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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
UNITED WAY OF THE CSRA INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 1765 BROAD STREET | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
AUGUSTA, GA 30904

D Employer identification number
58-0566155

E Telephone number
(706) 724-5544

G Gross receipts $ 3,803,258

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? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW UWCSRA ORG

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

L Year of formation 1936

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UNITED WAY FOCUSES ON ACHIEVING OUTCOMES IN THREE COMMUNITY IMPACT AREAS DETERMINED TO BE ESSENTIAL IN CREATING LASTING CHANGES AND TRANSFORMING LIVES THESE AREAS ARE EDUCATION, INCOME AND HEALTH WE STRIVE TO ACCOMPLISH THIS THROUGH AN ANNUAL FUNDRAISING CAMPAIGN WHICH PROVIDES FUNDING TO 46 HEALTH AND HUMAN SERVICE PROGRAMS AT 24 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

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	36
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	17
6	Total number of volunteers (estimate if necessary)	**6**	2,080
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,702,672	3,779,335
9	Program service revenue (Part VIII, line 2g)	23,879	20,127
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,753	3,796
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,729,304	3,803,258

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,136,622	2,871,742
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)	969,337	950,889
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶498,481		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	534,510	603,285
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,640,469	4,425,916
19	Revenue less expenses Subtract line 18 from line 12	88,835	-622,658

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,414,705	3,939,777
21	Total liabilities (Part X, line 26)	1,429,035	1,492,226
22	Net assets or fund balances Subtract line 21 from line 20	2,985,670	2,447,551

Net Assets or Fund Balances

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

****** 2017-05-10
Signature of officer Date

LA VERNE GOLD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JESSICA C CAIN CPA	JESSICA C CAIN CPA			P01276209

Firm's name ▶ ELLIOTT DAVIS DECOSIMO LLC PLLC | Firm's EIN ▶ 57-0381582

Firm's address ▶ ONE 10TH STREET SUITE 400
AUGUSTA, GA 30901 | Phone no (706) 722-9090

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

UNITED WAY OF THE CSRA UNITES PEOPLE AND MOBILIZES COMMUNITY RESOURCES TO CREATE LASTING CHANGES THAT TRANSFORM LIVES

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 $ 1,914,465 including grants of $ 1,914,465) (Revenue $)

PROGRAM FUNDING ALLOCATIONSUSING CONTRIBUTIONS TO THE COMMUNITY INVESTMENT FUND, UNITED WAY OF THE CSRA DISTRIBUTES FUNDING TO 46 HEALTH AND HUMAN SERVICE PROGRAMS AT 24 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 $ 623,089 including grants of $ 623,089) (Revenue $ 20,127)

DONOR DESIGNATIONS UNITED WAY OF THE CSRA EXPENSES $230,258REVENUE $20,127UNITED WAY OFFERS DONOR CHOICE OPTIONS THROUGH OUR ANNUAL CAMPAIGN DONORS MAY OPT TO DONATE TO A NUMBER OF HEALTH AND HUMAN SERVICE AGENCIES APPROXIMATELY 120 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 $392,831REVENUE -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 $ 323,840 including grants of $ 291,193) (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 13 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 2016, THIS PROGRAM SERVED 10 NONPROFIT AGENCIES TO INCLUDE THE MAYOR'S MY BROTHER'S KEEPER PROGRAM AND NINE LOCAL ELEMENTARY SCHOOLS THE MEMBERS HAVE RAISED OVER $16,214 OF CASH (GRANTS, DONATIONS AND FUNDRAISING) AND NON-CASH RESOURCES (IN-KIND GOODS AND SERVICES) TO SUPPORT THE EARLY LEARNING AND YOUTH ENGAGEMENT PROGRAMS OF THE COMMUNITY SEVEN VISTA MEMBERS MOVED INTO EMPLOYMENT AS A DIRECT RESULT OF THEIR VISTA SERVICE THE ORGANIZATION'S VISION IS TO KEEP ABREAST OF COMMUNITY NEEDS AND IDENTIFY RESOURCES AND FUNDING STREAMS THAT ASSIST IN STRENGTHENING AND BUILDING NONPROFIT CAPACITY TO DELIVER QUALITY PROGRAMS AND SERVICES TO PERSONS AND FAMILIES EXPERIENCING POVERTY IN OUR SERVICE AREA

(Code) (Expenses $ 508,369 including grants of $ 42,995) (Revenue $ 0)

