM 990 INCOME 7,513
PART XII, LINE 4B - OTHER ADJUSTMENTS		COMBINED FEDERAL CAMPAIGN 546,140 DESIGNATION EXPENSES NETTED AGAINST REVENUE 365,662

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNITED WAY OF 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 email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u> (event type)	 (event type)	 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	18,380		18,380
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)	18,380		18,380
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .	2,655		2,655
	6	Rent/facility costs . . .	3,735		3,735
	7	Food and beverages .	185		185
	8	Entertainment			
	9	Other direct expenses .	938		938
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(7,513)
					10,867

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			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	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 _____

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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

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

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
UNITED WAY OF THE CSRA INC

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. Part II can be duplicated 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

62

3

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

1

Part III

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

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

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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 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 \$6.8 BILLION HAVE BEEN GENERATED BY THE FEDERAL WORKFORCE HERE IN THE CSRA, MORE THAN 46 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 184 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 323 AGENCIES THAT RECEIVED LESS THAN \$5,000 AGGREGATE DOLLARS DISTRIBUTED TO THESE AGENCIES TOTALED \$272,650.13

Additional Data								Return to Form
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 AUGUSTA220 LAKE BLVD ATLANTA,GA 30319	58-0659875	501 (C) (3)	10,300				DONOR DESIGNATED FOR GENERAL SUPPORT	
AMERICAN RED CROSS AUGUSTA CHAPTER1322 ELLIS STREET AUGUSTA,GA 30901	58-0568699	501 (C) (3)	16,132				DONOR DESIGNATED FOR GENERAL SUPPORT	
AMERICAN RED CROSS AUGUSTA CHAPTER1322 ELLIS STREET AUGUSTA,GA 30901	58-0568699	501 (C) (3)	227,868				PROGRAM OPERATING COSTS	
AMERICAN RED CROSS AUGUSTA CHAPTER1323 ELLIS STREET AUGUSTA,GA 30901	58-0568699	501 (C) (3)	5,483				PROGRAM OPERATING COSTS	
AUGUSTA TRAINING SHOP INC1704 JENKINS STREET AUGUSTA,GA 30904	58-0632778	501 (C) (3)	7,707				DONOR DESIGNATED FOR GENERAL SUPPORT	
