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Form 990  Department of the Treasury Internal Revenue Service	<h1>Return of Organization Exempt From Income Tax</h1> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</p> <ul style="list-style-type: none"> ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 	OMB No 1545-0047
		<div>2015</div> <div>Open to Public Inspection</div>

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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		E Telephone number (706) 724-5544
	Number and street (or P O box if mail is not delivered to street address) 1765 BROAD STREET	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code AUGUSTA, GA 30904		G Gross receipts \$ 4,729,304
F Name and address of principal officer LA VERNE GOLD 1765 BROAD STREET AUGUSTA, GA 30904		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1936	M State of legal domicile GA

Part I		Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities UNITED WAY FOCUSES ON ACHIEVING OUTCOMES IN FOUR COMMUNITY IMPACT AREAS DETERMINED TO BE ESSENTIAL IN IMPROVING PEOPLE'S LIVES AND STRENGTHENING OUR COMMUNITY. HELPING YOUTH SUCCEED, PROMOTING HEALTH AND WELLNESS, PROVIDING BASIC NEEDS, AND STRENGTHENING FAMILIES AND INDIVIDUALS WE STRIVE TO ACCOMPLISH THIS THROUGH AN ANNUAL FUNDRAISING CAMPAIGN WHICH PROVIDES FUNDING TO 47 HEALTH AND HUMAN SERVICE PROGRAMS AT 25 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)	31	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	31	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	17	
	6	Total number of volunteers (estimate if necessary)	1,979	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,430,335	4,702,672
	9	Program service revenue (Part VIII, line 2g)	18,070	23,879
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,151	2,753
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,603	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,454,159	4,729,304
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,302,949
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)	972,252	969,337
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) <u>490,080</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	475,659	534,510
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,750,860	4,640,469
19		Revenue less expenses. Subtract line 18 from line 12	-296,701	88,835
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	4,274,052	4,414,705
	21	Total liabilities (Part X, line 26)	1,438,777	1,429,035
	22	Net assets or fund balances. Subtract line 21 from line 20	2,835,275	2,985,670

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	<div>*****</div> <div>Signature of officer</div> <div>2016-05-12</div> <div>Date</div> <div>LA VERNE GOLD PRESIDENT</div> <div>Type or print name and title</div>
	<div>Print/Type preparer's name</div> <div>DERON B STANCIL CPA</div> <div>Preparer's signature</div> <div>DERON B STANCIL CPA</div> <div>Date</div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN</div> <div>P00221718</div> <div>Firm's name ▶ ELLIOTT DAVIS DECOSIMO LLCPLLC</div> <div>Firm's EIN ▶ 57-0381582</div> <div>Firm's address ▶ ONE 10TH STREET SUITE 400</div> <div>Phone no (706) 722-9090</div> <div>AUGUSTA, GA 30901</div>
Paid Preparer Use Only	

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization’s mission

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 \$ 1,907,527 including grants of \$ 1,907,527) (Revenue \$)

PROGRAM FUNDING ALLOCATIONSUSING CONTRIBUTIONS TO THE COMMUNITY INVESTMENT FUND, UNITED WAY OF THE CSRA DISTRIBUTES FUNDING TO 47 HEALTH AND HUMAN SERVICE PROGRAMS AT 25 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) EDUCATION2) INCOME3) HEALTH

4b

(Code) (Expenses \$ 734,990 including grants of \$ 734,990) (Revenue \$ 23,879)