OTHER UNITED WAY OF THE CSRA PROGRAM SERVICESADDITIONAL PROGRAM TO HIGHLIGHT 2-1-1 INFORMATION AND REFERRAL PROGRAMEXPENSES $198,596 INCLUDING GRANTS OF $8,513 (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 2016, UNITED WAY OF THE CSRA'S 2-1-1 INFORMATION AND REFERRAL SPECIALISTS ASSISTED 18,441 CALLERS AND 2-1-1'S WEBSITE EXPERIENCED 22,543 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 ASSISTANCETHROUGH THE FAMILYWIZE PRESCRIPTION ASSISTANCE CARD PROGRAM, UNITED WAY SAVED THE COMMUNITY $226,366 IN 2016 THESE FREE-OF-CHARGE PRESCRIPTION DISCOUNT CARDS OFFERED BY UNITED WAY WERE USED 7,545 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 $1,800,061 TO CSRA RESIDENTS CHRISTMAS CLEARINGHOUSEAS CO-ADMINISTRATOR OF THE CSRA CHRISTMAS CLEARINGHOUSE, UNITED WAY COLLABORATES WITH OVER 40 LOCAL NON-PROFITS, CHURCHES, SCHOOLS, GOVERNMENT ENTITIES AND CIVIC GROUPS TO PROVIDE HOLIDAY ASSISTANCE THE MISSION OF THE CHRISTMAS CLEARINGHOUSE IS TO FAIRLY DISTRIBUTE HOLIDAY ASSISTANCE SO THAT NO FAMILY IS HELPED BY MORE THAN ONE AGENCY UNTIL ALL NEEDY FAMILIES HAVE BEEN HELPED THROUGH THE USE OF AN ONLINE SYSTEM, LOCAL NON-PROFITS, FAITH-BASED, GOVERNMENT AND CIVIC ORGANIZATIONS CHECK THE NAMES OF THEIR APPLICANTS TO ENSURE THEY ARE NOT BEING SERVED BY OTHER ORGANIZATIONS BY REDUCING DUPLICATIONS, MORE INDIVIDUALS IN NEED CAN BE ASSISTED WITH TOYS AND FOOD THE CLEARINGHOUSE SIMULTANEOUSLY REDUCES DUPLICATION AND INCREASES THE RESOURCES AVAILABLE TO SERVE INDIVIDUALS AND FAMILIES THAT ARE IN THE GREATEST NEED IN OUR COMMUNITY THE PROJECT INCLUDES COORDINATING EFFORTS TO REACH EIGHT OUTLYING COUNTIES IN 2016, 10,608 INDIVIDUALS IN THE CSRA RECEIVED ASSISTANCE THROUGH CLEARINGHOUSE PARTNERS HOMELESS PREVENTION, TRANSPORTATION, AND EMERGENCY SHELTER ASSISTANCEUNITED WAY SERVES AS A COMMUNITY INTERMEDIARY SPONSOR FOR PROVIDING VITAL HEALTH & HUMAN SERVICES TO THE MULTITUDE OF INDIVIDUALS AND FAMILIES IN THE CSRA WHO ARE IN DANGER OF BECOMING HOMELESS DUE TO ECONOMIC, PERSONAL, AND SOCIAL ISSUES IN COORDINATION WITH SEVERAL KEY COMMUNITY AND STATE PARTNERS AND FUNDERS, UNITED WAY ADMINISTERS HOMELESS PREVENTION AND EMERGENCY SHELTER PROGRAMS, HMIS (PATHWAYS) SERVICES, TRANSPORTATION ASSISTANCE, AND UNITED WAY 2-1-1 INFORMATION & REFERRAL SERVICES PROJECT SERVE DAY-OF-CARINGEVERY SPRING, THROUGH UNITED WAY'S EFFORTS, VOLUNTEERS FROM LOCAL COMPANIES GO OUT TO LOCAL NON-PROFIT ORGANIZATIONS TO COMPLETE PROJECTS RANGING FROM PAINTING AND LANDSCAPING TO PLAYGROUND INSTALLATION WITHOUT THE HELP OF THESE GENEROUS VOLUNTEERS, MOST OF THESE AGENCIES COULD NOT AFFORD TO HAVE THIS MUCH-NEEDED WORK DONE VOLUNTEERS WALK AWAY WITH AN INCREASED AWARENESS OF COMMUNITY NEEDS AND AN ENHANCED COMMITMENT TO UNITED WAY'S WORK IN THE COMMUNITY IN 2016, OVER 430 VOLUNTEERS COMPLETED PROJECTS AT 25 LOCAL NON-PROFIT AGENCIES, SAVING THESE AGENCIES COUNTLESS DOLLARS AND ALLOWING THEM TO HAVE AN ENHANCED FOCUS ON PROGRAM DELIVERY OTHER GRANTS AND INITIATIVESTHROUGH OTHER SPECIAL GRANTS, INITIATIVES AND COLLABORATIONS, UNITED WAY POSITIONS ITSELF AS A COMMUNITY LEADER IN ADDRESSING NEEDS THESE PROJECTS INCLUDE ADDITIONAL FEDERAL, STATE, AND LOCAL GRANTS, SPECIAL ASSISTANCE, COMMUNITY ENGAGEMENT, EARLY CHILDHOOD TRAINING AND EDUCATION, AND A HOST OF OTHER PROJECTS UNITED WAY SEEKS OUT COLLABORATIONS WITH THE CORPORATE, NON-PROFIT, FAITH-BASED, GOVERNMENT, CIVIC AND EDUCATIONAL COMMUNITIES AND CONTINUALLY ENGAGES NEW PARTNERS AND STRATEGIES