AUGUSTA TRAINING SHOP INC1704 JENKINS STREET AUGUSTA,GA 30904	58-0632778	501 (C) (3)	66,133				PROGRAM OPERATING COSTS	
ASU FOUNDATION2500 WALTON WAYWAY AUGUSTA,GA 30904	58-6038134	501 (C) (3)	5,500				DONOR DESIGNATED FOR GENERAL SUPPORT	
BOY SCOUTS OF AMERICA GEORGIA-CAROLINA1450 GREENE STREET SUITE 150 AUGUSTA,GA 30901	58-0566185	501 (C) (3)	18,874				DONOR DESIGNATED FOR GENERAL SUPPORT	
BOY SCOUTS OF AMERICA GEORGIA-CAROLINA1450 GREENE STREET SUITE 150 AUGUSTA,GA 30901	58-0566185	501 (C) (3)	135,126				PROGRAM OPERATING COSTS	
BOYS & GIRLS CLUB OF AUGUSTA1903 DIVISION STREET AUGUSTA,GA 30901	58-0610382	501 (C) (3)	15,151				DONOR DESIGNATED FOR GENERAL SUPPORT	
BOYS & GIRLS CLUB OF AUGUSTA1903 DIVISION STREET AUGUSTA,GA 30901	58-0610382	501 (C) (3)	147,849				PROGRAM OPERATING COSTS	
CATHOLIC SOCIAL SERVICES811 12TH STREET AUGUSTA,GA 30901	53-0196617	501 (C) (3)	6,472				DONOR DESIGNATED FOR GENERAL SUPPORT	
CHILD ENRICHMENT INCPO BOX 12036 AUGUSTA,GA 30914	58-1287799	501 (C) (3)	8,440				DONOR DESIGNATED FOR GENERAL SUPPORT	
CHILD ENRICHMENT INCPO BOX 12036 AUGUSTA,GA 30914	58-1287799	501 (C) (3)	36,560				PROGRAM OPERATING COSTS	
CHRIST COMMUNITY HEALTH SERVICESPO BOX 2344 AUGUSTA,GA 30903	20-5404353	501 (C) (3)	5,199				DONOR DESIGNATED FOR GENERAL SUPPORT	
CHRIST COMMUNITY HEALTH SERVICESPO BOX 2344 AUGUSTA,GA 30903	20-5404353	501 (C) (3)	35,801				PROGRAM OPERATING COSTS	
COLUMBIA COUNTY COMMUNITY CONNECTIONSPO BOX 3006 EVANS,GA 30809	58-2658852	501 (C) (3)	697				DONOR DESIGNATED FOR GENERAL SUPPORT	
COLUMBIA COUNTY COMMUNITY CONNECTIONSPO BOX 3006 EVANS,GA 30809	58-2658852	501 (C) (3)	41,303				PROGRAM OPERATING COSTS	
COMMUNITIES IN SCHOOLS BURKE CTY229 E 6TH STREET WAYNESBORO,GA 30830	58-1960654	501 (C) (3)	2,387				DONOR DESIGNATED FOR GENERAL SUPPORT	
COMMUNITIES IN SCHOOLS BURKE CTY229 E 6TH STREET WAYNESBORO,GA 30830	58-1960654	501 (C) (3)	47,613				PROGRAM OPERATING COSTS	
EASTER SEALS EAST GEORGIA1500 WRIGHTSBORO ROAD AUGUSTA,GA 30903	58-1918315	501 (C) (3)	10,885				DONOR DESIGNATED FOR GENERAL SUPPORT	
EASTER SEALS EAST GEORGIA1500 WRIGHTSBORO ROAD AUGUSTA,GA 30903	58-1918315	501 (C) (3)	29,115				PROGRAM OPERATING COSTS	
FAMILY COUNSELING CENTER OF THE CSRA3711 EXECUTIVE CENTER DRIVE SUITE 201 MARTINEZ,GA 30907	58-1388519	501 (C) (3)	721				DONOR DESIGNATED FOR GENERAL SUPPORT	
FAMILY COUNSELING CENTER OF THE CSRA3711 EXECUTIVE CENTER DRIVE SUITE 201 MARTINEZ,GA 30907	58-1388519	501 (C) (3)	117,279				PROGRAM OPERATING COSTS	
FAMILY Y THE3570 WHEELER ROAD AUGUSTA,GA 30909	58-0566254	501 (C) (3)	5,085				DONOR DESIGNATED FOR GENERAL SUPPORT	
FAMILY Y THE3570 WHEELER ROAD AUGUSTA,GA 30909	58-0566254	501 (C) (3)	298,015				PROGRAM OPERATING COSTS	
FIRESIDE MINISTRIES (PRESBYTERIAN EVANGELISTIC FELLOWSHIP INC)226 GREENE STREET AUGUSTA,GA 30901	58-6065089	501 (C) (3)	17,678				DONOR DESIGNATED FOR GENERAL SUPPORT	