DONOR DESIGNATIONS UNITED WAY OF THE CSRA EXPENSES \$306,475REVENUE \$23,879UNITED 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 APPLICATION2) VERIFICATION OF STATUS AS AN IRS 501(C)3 HEALTH AND HUMAN SERVICE NONPROFIT ORGANIZATION 3) VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACTCOMBINED FEDERAL CAMPAIGN OF THE CSRAEXPENSES \$428,515REVENUE -0-THE COMBINED FEDERAL CAMPAIGN (CFC) PROMOTES AND SUPPORTS PHILANTHROPY THROUGH A PROGRAM THAT IS EMPLOYEE FOCUSED, COST-EFFICIENT, AND EFFECTIVE IN PROVIDING ALL FEDERAL EMPLOYEES THE OPPORTUNITY TO IMPROVE THE QUALITY OF LIFE FOR ALL THROUGH CHARITABLE CONTRIBUTIONS CFC IS THE WORLD'S LARGEST AND MOST SUCCESSFUL ANNUAL WORKPLACE CHARITY CAMPAIGN, WITH LESS THAN 200 CFC OPERATIONS THROUGHOUT THE COUNTRY AND INTERNATIONALLY TO HELP TO RAISE MILLIONS OF DOLLARS EACH YEAR THE COMBINED FEDERAL CAMPAIGN WAS AUTHORIZED BY PRESIDENT JOHN F KENNEDY IN 1961, BY FEDERAL EXECUTIVE ORDER 10927 SINCE THAT TIME, MORE THAN \$7 BILLION HAVE BEEN GENERATED BY THE FEDERAL WORKFORCE 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 IN THE CFC OF THE CENTRAL SAVANNAH RIVER AREA, OVER 18 FEDERAL AGENCIES PARTICIPATE EACH YEAR BY GIVING OF THEIR TIME AND RESOURCES TO CHARITIES LOCALLY, NATIONALLY AND AROUND THE WORLD THE UNITED WAY OF THE CSRA HAS BEEN SELECTED TO SERVE AS THE PRINCIPAL COMBINED FUND ORGANIZATION (PCFO) FOR THE CFC OF THE CSRA THIS ROLE HAS STRICT REQUIREMENTS SET 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 LOCALLY, THE CFC OF THE CSRA CONDUCTS CAMPAIGNS IN RICHMOND, COLUMBIA, BURKE, GLASCOCK, HANCOCK, JENKINS, JEFFERSON, LINCOLN, MCDUFFIE, TALIAFERRO, WILKES & WARREN COUNTIES IN GEORGIA IN SOUTH CAROLINA CAMPAIGNS ARE ADMINISTERED IN THE AIKEN, EDGEFIELD, JACKSON AND MCCORMICK COUNTIES

4c

(Code) (Expenses \$ 492,575 including grants of \$ 459,844) (Revenue \$)

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 20 AMERICORPS VISTA MEMBERS 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 2015, THIS PROGRAM SERVED 19 NONPROFIT AGENCIES, ENGAGED MORE THAN 1,855 VOLUNTEERS IN MORE THAN 14,700 HOURS OF COMMUNITY SERVICE, RAISED OVER \$613,099 OF CASH (GRANTS, DONATIONS AND FUNDRAISING) AND NON-CASH RESOURCES (IN-KIND GOODS AND SERVICES) TO SUPPORT COMMUNITY NONPROFITS, AND IDENTIFIED NUMEROUS PARTNERSHIPS SIX VISTA MEMBERS MOVED INTO EMPLOYMENT AS A DIRECT RESULT OF THEIR VISTA SERVICE WITH THE FINANCIAL SUPPORT OF THE VISTA EDUCATION AWARD, 3 HAVE BEEN ABLE TO PARTICIPATE WHILE CONTINUING THEIR COLLEGE DEGREE PROGRAM 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

See Additional Data

4d















Other program services (Describe in Schedule O)

(Expenses \$ 499,623 including grants of \$ 34,261) (Revenue \$)

4e

Total program service expenses ▶ 3,634,715

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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	No
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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	3	
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.	17	
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" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring 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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

	Yes	No
10a		No
b		
11a	Yes	
b		
12a	Yes	
b	Yes	
c	Yes	
13	Yes	
14	Yes	
15		
a	Yes	
b	Yes	
16a		No
b		
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, address, and telephone number of the person who possesses the organization's books and records	LA VERNE GOLD 1765 BROAD STREET AUGUSTA, GA 30901 (706) 724-5544

Check if Schedule O contains a response or note to any line 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)	174,556	0	35,189

2

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>
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>
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>

Section B. Independent Contractors

1

Name and business address	Description of services	Compensation

2

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,702,672					
	g	Noncash contributions included in lines 1a-1f \$		112,714					
	h	Total. Add lines 1a-1f		4,702,672					
Program Service Revenue			Business Code						
	2a	PLEDGE PROCESSING FEE	561000	23,879	23,879				
	b								
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		23,879					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,753			2,753		
	4	Income from investment of tax-exempt bond proceeds							
	5	Royalties							
	6a	Gross rents	(i) Real	(ii) Personal					
		b	Less rental expenses						
		c	Rental income or (loss)						
		d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b	Less cost or other basis and sales expenses						
		c	Gain or (loss)						
		d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
	b	Less direct expenses	b						
	c	Net income or (loss) from fundraising events							
	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		4,729,304	23,879	0	2,753			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,136,622	3,136,622		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	209,745	48,121	129,586	32,038
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	545,734	178,889	132,353	234,492
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,164	19,687	23,769	17,708
9	Other employee benefits	98,252	32,152	34,575	31,525
10	Payroll taxes	54,442	18,852	19,037	16,553
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	17,000		17,000	
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)	40,967	30,376	6,010	4,581
12	Advertising and promotion	35,369	25	35,344	
13	Office expenses	69,995	2,437	17,915	49,643
14	Information technology				
15	Royalties				
16	Occupancy	89,036	31,698	32,467	24,871
17	Travel	10,784	1,701	627	8,456
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,674	656	5,448	3,570
20	Interest				
21	Payments to affiliates	36,447	14,167	11,164	11,116
22	Depreciation, depletion, and amortization	7,428		7,428	
23	Insurance	1,605	624	491	490
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	MISCELLANEOUS	117,290	110,475	6,771	44
b	SPECIAL EVENTS	75,619	7,552	31,751	36,316
c	AWARDS	18,847	206	239	18,402
d	MEMBERSHIP DUES	4,449	475	3,699	275
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,640,469	3,634,715	515,674	490,080
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 or note to any line in this Part X