4d Other program services (Describe in Schedule O)

(Expenses $ 508,369 including grants of $ 42,995) (Revenue $ 0)

4e **Total program service expenses ▶** 3,369,763

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**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 . .	**1a**	2		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	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	1a	36		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	36		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ GA , SC

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, 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

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

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

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

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

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

(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								177,056	0	45,852

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

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	3,779,335		
	g Noncash contributions included in lines 1a-1f $ 90,809				
	h **Total.** Add lines 1a-1f . . . . . ▶		3,779,335		

Program Service Revenue		Business Code				
	2a PLEDGE PROCESSING FEE	561000	20,127	20,127		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		20,127			

Other Revenue					
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	3,796			3,796
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	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 . . . . . ▶	3,803,258	20,127	0	3,796

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,871,742	2,871,742		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	222,908	57,506	134,645	30,757
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	511,200	131,748	132,272	247,180
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	66,364	17,527	26,381	22,456
9 Other employee benefits	97,684	33,666	32,584	31,434
10 Payroll taxes	52,733	15,072	20,087	17,574
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	19,300		19,300	
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)	40,464	30,295	5,330	4,839
12 Advertising and promotion	53,727	20	53,707	
13 Office expenses	84,307	28,515	10,941	44,851
14 Information technology				
15 Royalties				
16 Occupancy	82,875	20,519	49,851	12,505
17 Travel	10,488	2,491	1,232	6,765
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,507	2,231	6,295	6,981
20 Interest				
21 Payments to affiliates	39,621	13,079	12,972	13,570
22 Depreciation, depletion, and amortization	6,329		6,329	
23 Insurance	1,874	619	613	642
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	142,289	134,909	7,311	69
b SPECIAL EVENTS	84,708	9,588	33,833	41,287
c AWARDS	17,662	36	330	17,296
d MEMBERSHIP DUES	4,134	200	3,659	275
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	4,425,916	3,369,763	557,672	498,481
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	186,484	1	119,441
	2	Savings and temporary cash investments	2,519,213	2	2,507,982
	3	Pledges and grants receivable, net	1,328,316	3	935,221
	4	Accounts receivable, net	176,693	4	182,033
	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	144,288	9	134,527
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 341,926			
	b	Less accumulated depreciation — 10b: 281,353	59,711	10c	60,573
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,414,705	16	3,939,777
Liabilities	17	Accounts payable and accrued expenses	95,076	17	121,503
	18	Grants payable		18	
	19	Deferred revenue	96,666	19	109,656
	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	1,237,293	25	1,261,067
	26	**Total liabilities.** Add lines 17 through 25	1,429,035	26	1,492,226
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,466,371	27	1,419,534
	28	Temporarily restricted net assets	1,519,299	28	1,028,017
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,985,670	33	2,447,551
	34	Total liabilities and net assets/fund balances	4,414,705	34	3,939,777

Part XI Reconcilliation 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	3,803,258
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,425,916
3	Revenue less expenses Subtract line 2 from line 1	3	-622,658
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,985,670
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	51,637
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	32,902
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,447,551