FIRESIDE MINISTRIES (PRESBYTERIAN EVANGELISTIC FELLOWSHIP INC)226 GREENE STREET AUGUSTA,GA 30901	58-6065089	501 (C) (3)	23,322				PROGRAM OPERATING COSTS	
FIRST BAPTIST CHURCH OF AUGUSTAPO BOX 14489 AUGUSTA,GA 30919	58-0644905	CHURCH	10,500				PROGRAM OPERATING COSTS	
FIRST BAPTIST CHURCH OF AUGUSTAPO BOX 14489 AUGUSTA,GA 30919	58-0644905	CHURCH	3,866				PROGRAM OPERATING COSTS	
FRIENDSHIP COMMUNITY CENTER1720 CENTRAL AVENUE AUGUSTA,GA 30904	58-1788566	501 (C) (3)	4,160				DONOR DESIGNATED FOR GENERAL SUPPORT	
FRIENDSHIP COMMUNITY CENTER1720 CENTRAL AVENUE AUGUSTA,GA 30904	58-1788566	501 (C) (3)	83,040				PROGRAM OPERATING COSTS	
GIRL SCOUTS CENTRAL SAVANNAH RIVER1325 GREENE STREET AUGUSTA,GA 30901	56-0566130	501 (C) (3)	3,508				DONOR DESIGNATED FOR GENERAL SUPPORT	
GIRL SCOUTS CENTRAL SAVANNAH RIVER1325 GREENE STREET AUGUSTA,GA 30901	56-0566130	501 (C) (3)	84,952				PROGRAM OPERATING COSTS	
GOLDEN HARVEST FOOD BANK INC3310 COMMERCE DRIVE AUGUSTA,GA 30909	58-1466516	501 (C) (3)	9,325				DONOR DESIGNATED FOR GENERAL SUPPORT	
HERITAGE ACADEMY333 GREENE STREET AUGUSTA,GA 30901	31-1727988	501 (C) (3)	7,626				DONOR DESIGNATED FOR GENERAL SUPPORT	
HINDU TEMPLE SOCIETYPO BOX 104264 MARTINEZ,GA 30907	58-1425392	501 (C) (3)	12,704				DONOR DESIGNATED FOR GENERAL SUPPORT	
HOPE HOUSEPO BOX 3597 AUGUSTA,GA 30914	58-2074040	502 (C) (3)	2,050				DONOR DESIGNATED FOR GENERAL SUPPORT	
HOPE HOUSEPO BOX 3597 AUGUSTA,GA 30914	58-2074040	503 (C) (3)	33,950				PROGRAM OPERATING COSTS	
NATIONAL SOCIETY OF BLACK ENGINEERSPO BOX 105 AUGUSTA,GA 30904	58-1942035	501 (C) (3)	6,904				DONOR DESIGNATED FOR GENERAL SUPPORT	
OUR LADY OF PEACE CATHOLIC CHURCH856 OLD EDGEFIELD ROAD NORTH AUGUSTA,SC 29841	57-0442391	501 (C) (3)	5,814				DONOR DESIGNATED FOR GENERAL SUPPORT	
RAPE CRISIS & SEXUAL ASSAULT SERV1350 WALTON WAY AUGUSTA,GA 30901	58-1581103	501 (C) (3)	11,229				DONOR DESIGNATED FOR GENERAL SUPPORT	
RAPE CRISIS & SEXUAL ASSAULT SERV1350 WALTON WAY AUGUSTA,GA 30901	58-1581103	501 (C) (3)	63,771				PROGRAM OPERATING COSTS	
RONALD MCDONALD HOUSE CHARITIES AUGUSTAPO BOX 14189 AUGUSTA,GA 30919	58-1509465	501 (C) (3)	12,919				DONOR DESIGNATED FOR GENERAL SUPPORT	
RONALD MCDONALD HOUSE CHARITIES AUGUSTAPO BOX 14189 AUGUSTA,GA 30919	58-1509465	501 (C) (3)	32,081				PROGRAM OPERATING COSTS	
SAFE HOMES OF AUGUSTA INC1276 MERRY STREET AUGUSTA,GA 30904	58-1708717	501 (C) (3)	25,678				DONOR DESIGNATED FOR GENERAL SUPPORT	
SAFE HOMES OF AUGUSTA INC1276 MERRY STREET AUGUSTA,GA 30904	58-1708717	501 (C) (3)	71,322				PROGRAM OPERATING COSTS	
SALVATION ARMY AUGUSTA GA1384 GREENE STREET AUGUSTA,GA 30901	58-0660607	501 (C) (3)	16,456				DONOR DESIGNATED FOR GENERAL SUPPORT	