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			89,284	1	186,484
	2	Savings and temporary cash investments			2,611,316	2	2,519,213
	3	Pledges and grants receivable, net			1,191,521	3	1,328,316
	4	Accounts receivable, net			158,844	4	176,693
	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			155,947	9	144,288
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	334,736			
	b	Less—accumulated depreciation	10b	275,025	67,140	10c	59,711
	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	
	Liabilities	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)			4,274,052	16	4,414,705
17		Accounts payable and accrued expenses			103,276	17	95,076
18		Grants payable				18	
19		Deferred revenue			32,227	19	96,666
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			1,303,274	25	1,237,293	
26	Total liabilities. Add lines 17 through 25			1,438,777	26	1,429,035	
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			1,296,978	27	1,466,371
	28	Temporarily restricted net assets			1,538,297	28	1,519,299
	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			2,835,275	33	2,985,670
	34	Total liabilities and net assets/fund balances			4,274,052	34	4,414,705

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,729,304
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,640,469
3	Revenue less expenses Subtract line 2 from line 1	3	88,835
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,835,275
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	53,657
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,903
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,985,670

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <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	2a	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	2b	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	2c	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?	3a	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	3b	

Additional Data

Software ID:**Software Version:**

EIN: 58-0566155

Name: UNITED WAY OF THE CSRA INC

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

(Code	(Expenses \$	499,623	including grants of \$	34,261	(Revenue \$)
OTHER UNITED WAY OF THE CSRA PROGRAM SERVICES	ADDITIONAL PROGRAM TO HIGHLIGHT 2-1-1 INFORMATION AND REFERRAL PROGRAM	EXPENSES \$196,677 INCLUDING GRANTS OF \$13,239 (NOTE AMOUNTS INCLUDED IN ABOVE TOTALS)	REVENUE -0-	THE CONCEPT OF 2-1-1 - AN EASY TO REMEMBER 3-DIGIT DIALING CODE THAT CONNECTS PEOPLE WITH PROFESSIONALLY-DELIVERED INFORMATION AND REFERRAL TO HEALTH, COMMUNITY AND HUMAN SERVICES - WAS BORN IN ATLANTA IN 1997 THROUGH THE LEADERSHIP OF UNITED WAY OF METROPOLITAN ATLANTA LOCALLY, 2-1-1 HAS SIGNIFICANT IMPACT ON THE QUALITY OF LIFE THROUGHOUT THE COMMUNITY IN 2015, UNITED WAY OF THE CSRA'S 2-1-1 INFORMATION AND REFERRAL SPECIALISTS ASSISTED 21,000 CALLERS AND 2-1-1'S WEBSITE EXPERIENCED 13,505 SESSIONS IN ADDITION, 2-1-1 PROVIDED SUPPORT TO SPECIFIC AGENCIES THAT OFFERED DIRECT SERVICE IN THE AREAS OF FREE TAX PREPARATION AND EMERGENCY SHELTER 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 ASSISTANCE THROUGH THE FAMILYWIZE PRESCRIPTION ASSISTANCE CARD PROGRAM, UNITED WAY SAVED THE COMMUNITY \$189,269 IN 2015 THESE FREE-OF-CHARGE PRESCRIPTION DISCOUNT CARDS OFFERED BY UNITED WAY WERE USED 8,864 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 \$1,573,117 TO CSRA RESIDENTS CHRISTMAS CLEARINGHOUSE AS 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 2015, 8,832 INDIVIDUALS IN THE CSRA RECEIVED ASSISTANCE THROUGH CLEARINGHOUSE PARTNERS HOMELESS PREVENTION, TRANSPORTATION, AND EMERGENCY SHELTER ASSISTANCE UNITED 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 AND EMERGENCY SHELTER PROGRAMS, HMIS (PATHWAYS) SERVICES, TRANSPORTATION ASSISTANCE, AND UNITED WAY 2-1-1 INFORMATION & REFERRAL SERVICES PROJECT SERVE DAY-OF-CARE EVERY 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 2015, OVER 398 VOLUNTEERS COMPLETED PROJECTS AT 23 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		