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 58-0566155

Name: UNITED WAY OF THE CSRA INC

Form 990 (2016)

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			
CHRIS BIRD DIRECTOR	0 50	X						0	0	0
THOMAS M BLANCHARD III PAST 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

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			
MARC DUFOUR DIRECTOR	0 50	X						0	0	0
REV DR CHARLES E GOODMAN JR DIRECTOR	0 50	X						0	0	0
SCOTT D JOHNSON BOARD CHAIR	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
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
DANIEL ARMSTRONG DIRECTOR	0 50	X						0	0	0
DR MICHAEL ASH 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
RUDY FALANA SR DIRECTOR	0 50	X						0	0	0
KAREN D FILI 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			
JAMES R HOLMES DIRECTOR	0 50	X						0	0	0
VINAYAK KAMATH MD DIRECTOR	0 50	X						0	0	0
RUSSELL T KEEN DIRECTOR	0 50	X						0	0	0
CHARLES KRECKLOW JR DIRECTOR	0 50	X						0	0	0
CHERYL MULVEHILL DIRECTOR	0 50	X						0	0	0
DOUG WELCH DIRECTOR	0 50	X						0	0	0
LAVERNE GOLD PRESIDENT	53 00			X				107,835	0	25,891
DEBBIE BROWN DIRECTOR OF FINANCE	45 00			X				69,221	0	19,961

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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

2016

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	4,708,985	4,745,585	4,430,335	4,702,672	3,863,619	22,451,196
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	4,708,985	4,745,585	4,430,335	4,702,672	3,863,619	22,451,196
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						22,451,196

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	4,708,985	4,745,585	4,430,335	4,702,672	3,863,619	22,451,196
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,168	3,755	3,151	2,753	3,796	17,623
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)	10,867	1,934	2,603			15,404
11 **Total support.** Add lines 7 through 10						22,484,223

12 Gross receipts from related activities, etc (see instructions)	12	33,469

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99 850 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	99 810 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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? *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*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	4b		
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)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	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? *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*	1		
2	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? *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*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	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)? *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)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	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? *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*	2a		
b	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? *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*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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)

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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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

2016

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c 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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		15,223		15,223
b Buildings		241,092	207,834	33,258
c Leasehold improvements				
d Equipment		85,611	73,519	12,092
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				60,573

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
AMOUNTS PAYABLE TO DESIGNATED AGENCIES	257,017
ALLOCATIONS PAYABLE	1,004,050
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,261,067

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	3,316,343
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	51,637		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	122,819		
e	Add lines **2a** through **2d**			2e	174,456
3	Subtract line **2e** from line **1**			3	3,141,887
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	661,371		
c	Add lines **4a** and **4b**			4c	661,371
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	3,803,258

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	3,854,462
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	51,637		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	122,819		
e	Add lines **2a** through **2d**			2e	174,456
3	Subtract line **2e** from line **1**			3	3,680,006
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	745,910		
c	Add lines **4a** and **4b**			4c	745,910
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	4,425,916

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	UNITED WAY IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER S ECTION 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 I S NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2016 AND BELIEVES IT IS NO L ONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS BEFORE 2013

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CFC REIMBURSEMENTS TO UWCSRA 122,819

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	COMBINED FEDERAL CAMPAIGN 431,113 DESIGNATION EXPENSES NETTED AGAINST REVENUE 230,258

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	CFC EXPENSES PAID FOR BY UWCSRA 122,819

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	COMBINED FEDERAL CAMPAIGN 515,652 DESIGNATION EXPENSES NETTED AGAINST REVENUE 230,258

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
UNITED WAY OF THE CSRA INC

Employer identification number
58-0566155

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to 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

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 56

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

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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 24 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 120 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 221 AGENCIES THAT RECEIVED LESS THAN $5,000 AGGREGATE DOLLARS DISTRIBUTED TO THESE AGENCIES TOTALED $271,663