SALVATION ARMY AUGUSTA GA1384 GREENE STREET AUGUSTA,GA 30901	58-0660607	501 (C) (3)	130,013				PROGRAM OPERATING COSTS	
SENIOR CITIZENS COUNCIL OF GREATER218 OAK STREET NORTH SUITE L MARTINEZ,GA 30907	58-1519107	501 (C) (3)	3,815				DONOR DESIGNATED FOR GENERAL SUPPORT	
SENIOR CITIZENS COUNCIL OF GREATER218 OAK STREET NORTH SUITE L MARTINEZ,GA 30907	58-1519107	501 (C) (3)	81,087				PROGRAM OPERATING COSTS	
SHILOH COMPREHENSIVE COMMUNITY CTR1635 FIFTEENTH STREET AUGUSTA,GA 30901	58-1351194	501 (C) (3)	5,735				DONOR DESIGNATED FOR GENERAL SUPPORT	
SHILOH COMPREHENSIVE COMMUNITY CTR1635 FIFTEENTH STREET AUGUSTA,GA 30901	58-1351194	501 (C) (3)	26,265				PROGRAM OPERATING COSTS	
SPCA OF AIKEN401 WIRE ROAD AIKEN,SC 29801	57-0329782	501 (C) (3)	5,992				DONOR DESIGNATED FOR GENERAL SUPPORT	
ST STEPHEN'S MINISTRY OF AUGUSTA924 GREENE STREET AUGUSTA,GA 30901	58-1994437	501 (C) (3)	1,454				DONOR DESIGNATED FOR GENERAL SUPPORT	
ST STEPHEN'S MINISTRY OF AUGUSTA924 GREENE STREET AUGUSTA,GA 30901	58-1994437	501 (C) (3)	15,546				PROGRAM OPERATING COSTS	
THE SPEECH AND HEARING CENTER14 HARPER STREET SUITE C3 AUGUSTA,GA 30901	58-1581103	501 (C) (3)	3,696				DONOR DESIGNATED FOR GENERAL SUPPORT	
THE SPEECH AND HEARING CENTER1430 HARPER STREET SUITE C3 AUGUSTA,GA 30901	58-1581103	501 (C) (3)	10,584				PROGRAM OPERATING COSTS	
UNITED METHODIST CHILDREN'S HOME325 8TH STREET AUGUSTA,GA 30901	58-0632081	501 (C) (3)	15,000				PROGRAM OPERATING COSTS	
YOUNG LIFE OF AIKENPO BOX 5067 AIKEN,SC 29804	84-0385934	501 (C) (3)	22,906				DONOR DESIGNATED FOR GENERAL SUPPORT	
AMERICAN RED CROSS 2025 E STREET NW 7TH FLOOR DEVELOPMENT NE7-034A WASHINGTON,DC 20006	53-0196605	501 (C) (3)	24,183				DONOR DESIGNATED FOR GENERAL SUPPORT	
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY,VA 20151	54-1517707	501 (C) (3)	18,791				DONOR DESIGNATED FOR GENERAL SUPPORT	
ANIMAL CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3193389	501 (C) (3)	26,687				DONOR DESIGNATED FOR GENERAL SUPPORT	
CANCERCURE OF AMERICA CARE UNDERSTAND RESEARCH & FUND1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	81-0648432	501 (C) (3)	35,020				DONOR DESIGNATED FOR GENERAL SUPPORT	
CHARITIES UNDER 1 OVERHEAD1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	27-3132554	501 (C) (3)	7,183				PROGRAM OPERATING COSTS	
CHARITIES UNDER 5 OVERHEAD1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	27-3132492	501 (C) (3)	6,416				PROGRAM OPERATING COSTS	
CHILDREN FIRST- AMERICA'S CHARITIES 14150 NEWBROOK DRRIVE SUITE 110 CHANTILLY,VA 20151	30-0186795	501 (C) (3)	10,406				DONOR DESIGNATED FOR GENERAL SUPPORT	
CHILDREN'S CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3148588	501 (C) (3)	16,032				DONOR DESIGNATED FOR GENERAL SUPPORT	