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			
ZACK DAFFIN PAST BOARD CHAIR	0 50	X						0	0	0
CHRIS BIRD DIRECTOR	0 50	X						0	0	0
THOMAS M BLANCHARD III BOARD CHAIR	0 50	X						0	0	0
CLINT L BRYANT DIRECTOR	0 50	X						0	0	0
RICK EVANS TREASURER	0 50	X						0	0	0
DR ALICE M FRYE DIRECTOR	0 50	X						0	0	0
SAMUEL E TYSON JR DIRECTOR	0 50	X						0	0	0
J EDWARD ENOCH DIRECTOR	0 50	X						0	0	0
DR ANTHONY T ROBINSON DIRECTOR	0 50	X						0	0	0
DAVID A BELKOSKI DIRECTOR	0 50	X						0	0	0
MICHAEL T CLEARY SR DIRECTOR	0 50	X						0	0	0
SUSAN BARCUS DIRECTOR	0 50	X						0	0	0
WILLIAM C BOHLING DIRECTOR	0 50	X						0	0	0
MARC DUFOUR DIRECTOR	0 50	X						0	0	0
REV DR CHARLES E GOODMAN JR DIRECTOR	0 50	X						0	0	0
DICK JACKSON DIRECTOR	0 50	X						0	0	0
SCOTT D JOHNSON DIRECTOR	0 50	X						0	0	0
WILLIAM CLEVELAND DIRECTOR	0 50	X						0	0	0
MAJOR SCOTT PEEBLES DIRECTOR	0 50	X						0	0	0
SCOTT ELLEDGE DIRECTOR	0 50	X						0	0	0
WILBERT T ROBERTS DIRECTOR	0 50	X						0	0	0
SHELIA STUBERFIELD DIRECTOR	0 50	X						0	0	0
MARK HADDON DIRECTOR	0 50	X						0	0	0
FRAN FOREHAND DIRECTOR	0 50	X						0	0	0
JANICE ALLEN JACKSON DIRECTOR	0 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			
KINESHA N PONDER DIRECTOR	0 50	X						0	0	0
MARY PAT TUBB DIRECTOR	0 50	X						0	0	0
LAURENE E ROWELL DIRECTOR	0 50	X						0	0	0
KEITH TABER DIRECTOR	0 50	X						0	0	0
BILL WOLFE DIRECTOR	0 50	X						0	0	0
PATRICIA PADEZANIN DIRECTOR	0 50	X						0	0	0
LAVERNE GOLD PRESIDENT	53 00			X				107,694	0	20,457
DEBBIE BROWN DIRECTOR OF FINANCE	45 00			X				66,862	0	14,732

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	4,531,905	4,708,985	4,745,585	4,430,335	4,960,672	23,377,482
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	4,531,905	4,708,985	4,745,585	4,430,335	4,960,672	23,377,482
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						23,377,482

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	4,531,905	4,708,985	4,745,585	4,430,335	4,960,672	23,377,482
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,596	4,168	3,755	3,151	2,753	21,423
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 VI)	6,588	10,867	1,934	2,603		21,992
11 Total support. Add lines 7 through 10						23,420,897
12 Gross receipts from related activities, etc (see instructions)					12	61,889
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						13

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99 810 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	99 740 %
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2014.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

Part IIISupport Schedule for Organizations Described in 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13Total support. (Add lines 9, 10c, 11, and 12.)						
14First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
15Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15					
16Public support percentage from 2014 Schedule A, Part III, line 15	16					

Section D. Computation of Investment Income Percentage		
17	Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from 2014 Schedule A, Part III, line 17	18
19a	33 1/3% support tests—2015. 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	<input type="checkbox"/>
b	33 1/3% support tests—2014. 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	<input type="checkbox"/>
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>			
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>			
<div>a</div> <div>Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>			
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.</i></div>			
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>			
<div>a</div> <div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div>			
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, handling of violations, and enforcing conservation easements during the year
► _____

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

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

(continued)

3

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

a

☐ Public exhibition

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" on 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, for escrow or custodial account liability?