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)	5,535				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS AUGUSTA CHAPTER 1322 ELLIS STREET AUGUSTA, GA 30901	58-0568699	501 (C) (3)	16,824				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS AUGUSTA CHAPTER 1322 ELLIS STREET AUGUSTA, GA 30901	58-0568699	501 (C) (3)	219,176				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
AUGUSTA TRAINING SHOP INC 1704 JENKINS STREET AUGUSTA, GA 30904	58-0632778	501 (C) (3)	8,141				DONOR DESIGNATED FOR GENERAL SUPPORT
AUGUSTA TRAINING SHOP INC 1704 JENKINS STREET AUGUSTA, GA 30904	58-0632778	501 (C) (3)	65,859				PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA GEORGIA-CAROLINA 1450 GREENE STREET SUITE 150 AUGUSTA, GA 30901	58-0566185	501 (C) (3)	11,494				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
BOY SCOUTS OF AMERICA GEORGIA-CAROLINA 1450 GREENE STREET SUITE 150 AUGUSTA, GA 30901	58-0566185	501 (C) (3)	138,506				PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF AUGUSTA 1903 DIVISION STREET AUGUSTA, GA 30901	58-0610382	501 (C) (3)	15,129				DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF AUGUSTA 1903 DIVISION STREET AUGUSTA, GA 30901	58-0610382	501 (C) (3)	140,471				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
CATHOLIC SOCIAL SERVICES 811 12TH STREET AUGUSTA, GA 30901	58-1368093	501 (C) (3)	17,874				PROGRAM OPERATING COSTS
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501 (C) (3)	6,291				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501 (C) (3)	48,709				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
CHRIST COMMUNITY HEALTH SERVICES PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501 (C) (3)	5,926				DONOR DESIGNATED FOR GENERAL SUPPORT
CHRIST COMMUNITY HEALTH SERVICES PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501 (C) (3)	60,074				PROGRAM OPERATING COSTS
COLUMBIA COUNTY COMMUNITY CONNECTIONS PO BOX 3006 EVANS, GA 30809	58-2658852	501 (C) (3)	3,057				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
COLUMBIA COUNTY COMMUNITY CONNECTIONS PO BOX 3006 EVANS, GA 30809	58-2658852	501 (C) (3)	41,943				PROGRAM OPERATING COSTS
COMMUNITIES IN SCHOOLS BURKE CTY 229 E 6TH STREET WAYNESBORO, GA 30830	58-1960654	501 (C) (3)	2,354				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITIES IN SCHOOLS BURKE CTY 229 E 6TH STREET WAYNESBORO, GA 30830	58-1960654	501 (C) (3)	34,646				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
EASTER SEALS EAST GEORGIA 1500 WRIGHTSBORO RAOD AUGUSTA, GA 30903	58-1918315	501 (C) (3)	1,552				DONOR DESIGNATED FOR GENERAL SUPPORT
EASTER SEALS EAST GEORGIA 1500 WRIGHTSBORO RAOD AUGUSTA, GA 30903	58-1918315	501 (C) (3)	56,448				PROGRAM OPERATING COSTS
EDVENTURE PO BOX 1638 COLUMBIA, SC 29202	57-1013857	501 (C) (3)	5,200				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
FAMILY CONNECTION AND COMMUNITIES IN SCHOOLS OF GLASCOCK COUNTY PO BOX 211 GIBSON, GA 30810	80-0030071	501 (C) (3)	9,286				PROGRAM OPERATING COSTS
FAMILY CONNECTION AND COMMUNITIES IN SCHOOLS OF WARREN COUNTY PO BOS 468 WARRENTON, GA 30828	58-1855726	501 (C) (3)	9,286				PROGRAM OPERATING COSTS
FAMILY CONNECTION AND COMMUNITIES IN SCHOOLS OF WILKES COUNTY PO BOX 88 WASHINGTON, GA 30673	58-2269288	501 (C) (3)	9,286				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 COUNSELING CENTER OF THE CSRA 3711 EXECUTIVE CENTER DRIVE SUITE 201 MARTINEZ, GA 30907	58-1388519	501 (C) (3)	2,832				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)	102,168				PROGRAM OPERATING COSTS