CHILDREN'S MEDICAL & RESEARCH CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	27-0093393	501 (C) (3)	18,196				DONOR DESIGNATED FOR GENERAL SUPPORT	
CHRISTIAN CHARITIES USA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3255961	501 (C) (3)	17,434				DONOR DESIGNATED FOR GENERAL SUPPORT	
CHRISTIAN SERVICE CHARITIES7620 LITTLE RIVER TURNPIKE SUITE 600 ANNANDALE,VA 22003	94-3193374	501 (C) (3)	22,710				DONOR DESIGNATED FOR GENERAL SUPPORT	
COMMUNITY HEALTH CHARITIES200 NORTH GLEBE RD SUITE 801 ARLINGTON,VA 22203	13-6167225	501 (C) (3)	52,316				DONOR DESIGNATED FOR GENERAL SUPPORT	
COMMUNITY HEALTH CHARITIES OF GEORGIA 200 NORTH GLEBE RD SUITE 801 ARLINGTON,VA 22203	13-6167225	501 (C) (3)	28,203				DONOR DESIGNATED FOR GENERAL SUPPORT	
CONSERVATION & PRESERVATION CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3217738	501 (C) (3)	7,249				DONOR DESIGNATED FOR GENERAL SUPPORT	
DO UNTO OTHERS1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3148590	501 (C) (3)	10,209				PROGRAM OPERATING COSTS	
EARTH SHARE7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA,MD 20814	52-1601960	501 (C) (3)	6,207				DONOR DESIGNATED FOR GENERAL SUPPORT	
FORT GORDON FISHER HOUSE1MWRF-FINANCIAL MANAGEMENT DIVISION BUILDING 29801 FT GORDON,GA 30905	76-0573980	501 (C) (3)	17,303				DONOR DESIGNATED FOR GENERAL SUPPORT	
GLOBAL IMPACT66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA,VA 22314	52-1273585	501 (C) (3)	10,863				DONOR DESIGNATED FOR GENERAL SUPPORT	
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3217739	501 (C) (3)	19,431				DONOR DESIGNATED FOR GENERAL SUPPORT	
HUMAN CARE CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3067804	501 (C) (3)	8,677				DONOR DESIGNATED FOR GENERAL SUPPORT	
MACH ACADEMY INC4360 QUAIL CREEK ROAD MARTINEZ,GA 30907	58-2013645	501 (C) (3)	5,771				DONOR DESIGNATED FOR GENERAL SUPPORT	
MEDICAL RESEARCH CHARITIES7620 LITTLE RIVER TURNPIKE SUITE 600 ANNANDALE,VA 22003	94-3148591	501 (C) (3)	12,543				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)	35,464				DONOR DESIGNATED FOR GENERAL SUPPORT	
MILITARY SUPPORT GROUPS OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	27-2242752	501 (C) (3)	24,678				PROGRAM OPERATING COSTS	
NATIONAL BLACK UNITED FEDERATIONS OF CHARITIES40 CLINTON STREET - 5TH FLOOR NEWARK,NJ 07102	52-1764913	501 (C) (3)	7,538				DONOR DESIGNATED FOR GENERAL SUPPORT	
UNITED WAY OF AIKEN COUNTYPO BOX 699 AIKEN,SC 29802	57-0360086	501 (C) (3)	76,277				DONOR DESIGNATED FOR GENERAL SUPPORT	
USO/UNITED SERVICE ORGANIZATIONS)2111 WILSON BLVD SUITE 1200 ARLINGTON,VA 22201	13-1610451	501 (C) (3)	7,405				DONOR DESIGNATED FOR GENERAL SUPPORT	
WOMEN CHILDREN & FAMILY SERVICE CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3193386	501 (C) (3)	10,135				DONOR DESIGNATED FOR GENERAL SUPPORT	