☐ 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 on 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

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		15,223		15,223
b Buildings		241,092	206,014	35,078
c Leasehold improvements				
d Equipment		78,421	69,011	9,410
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				59,711

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	4,367,535
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	311,657	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	123,673	
e	Add lines 2a through 2d		2e	435,330
3	Subtract line 2e from line 1		3	3,932,205
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	797,099	
c	Add lines 4a and 4b		4c	797,099
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	4,729,304

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	4,217,131
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	311,657	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	123,673	
e	Add lines 2a through 2d		2e	435,330
3	Subtract line 2e from line 1		3	3,781,801
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	858,668	
c	Add lines 4a and 4b		4c	858,668
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	4,640,469

Part XIII Supplemental Information

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

Return Reference	Explanation
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, 2015 AND BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS BEFORE 2012
PART XI, LINE 2D - OTHER ADJUSTMENTS	CFC REIMBURSEMENTS TO UWCSRA 123,673
PART XI, LINE 4B - OTHER ADJUSTMENTS	COMBINED FEDERAL CAMPAIGN 490,624 DESIGNATION EXPENSES NETTED AGAINST REVENUE 306,475
PART XII, LINE 2D - OTHER ADJUSTMENTS	CFC EXPENSES PAID FOR BY UWCSRA 123,673
PART XII, LINE 4B - OTHER ADJUSTMENTS	COMBINED FEDERAL CAMPAIGN 552,193 DESIGNATION EXPENSES NETTED AGAINST REVENUE 306,475

[illegible]

OMB No 1545-0047

▶ **Attach to Form 990.**

**Open to Public
Inspection**

58-0566155

☒ Yes ☐ No

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

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

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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 47 HEALTH AND HUMAN SERVICE PROGRAMS AT 25 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) EDUCATION 2) INCOME 3) HEALTH 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 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 ACT THE COMBINED FEDERAL CAMPAIGN (CFC) PROMOTES AND SUPPORTS PHILANTHROPY THROUGH A PROGRAM THAT IS EMPLOYEE FOCUSED, COST-EFFICIENT, AND EFFECTIVE IN PROVIDING ALL FEDERAL EMPLOYEES THE OPPORTUNITY TO IMPROVE THE QUALITY OF LIFE FOR ALL THROUGH CHARITABLE CONTRIBUTIONS CFC IS THE WORLD'S LARGEST AND MOST SUCCESSFUL ANNUAL WORKPLACE CHARITY CAMPAIGN, WITH LESS THAN 200 CFC OPERATIONS THROUGHOUT THE COUNTRY AND INTERNATIONALLY TO HELP TO RAISE MILLIONS OF DOLLARS EACH YEAR THE COMBINED FEDERAL CAMPAIGN WAS AUTHORIZED BY PRESIDENT JOHN F KENNEDY IN 1961, BY FEDERAL EXECUTIVE ORDER 10927 SINCE THAT TIME, MORE THAN \$7 BILLION HAVE BEEN GENERATED BY THE FEDERAL WORKFORCE 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 IN THE CFC OF THE CENTRAL SAVANNAH RIVER AREA, OVER 18 FEDERAL AGENCIES PARTICIPATE EACH YEAR BY GIVING OF THEIR TIME AND RESOURCES TO CHARITIES LOCALLY, NATIONALLY AND AROUND THE WORLD THE UNITED WAY OF THE CSRA HAS BEEN SELECTED TO SERVE AS THE PRINCIPAL COMBINED FUND ORGANIZATION (PCFO) FOR THE CFC OF THE CSRA THIS ROLE HAS STRICT REQUIREMENTS SET 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 LOCALLY, THE CFC OF THE CSRA CONDUCTS CAMPAIGNS IN RICHMOND, COLUMBIA, BURKE, GLASCOCK, HANCOCK, JENKINS, JEFFERSON, LINCOLN, MCDUFFIE, TALIAFERRO, WILKES & WARREN COUNTIES IN GEORGIA IN SOUTH CAROLINA CAMPAIGNS ARE ADMINISTERED IN THE AIKEN, EDGEFIELD, JACKSON AND MCCORMICK COUNTIES
PART II	IN ADDITION TO DISTRIBUTIONS REPORTED IN SCHEDULE I PART II, UNITED WAY OF THE CSRA ALSO MADE DISTRIBUTIONS TO 275 AGENCIES THAT RECEIVED LESS THAN \$5,000 AGGREGATE DOLLARS DISTRIBUTED TO THESE AGENCIES TOTALED \$279,094