FAMILY PROMISE OF AUGUSTA 2177 CENTRAL AVENUE AUGUSTA, GA 30904	58-2279801	501 (C) (3)	964				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
FAMILY PROMISE OF AUGUSTA 2177 CENTRAL AVENUE AUGUSTA, GA 30904	58-2279801	501 (C) (3)	20,036				PROGRAM OPERATING COSTS
FAMILY Y THE 3570 WHEELER ROAD AUGUSTA, GA 30909	58-0566254	501 (C) (3)	1,410				DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY Y THE 3570 WHEELER ROAD AUGUSTA, GA 30909	58-0566254	501 (C) (3)	293,590				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
FIRESIDE MINISTRIES (PRESBYTERIAN EVANGELISTIC FELLOWSHIP INC) 226 GREENE STREET AUGUSTA, GA 30901	58-6065089	501 (C) (3)	9,165				DONOR DESIGNATED FOR GENERAL SUPPORT
FIRESIDE MINISTRIES (PRESBYTERIAN EVANGELISTIC FELLOWSHIP INC) 226 GREENE STREET AUGUSTA, GA 30901	58-6065089	501 (C) (3)	22,835				PROGRAM OPERATING COSTS
FIRST BAPTIST CHURCH OF AUGUSTA PO BOX 14489 AUGUSTA, GA 30919	58-0644905	501 (C) (3)	23,000				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
FRIENDSHIP COMMUNITY CENTER 1720 CENTRAL AVENUE AUGUSTA, GA 30904	58-1788566	501 (C) (3)	3,188				DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDSHIP COMMUNITY CENTER 1720 CENTRAL AVENUE AUGUSTA, GA 30904	58-1788566	501 (C) (3)	78,812				PROGRAM OPERATING COSTS
GIRL SCOUTS CENTRAL SAVANNAH RIVER 1325 GREENE STREET AUGUSTA, GA 30901	56-0566130	501 (C) (3)	1,536				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
GIRL SCOUTS CENTRAL SAVANNAH RIVER 1325 GREENE STREET AUGUSTA, GA 30901	56-0566130	501 (C) (3)	84,464				PROGRAM OPERATING COSTS
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)	6,238				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
HOPE HOUSE PO BOX 3597 AUGUSTA, GA 30914	58-2074040	501 (C) (3)	2,898				DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE HOUSE PO BOX 3597 AUGUSTA, GA 30914	58-2074040	501 (C) (3)	41,102				PROGRAM OPERATING COSTS
JENKINS COUNTY FAMILY ENRICHMENT 527 BARNEY AVENUE MILLEN, GA 30442	58-2509085	501 (C) (3)	9,286				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
JEFFERSON COUNTY COMMUNITY SHIPS FOR YOUTH 1206 SHANNON BLVD LOUISVILLE, GA 30434	74-3039280	501 (C) (3)	9,286				PROGRAM OPERATING COSTS
LINCOLN COUNTY COMMUNITY PARTNERSHIP PO BOX 729 LINCOLNTON, GA 30817	14-1915876	501 (C) (3)	9,466				PROGRAM OPERATING COSTS
RAPE CRISIS & SEXUAL ASSAULT SERV 1350 WALTON WAY AUGUSTA, GA 30901	58-1581103	501 (C) (3)	14,750				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
RAPE CRISIS & SEXUAL ASSAULT SERV 1350 WALTON WAY AUGUSTA, GA 30901	58-1581103	501 (C) (3)	53,250				PROGRAM OPERATING COSTS
RONALD MCDONALD HOUSE CHARITIES AUGUSTA PO BOX 14189 AUGUSTA, GA 30919	58-1509465	501 (C) (3)	11,654				DONOR DESIGNATED FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES AUGUSTA PO BOX 14189 AUGUSTA, GA 30919	58-1509465	501 (C) (3)	31,346				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
SAFE HOMES OF AUGUSTA INC 1276 MERRY STREET AUGUSTA, GA 30904	58-1708717	501 (C) (3)	21,797				DONOR DESIGNATED FOR GENERAL SUPPORT
SAFE HOMES OF AUGUSTA INC 1276 MERRY STREET AUGUSTA, GA 30904	58-1708717	501 (C) (3)	70,203				PROGRAM OPERATING COSTS
SALVATION ARMY AUGUSTA GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501 (C) (3)	14,444				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
SALVATION ARMY AUGUSTA GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501 (C) (3)	121,556				PROGRAM OPERATING COSTS