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
UNITED WAY OF THE CSRA INC

Employer identification number
58-0566155

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	3	305	SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
OTHER GIFTS IN				
25 Other ► (<u>KIND</u>)	X		4,609	COST OR SELLING PRICE OF THE DONATED PROPERTY
ROOM RENTAL AND				
26 Other ► (<u>CATERING</u>)	X	1	5,273	COST OR SELLING PRICE OF THE DONATED PROPERTY
PRINTED MATERIALS, COLOR				
27 Other ► (<u>ADVERTISEMENTS</u>)	X	11	25,593	COST OR SELLING PRICE OF THE DONATED PROPERTY
MENS AND LADIES				
28 Other ► (<u>WATCHES</u>)	X	1	540	COST OR SELLING PRICE OF THE DONATED PROPERTY

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

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

Identifier	Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493203010063	
<div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>		<div>Supplemental Information to Form 990 or 990-EZ</div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>► Attach to Form 990 or 990-EZ.</div>			OMB No 1545-0047
					<div>2012</div> <div>Open to Public Inspection</div>
		Name of the organization UNITED WAY OF THE CSRA INC			Employer identification number 58-0566155

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	UNITED WAY OF THE CSRA SENDS ALL BOARD MEMBERS A COPY OF IRS FORM 990 FOR REVIEW AND COMMENTS AT THE NEXT REGULARLY SCHEDULED MEETING, THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE VOTES TO APPROVE THE FORM FORM 990 IS THEN FILED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	UNITED WAY OF THE CSRA (UWCSRA) HAS A CONFLICT OF INTEREST POLICY ALL STAFF AND BOARD VOLUNTEERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS AND DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS STAFF AND BOARD VOLUNTEERS ARE ASKED TO * AVOID ANY ACTIVITY OR OUTSIDE INTEREST WHICH CONFLICTS OR APPEARS TO CONFLICT WITH THE BEST INTEREST OF UWCSRA * ENSURE THAT OUTSIDE EMPLOYMENT AND OTHER ACTIVITIES DO NOT ADVERSELY AFFECT THE PERFORMANCE OF THEIR UWCSRA DUTIES OR THE ACHIEVEMENT OF UWCSRA'S MISSION * ENSURE THAT TRAVEL, ENTERTAINMENT AND RELATED EXPENSES ARE INCURRED ON A BASIS CONSISTENT WITH THE MISSION OF UWCSRA AND NOT FOR PERSONAL GAIN OR INTERESTS * DECLINE ANY GIFT, GRATUITY OR FAVOR IN THE PERFORMANCE OF UWCSRA DUTIES EXCEPT FOR PROMOTIONAL ITEMS OF NOMINAL VALUE, ANY FOOD, TRANSPORTATION, LODGING OR ENTERTAINMENT UNLESS DIRECTLY RELATED TO UWCSRA BUSINESS * REFRAIN FROM INFLUENCING THE SELECTION OR HIRING OF STAFF, CONSULTANTS OR VENDORS WHO ARE RELATIVES OR PERSONAL FRIENDS, OR AFFILIATED WITH, EMPLOY, OR EMPLOYED BY A UWCSRA PERSON ADDITIONALLY BOARD VOLUNTEERS ARE ASKED TO * REFRAIN FROM TAKING ANY ACTION, OR MAKING ANY STATEMENT, INTENDED TO INFLUENCE THE CONDUCT OF UWCSRA IN SUCH A WAY TO CONFER ANY FINANCIAL BENEFIT ON THEMSELVES, THEIR IMMEDIATE FAMILY MEMBERS OR ANY ORGANIZATION IN WHICH THEY OR THEIR IMMEDIATE FAMILY MEMBERS HAVE A SIGNIFICANT INTEREST AS DIRECTORS OR OFFICERS * DISCLOSE ALL KNOWN CONFLICTS OF INTEREST IN MATTERS BEFORE THE BOARD OF DIRECTORS BOARD MEMBERS OR COMMITTEE MEMBERS SHALL ABSTAIN FROM VOTING ON AN ISSUE OF CONFLICT BOARD MINUTES MUST REFLECT IDENTIFIED CONFLICTS * MEMBERS OF THE BOARD SHALL COMMUNICATE CONFLICTS OF INTEREST IN ONE OF THE FOLLOWING WAYS IN WRITING WHERE CONFLICTS ARE ANTICIPATED