Additional Data

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY AUGUSTA 220 LAKE BLVD ATLANTA,GA 30319	58-0659875	501 (C) (3)	5,866				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS AUGUSTA CHAPTER 1322 ELLIS STREET AUGUSTA,GA 30901	58-0568699	501 (C) (3)	18,096				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS AUGUSTA CHAPTER 1322 ELLIS STREET AUGUSTA,GA 30901	58-0568699	501 (C) (3)	217,904				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS AUGUSTA CHAPTER 1323 ELLIS STREET AUGUSTA,GA 30901	58-0568699	501 (C) (3)	2,032				PROGRAM OPERATING COSTS
AUGUSTA TRAINING SHOP INC 1704 JENKINS STREET AUGUSTA,GA 30904	58-0632778	501 (C) (3)	9,336				DONOR DESIGNATED FOR GENERAL SUPPORT
AUGUSTA TRAINING SHOP INC 1704 JENKINS STREET AUGUSTA,GA 30904	58-0632778	501 (C) (3)	64,664				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA GEORGIA-CAROLINA 1450 GREENE STREET SUITE 150 AUGUSTA,GA 30901	58-0566185	501 (C) (3)	13,161				DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA GEORGIA-CAROLINA 1450 GREENE STREET SUITE 150 AUGUSTA,GA 30901	58-0566185	501 (C) (3)	136,839				PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF AUGUSTA 1903 DIVISION STREET AUGUSTA,GA 30901	58-0610382	501 (C) (3)	16,644				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF AUGUSTA 1903 DIVISION STREET AUGUSTA,GA 30901	58-0610382	501 (C) (3)	138,956				PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES 811 12TH STREET AUGUSTA,GA 30901	58-1368093	501 (C) (3)	8,851				DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC SOCIAL SERVICES 811 12TH STREET AUGUSTA,GA 30901	58-1368093	501 (C) (3)	6,000				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA,GA 30914	58-1287799	501 (C) (3)	9,255				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA,GA 30914	58-1287799	501 (C) (3)	45,745				PROGRAM OPERATING COSTS
CHRIST COMMUNITY HEALTH SERVICES PO BOX 2344 AUGUSTA,GA 30903	20-5404353	501 (C) (3)	5,800				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST COMMUNITY HEALTH SERVICES PO BOX 2344 AUGUSTA,GA 30903	20-5404353	501 (C) (3)	60,200				PROGRAM OPERATING COSTS
COLUMBIA COUNTY COMMUNITY CONNECTIONS PO BOX 3006 EVANS,GA 30809	58-2658852	501 (C) (3)	2,942				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBIA COUNTY COMMUNITY CONNECTIONS PO BOX 3006 EVANS,GA 30809	58-2658852	501 (C) (3)	42,058				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS BURKE CTY 229 E 6TH STREET WAYNESBORO,GA 30830	58-1960654	501 (C) (3)	1,817				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITIES IN SCHOOLS BURKE CTY 229 E 6TH STREET WAYNESBORO,GA 30830	58-1960654	501 (C) (3)	35,183				PROGRAM OPERATING COSTS
EASTER SEALS EAST GEORGIA 1500 WRIGHTSBORO RAOD AUGUSTA,GA 30903	58-1918315	501 (C) (3)	1,359				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS EAST GEORGIA 1500 WRIGHTSBORO RAOD AUGUSTA,GA 30903	58-1918315	501 (C) (3)	56,641				PROGRAM OPERATING COSTS
FAMILY COUNSELING CENTER OF THE CSRA 3711 EXECUTIVE CENTER DRIVE SUITE 201 MARTINEZ,GA 30907	58-1388519	501 (C) (3)	378				DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY COUNSELING CENTER OF THE CSRA 3711 EXECUTIVE CENTER DRIVE SUITE 201 MARTINEZ,GA 30907	58-1388519	501 (C) (3)	104,622				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY Y THE 3570 WHEELER ROAD AUGUSTA,GA 30909	58-0566254	501 (C) (3)	3,139				DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY Y THE 3570 WHEELER ROAD AUGUSTA,GA 30909	58-0566254	501 (C) (3)	291,861				PROGRAM OPERATING COSTS
FIRESIDE MINISTRIES (PRESBYTERIAN EVANGELISTIC FELLOWSHIP INC) 226 GREENE STREET AUGUSTA,GA 30901	58-6065089	501 (C) (3)	11,835				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRESIDE MINISTRIES (PRESBYTERIAN EVANGELISTIC FELLOWSHIP INC) 226 GREENE STREET AUGUSTA,GA 30901	58-6065089	501 (C) (3)	20,165				PROGRAM OPERATING COSTS
FIRST BAPTIST CHURCH OF AUGUSTA PO BOX 14489 AUGUSTA,GA 30919	58-0644905	501 (C) (3)	18,308				PROGRAM OPERATING COSTS
FRIENDSHIP COMMUNITY CENTER 1720 CENTRAL AVENUE AUGUSTA,GA 30904	58-1788566	501 (C) (3)	3,961				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP COMMUNITY CENTER 1720 CENTRAL AVENUE AUGUSTA,GA 30904	58-1788566	501 (C) (3)	78,039				PROGRAM OPERATING COSTS
GIRL SCOUTS CENTRAL SAVANNAH RIVER 1325 GREENE STREET AUGUSTA,GA 30901	56-0566130	501 (C) (3)	2,005				DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS CENTRAL SAVANNAH RIVER 1325 GREENE STREET AUGUSTA,GA 30901	56-0566130	501 (C) (3)	83,995				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN HARVEST FOOD BANK INC 3310 COMMERCE DR AUGUSTA,GA 30909	58-1466516	501 (C) (3)	5,198				DONOR DESIGNATED FOR GENERAL SUPPORT
GREENPATH INC 36500 CORPORATE DRIVE FARMINGTON HILLS,MI 48331	38-6142925	501 (C) (3)	10,000				PROGRAM OPERATING COSTS
HERITAGE ACADEMY 333 GREENE ST AUGUSTA,GA 30901	31-1727988	501 (C) (3)	5,605				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HINDU TEMPLE OF AUGUSTA PO BOX 204264 AUGUSTA,GA 30917	58-0011356	501 (C) (3)	8,076				DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE HOUSE PO BOX 3597 AUGUSTA,GA 30914	58-2074040	501 (C) (3)	5,339				DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE HOUSE PO BOX 3597 AUGUSTA,GA 30914	58-2074040	501 (C) (3)	38,661				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL SOCIETY OF BLACK ENGINEERS PO BOX 105 AUGUSTA,GA 30904	58-1942035	501 (C) (3)	5,908				DONOR DESIGNATED FOR GENERAL SUPPORT
RAPE CRISIS & SEXUAL ASSAULT SERV 1350 WALTON WAY AUGUSTA,GA 30901	58-1581103	501 (C) (3)	6,934				DONOR DESIGNATED FOR GENERAL SUPPORT