SENIOR CITIZENS COUNCIL OF GREATER 218 OAK STREET NORTH SUITE L MARTINEZ, GA 30907	58-1519107	501 (C) (3)	1,807				DONOR DESIGNATED FOR GENERAL SUPPORT
SENIOR CITIZENS COUNCIL OF GREATER 218 OAK STREET NORTH SUITE L MARTINEZ, GA 30907	58-1519107	501 (C) (3)	74,193				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
ST STEPHEN'S MINISTRY OF AUGUSTA 924 GREENE STREET AUGUSTA, GA 30901	58-1994437	501 (C) (3)	1,876				DONOR DESIGNATED FOR GENERAL SUPPORT
ST STEPHEN'S MINISTRY OF AUGUSTA 924 GREENE STREET AUGUSTA, GA 30901	58-1994437	501 (C) (3)	13,624				PROGRAM OPERATING COSTS
THE SPEECH AND HEARING CENTER 1430 HARPER STREET SUITE C3 AUGUSTA, GA 30901	58-1581103	501 (C) (3)	14,706				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
TOUCHING TALIAFERRO WITH LOVE INC PO BOX 245 CRAWFORDVILLE, GA 30631	59-3765214	501 (C) (3)	9,286				PROGRAM OPERATING COSTS
YOUNG LIFE OF AIKEN 405 YORK STREET NE AIKEN, SC 29801	84-0385934	501 (C) (3)	17,484				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501 (C) (3)	9,436				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
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY, VA 20151	54-1517707	501 (C) (3)	5,742				DONOR DESIGNATED FOR GENERAL SUPPORT
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3193389	501 (C) (3)	18,605				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)	15,615				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
CATHOLIC SERVICE ORGANIZATIONS OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	45-1679647	501 (C) (3)	18,617				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN FIRST-AMERICA'S CHARITIES 14150 NEWBROOK DRRIVE SUITE 110 CHANTILLY, VA 20151	30-0186795	501 (C) (3)	5,117				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN'S CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3148588	501 (C) (3)	8,511				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)	6,469				DONOR DESIGNATED FOR GENERAL SUPPORT
CHRISTIAN SERVICE CHARITIES 7620 LITTLE RIVER TURNPIKE SUITE 600 ANNANDALE, VA 22003	94-3193374	501 (C) (3)	18,823				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES 200 NORTH GLEBE RD SUITE 801 ARLINGTON, VA 22203	13-6167225	501 (C) (3)	56,082				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 PO BOX 758858 BALTIMORE, MD 21275	75-2855043	501 (C) (3)	9,339				DONOR DESIGNATED FOR GENERAL SUPPORT
FORT GORDON FISHER HOUSE IMWRF-FINANCIAL MANAGEMENT DIVISON BUILDING 29801 FT GORDON, GA 30905	76-0573980	501 (C) (3)	17,978				DONOR DESIGNATED FOR GENERAL SUPPORT
HEALTH FIRST - AMERICAN'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY, VA 20151	30-0186796	501 (C) (3)	6,035				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
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3217739	501 (C) (3)	13,860				DONOR DESIGNATED FOR GENERAL SUPPORT
MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3193418	501 (C) (3)	17,857				DONOR DESIGNATED FOR GENERAL SUPPORT
MILITARY SUPPORT GROUPS OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	27-2242752	501 (C) (3)	6,538				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
THE LYDIA PROJECT 1369 INTERSTATE PARKWAY AUGUSTA, GA 30909	30-0240036	501 (C) (3)	6,363				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF AIKEN COUNTY PO BOX 699 AIKEN, SC 29802	57-0360086	501 (C) (3)	46,095				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)	6,005				DONOR DESIGNATED FOR GENERAL SUPPORT

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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

2016

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	77,021	COST OR SELLING PRIC
26 Other ▶ (PRINTED MATERIALS, COLOR ADVERTISEMENTS)	X	2	10,460	COST OR SELLING PRIC
27 Other ▶ (MENS AND LADIES WATCHES)	X	1	2,650	COST OR SELLING PRIC
28 Other ▶ (ROOM RENTAL AND CATERING)	X	2	678	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

		Yes	No
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?		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?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part 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

2016

Open to Public Inspection

Name of the organization
UNITED WAY OF THE CSRA INC

Employer identification number
58-0566155

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	UNITED WAY OF THE CSRA SENDS ALL BOARD MEMBERS A COPY OF IRS FORM 990 FOR REVIEW AND COMME NTS AT THE NEXT REGULARLY SCHEDULED MEETING, THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTE E VOTES TO APPROVE THE FORM FORM 990 IS THEN FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	UNITED WAY OF THE CSRA (UWCSRA) HAS A CONFLICT OF INTEREST POLICY ALL STAFF AND BOARD VOL UNTEERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS AND DISCL OSE 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 INT EREST OF UWCSRA * ENSURE THAT OUTSIDE EMPLOYMENT AND OTHER ACTIVITIES DO NOT ADVERSELY AF FECT THE PERFORMANCE OF THEIR UWCSRA DUTIES OR THE ACHIEVEMENT OF UWCSRA'S MISSION * ENSU RE 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, GRATUIT Y OR FAVOR IN THE PERFORMANCE OF UWCSRA DUTIES EXCEPT FOR PROMOTIONAL ITEMS OF NOMINAL VAL UE, ANY FOOD, TRANSPORTATION, LODGING OR ENTERTAINMENT UNLESS DIRECTLY RELATED TO UWCSRA B USINESS * REFRAIN FROM INFLUENCING THE SELECTION OR HIRING OF STAFF, CONSULTANTS OR VENDO RS WHO ARE RELATIVES OR PERSONAL FRIENDS, OR AFFILIATED WITH, EMPLOY, OR EMPLOYED BY A UWC SRA 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 CONF ER 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 DIR ECTORS BOARD MEMBERS OR COMMITTEE MEMBERS SHALL ABSTAIN FROM VOTING ON AN ISSUE OF CONFLI CT BOARD MINUTES MUST REFLECT IDENTIFIED CONFLICTS * MEMBERS OF THE BOARD SHALL COMMUNIC ATE CONFLICTS OF INTEREST IN ONE OF THE FOLLOWING WAYS IN WRITING WHERE CONFLICTS ARE ANT ICIPATED OR VERBALLY WHEN ISSUES ARISE GUIDANCE AND DISCLOSURE VOLUNTEERS AND STAFF ARE E NCOURAGED TO SEEK GUIDANCE FROM THE PRESIDENT OR THE SR FINANCE MANAGER CONCERNING THE IN TERPRETATION 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 HANDLE D IN THE FOLLOWING MANNER * ALL REPORTS WILL BE TREATED IN CONFIDENCE AS MUCH AS THE ORGA NIZATION'S DUTY TO INVESTIGATE AND THE LAW ALLOW IF CONFIDENTIALITY CANNOT BE MAINTAINED, THE INDIVIDUAL DISCLOSING THE POSSIBLE CONFLICT WILL BE NOTIFIED * ALL REPORTED CONFLICT S WILL BE INVESTIGATED EXPEDITIOUSLY AND, IF NEEDED, APPROPRIATE ACTION TAKEN BASED UPON T HE 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 AFF IRMS PROMPT RESPONSE AND FAIR RESOLUTION OF ALL REPORTED CONFLICTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PRESIDENT/CEO A SEARCH COMMITTEE IS ORGANIZED FOR THE PURPOSE OF RECRUITING AND NAMING A P RESIDENT/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 AMER ICA AS WELL AS OTHER REGIONAL DATA TO DETERMINE A JOB DESCRIPTION, APPROPRIATE SALARY RANG E AND COMPENSATION PACKAGE THE COMMITTEE REPORTS THE RESULTS OF THE SEARCH TO THE FULL BO ARD OF DIRECTORS AND MAKES A RECOMMENDATION THE CANDIDATE AND SALARY PACKAGE MUST BE APPR OVED BY THE BOARD OF DIRECTORS A CONTRACT OUTLINING JOB DUTIES, SALARY AND BENEFITS IS TH EN EXECUTED DIRECTOR OF FINANCE THE PROCESS FOR HIRING AND DETERMINING SALARY AND BENEFIT S OF THE DIRECTOR OF FINANCE IS THE SAME AS ABOVE WITH THE FOLLOWING EXCEPTIONS THE SEARC H COMMITTEE IS COMPRISED OF THE FINANCE COMMITTEE AS WELL AS THE PRESIDENT/CEO THE BOARD' S TREASURER CHAIRS THE COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE BALANCE SHEET IS AVAILABLE ON OUR WEBSITE OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	COMBINED FEDERAL CAMPAIGN NET ASSETS ADJUSTMENT 32,902

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI LINE 2C	AUDIT COMMITTEE PROCESS THE AUDIT COMMITTEE BELIEVES ITS PROCESSES PERTAINING TO THE OVERS IGHT OF THE AUDITED FINANCIAL STATEMENTS IS EFFECTIVE AND DID NOT CHANGE THIS PROCESS IN 2 016

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE I PART II	FULL DESCRIPTIONS FOR PURPOSE OF GRANT ASSISTANCE PROGRAM OPERATING COST - A RESTRICTED GR ANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT O PERATES 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