OR VERBALLY WHEN ISSUES ARISE GUIDANCE AND DISCLOSURE VOLUNTEERS AND STAFF ARE ENCOURAGED TO SEEK GUIDANCE FROM THE PRESIDENT OR THE SR FINANCE MANAGER CONCERNING THE INTERPRETATION OF A CONFLICT OF INTEREST ANY KNOWN OR POSSIBLE CONFLICTS OF INTEREST SHOULD BE DISCLOSED STAFF SHOULD CONTACT A SUPERVISOR, THE SR FINANCE MANAGER OR THE PRESIDENT VOLUNTEERS SHOULD CONTACT THE PRESIDENT REPORTS OF UNDISCLOSED CONFLICTS WILL BE HANDLED IN THE FOLLOWING MANNER * ALL REPORTS WILL BE TREATED IN CONFIDENCE AS MUCH AS THE ORGANIZATION'S DUTY TO INVESTIGATE AND THE LAW ALLOW IF CONFIDENTIALITY CANNOT BE MAINTAINED, THE INDIVIDUAL DISCLOSING THE POSSIBLE CONFLICT WILL BE NOTIFIED * ALL REPORTED CONFLICTS WILL BE INVESTIGATED EXPEDITIOUSLY AND, IF NEEDED, APPROPRIATE ACTION TAKEN BASED UPON THE POLICIES OF THE ORGANIZATION * RETALIATION AGAINST A PERSON WHO SUSPECTS AND REPORTS A CONFLICT IN GOOD FAITH WILL BE TREATED AS AN INDEPENDENT BREACH OF THE CODE * UWCSRA AFFIRMS PROMPT RESPONSE AND FAIR RESOLUTION OF ALL REPORTED CONFLICTS
	FORM 990, PART VI, SECTION B, LINE 15	PRESIDENT/CEO A SEARCH COMMITTEE IS ORGANIZED FOR THE PURPOSE OF RECRUITING AND NAMING A PRESIDENT/CEO FOR UNITED WAY OF THE CSRA MEMBERS FROM THE BOARD OF DIRECTORS AND AN AGENCY REPRESENTATIVE COMPRISE THE COMMITTEE THE SEARCH COMMITTEE IS LEAD BY THE BOARD'S CHAIR OF HUMAN RESOURCES THE COMMITTEE RESEARCHES AVAILABLE DATA PROVIDED BY UNITED WAY OF AMERICA AS WELL AS OTHER REGIONAL DATA TO DETERMINE A JOB DESCRIPTION, APPROPRIATE SALARY RANGE AND COMPENSATION PACKAGE THE COMMITTEE REPORTS THE RESULTS OF THE SEARCH TO THE FULL BOARD OF DIRECTORS AND MAKES A RECOMMENDATION THE CANDIDATE AND SALARY PACKAGE MUST BE APPROVED BY THE BOARD OF DIRECTORS A CONTRACT OUTLINING JOB DUTIES, SALARY AND BENEFITS IS THEN EXECUTED DIRECTOR OF FINANCE THE PROCESS FOR HIRING AND DETERMINING SALARY AND BENEFITS OF THE DIRECTOR OF FINANCE IS THE SAME AS ABOVE WITH THE FOLLOWING EXCEPTIONS THE SEARCH COMMITTEE IS COMPRISED OF THE FINANCE COMMITTEE AS WELL AS THE PRESIDENT/CEO THE BOARD'S TREASURER CHAIRS THE COMMITTEE
	FORM 990, PART VI, SECTION C, LINE 19	THE BALANCE SHEET IS AVAILABLE ON OUR WEBSITE OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	COMBINED FEDERAL CAMPAIGN NET ASSETS AT 12/31 -94,997
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 2012
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, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANA T ATKINS DIRECTOR	50	X						0	0	0
DR J MICHAEL ASH DIRECTOR	50	X						0	0	0
BECKY FLICKINGER 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
REV DR CHARLES E GOODMAN JR DIRECTOR	50	X						0	0	0
J RANDY JOHNSON 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
SCOTT D JOHNSON 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
TINA MARSHALL-BRADLEY DIRECTOR	50	X						0	0	0
LINDA R LAMARR DIRECTOR	50	X						0	0	0
TED MYERS DIRECTOR	50	X						0	0	0
SANFORD LOYD DIRECTOR	50	X						0	0	0
MAJOR SCOTT PEEBLES 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALTER WILSON 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
JENNIFER PENNINGTON 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
PHILIP VESTAL DIRECTOR	50	X						0	0	0
SAMUEL E TYSON JR DIRECTOR	50	X						0	0	0
LAVERNE GOLD PRESIDENT	53 00			X				102,343	0	11,836
DEBBIE BROWN DIRECTOR OF FINANCE	45 00			X				60,110	0	12,932