RAPE CRISIS & SEXUAL ASSAULT SERV 1350 WALTON WAY AUGUSTA,GA 30901	58-1581103	501 (C) (3)	61,066				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES AUGUSTA PO BOX 14189 AUGUSTA,GA 30919	58-1509465	501 (C) (3)	18,842				DONOR DESIGNATED FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES AUGUSTA PO BOX 14189 AUGUSTA,GA 30919	58-1509465	501 (C) (3)	24,158				PROGRAM OPERATING COSTS
SAFE HOMES OF AUGUSTA INC 1276 MERRY STREET AUGUSTA,GA 30904	58-1708717	501 (C) (3)	27,666				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HOMES OF AUGUSTA INC 1276 MERRY STREET AUGUSTA, GA 30904	58-1708717	501 (C) (3)	64,334				PROGRAM OPERATING COSTS
SALVATION ARMY AUGUSTA GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501 (C) (3)	15,508				DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY AUGUSTA GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501 (C) (3)	120,492				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR CITIZENS COUNCIL OF GREATER 218 OAK STREET NORTH SUITE L MARTINEZ,GA 30907	58-1519107	501 (C) (3)	2,108				DONOR DESIGNATED FOR GENERAL SUPPORT
SENIOR CITIZENS COUNCIL OF GREATER 218 OAK STREET NORTH SUITE L MARTINEZ,GA 30907	58-1519107	501 (C) (3)	73,892				PROGRAM OPERATING COSTS
SHILOH COMPREHENSIVE COMMUNITY CTR 1635 FIFTEENTH STREET AUGUSTA,GA 30901	58-1351194	501 (C) (3)	4,540				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHILOH COMPREHENSIVE COMMUNITY CTR 1635 FIFTEENTH STREET AUGUSTA,GA 30901	58-1351194	501 (C) (3)	5,460				PROGRAM OPERATING COSTS
ST STEPHEN'S MINISTRY OF AUGUSTA 924 GREENE STREET AUGUSTA,GA 30901	58-1994437	501 (C) (3)	3,838				DONOR DESIGNATED FOR GENERAL SUPPORT
ST STEPHEN'S MINISTRY OF AUGUSTA 924 GREENE STREET AUGUSTA,GA 30901	58-1994437	501 (C) (3)	11,662				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SPEECH AND HEARING CENTER 1430 HARPER STREET SUITE C3 AUGUSTA,GA 30901	58-1581103	501 (C) (3)	2,659				DONOR DESIGNATED FOR GENERAL SUPPORT
THE SPEECH AND HEARING CENTER 1430 HARPER STREET SUITE C3 AUGUSTA,GA 30901	58-1581103	501 (C) (3)	11,341				PROGRAM OPERATING COSTS
UNITED METHODIST CHILDREN'S HOME 325 8TH STREET AUGUSTA,GA 30901	58-0632081	501 (C) (3)	6,000				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE OF AIKEN 405 YORK STREET NE AIKEN,SC 29801	84-0385934	501 (C) (3)	22,204				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	53-0196605	501 (C) (3)	10,493				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY,VA 20151	54-1517707	501 (C) (3)	6,899				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3193389	501 (C) (3)	25,007				DONOR DESIGNATED FOR GENERAL SUPPORT
CANCERCURE OF AMERICA CARE UNDERSTAND RESEARCH & FUND 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	81-0648432	501 (C) (3)	10,433				DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC SERVICE ORGANIZATIONS OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	45-1679647	501 (C) (3)	17,404				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARITIES UNDER 1 OVERHEAD 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	27-3132554	501 (C) (3)	9,270				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN FIRST-AMERICA'S CHARITIES 14150 NEWBROOK DRRIVE SUITE 110 CHANTILLY,VA 20151	30-0186795	501 (C) (3)	5,422				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN'S CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3148588	501 (C) (3)	11,035				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MEDICAL & RESEARCH CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	27-0093393	501 (C) (3)	5,994				DONOR DESIGNATED FOR GENERAL SUPPORT
CHRISTIAN CHARITIES USA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3255961	501 (C) (3)	8,226				DONOR DESIGNATED FOR GENERAL SUPPORT
CHRISTIAN SERVICE CHARITIES 7620 LITTLE RIVER TURNPIKE SUITE 600 ANNANDALE,VA 22003	94-3193374	501 (C) (3)	19,060				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES 200 NORTH GLEBE RD SUITE 801 ARLINGTON,VA 22203	13-6167225	501 (C) (3)	48,165				DONOR DESIGNATED FOR GENERAL SUPPORT
CONSERVATION & PRESERVATION CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3217738	501 (C) (3)	5,111				DONOR DESIGNATED FOR GENERAL SUPPORT
FORT GORDON FISHER HOUSE IMWRF-FINANCIAL MANAGEMENT DIVISON BUILDING 29801 FT GORDON,GA 30905	76-0573980	501 (C) (3)	10,027				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH FIRST - AMERICAN'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY,VA 20151	30-0186796	501 (C) (3)	7,412				DONOR DESIGNATED FOR GENERAL SUPPORT
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3217739	501 (C) (3)	23,821				DONOR DESIGNATED FOR GENERAL SUPPORT
MACH ACADEMY INC 4360 QUAIL CREEK ROAD MARTINEZ,GA 30907	58-2013645	501 (C) (3)	5,627				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL RESEARCH CHARITIES 7620 LITTLE RIVER TURNPIKE SUITE 600 ANNANDALE,VA 22003	94-3148591	501 (C) (3)	8,555				DONOR DESIGNATED FOR GENERAL SUPPORT
MILITARY VETERANS & PATRIOTIC SERVICE ORGANIZATIONS OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3193418	501 (C) (3)	26,637				DONOR DESIGNATED FOR GENERAL SUPPORT
MILITARY SUPPORT GROUPS OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	27-2242752	501 (C) (3)	14,294				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF AIKEN COUNTY PO BOX 699 AIKEN,SC 29802	57-0360086	501 (C) (3)	54,320				DONOR DESIGNATED FOR GENERAL SUPPORT
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 300 JACKSONVILLE,FL 32256	20-2370934	501 (C) (3)	6,589				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)	5,644				DONOR DESIGNATED FOR GENERAL SUPPORT

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (ADVERTISING MATERIALS)	X	1	81,277	COST OR SELLING PRIC
26 Other ► (PRINTED MATERIALS, COLOR ADVERTISEMENTS)	X	2	30,504	COST OR SELLING PRIC
27 Other ► (ROOM RENTAL AND CATERING)	X	2	473	COST OR SELLING PRIC
28 Other ► (MENS AND LADIES WATCHES)	X	1	460	COST OR SELLING PRIC

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 through 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?

Yes

No

30a

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?

Yes

No

31

No

32a

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

Yes

No

32a

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

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

Cat No 51227J

Schedule M (Form 990) (2015)

Part II

Supplemental Information.

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization UNITED WAY OF THE CSRA INC	Employer identification number 58-0566155
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990 Schedule O, Supplemental Information

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
FORM 990, PART XI, LINE 9	COMBINED FEDERAL CAMPAIGN NET ASSETS AT 12/31 7,903
PART XI LINE 2C	AUDIT COMMITTEE PROCESS THE AUDIT COMMITTEE BELIEVES ITS PROCESSES PERTAINING TO THE OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS IS EFFECTIVE AND DID NOT CHANGE THIS PROCESS IN 2015
SCHEDULE I PART II	FULL DESCRIPTIONS FOR PURPOSE OF GRANT ASSISTANCE PROGRAM OPERATING COST - A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES DONOR DESIGNATED FOR GENERAL SUPPORT - AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS