

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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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

F Name and address of principal officer BRITTANY BURNETT
1765 BROAD STREET
AUGUSTA, GA 30904

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
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, FINANCIAL STABILITY AND HEALTH WE STRIVE TO ACCOMPLISH THIS THROUGH AN ANNUAL FUNDRAISING CAMPAIGN WHICH PROVIDES FUNDING TO 44 HEALTH AND HUMAN SERVICE PROGRAMS AT 23 PARTNER AGENCIES WE SECURE/ADMINISTER GRANTS TO AID LOCAL ORGANIZATIONS IN MEETING COMMUNITY NEEDS, DEVELOP STRATEGIC PARTNERSHIPS AND INITIATIVES, AND PROVIDE A 24 HOUR/7 DAY 2-1-1 INFORMATION AND REFERRAL LINE LINKING LOCAL CITIZENS WITH HEALTH AND HUMAN SERVICES AVAILABLE IN THE COMMUNITY UNITED WAY POSITIONS ITSELF AS A LEADER IN TARGETING COMMUNITY RESOURCES TO ADDRESS LOCAL NEEDS, EXPAND COLLABORATIONS AND ACHIEVE MEASURABLE RESULTS

Table with 3 columns: Description, 3, 4, 5, 6, 7a, 7b. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 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
Signature of officer: BRITTANY BURNETT PRESIDENT
Date: 2019-05-14

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date 2019-05-09, Check if self-employed, PTIN P00046615, Firm's name ELLIOTT DAVIS LLCPLLC, Firm's EIN 57-0381582, Firm's address 1901 MAIN STREET SUITE 900 COLUMBIA, SC 29201, Phone no (803) 256-0002

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 1,760,256 including grants of \$ 1,760,256 ) (Revenue \$ )
See Additional Data

4b (Code ) (Expenses \$ 462,890 including grants of \$ 462,890 ) (Revenue \$ 22,905 )
See Additional Data

4c (Code ) (Expenses \$ 208,340 including grants of \$ 181,156 ) (Revenue \$ )
See Additional Data

(Code ) (Expenses \$ 486,707 including grants of \$ 76,555 ) (Revenue \$ )

OTHER UNITED WAY OF THE CSRA PROGRAM SERVICESADDITIONAL PROGRAMS TO HIGHLIGHT 2-1-1 INFORMATION AND REFERRAL PROGRAMEXPENSES \$239,900 INCLUDING GRANTS OF \$15,771 (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 GREATER ATLANTA LOCALLY, 2-1-1 HAS SIGNIFICANT IMPACT ON THE QUALITY OF LIFE THROUGHOUT THE COMMUNITY IN 2018, UNITED WAY OF THE CSRA'S 2-1-1 INFORMATION AND REFERRAL SPECIALISTS ASSISTED 19,730 CALLERS AND 2-1-1'S WEBSITE EXPERIENCED 44,230 SESSIONS IN ADDITION, 2-1-1 PROVIDED SUPPORT TO SPECIFIC AGENCIES THAT OFFERED DIRECT SERVICE IN THE AREA OF EMERGENCY SHELTER, EMERGENCY RENT AND UTILITY ASSISTANCE 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 \$209,920 IN 2018 THESE FREE-OF-CHARGE PRESCRIPTION DISCOUNT CARDS OFFERED BY UNITED WAY WERE USED 6,300 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 \$2,228,285 TO CSRA RESIDENTS CHRISTMAS CLEARINGHOUSEAS CO-ADMINISTRATOR OF THE CSRA CHRISTMAS CLEARINGHOUSE, UNITED WAY COLLABORATES WITH OVER 25 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 2018, 5,360 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, COORDINATES TRANSPORTATION ASSISTANCE THROUGH PARTNER AGENCIES, 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 2018, 419 VOLUNTEERS COMPLETED PROJECTS AT 24 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 \$ 486,707 including grants of \$ 76,555 ) (Revenue \$ )

4e Total program service expenses 2,918,193

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> 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 . . . . .		<b>2a</b>	22		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>		Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>			No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>			
<b>4a</b> 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)? . . . . .		<b>4a</b>			No
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>			No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>			No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> 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? . . . . .		<b>6a</b>			No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .		<b>7a</b>			No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>			No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>			No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>			No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>			
<b>b</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 . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>			No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>			No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>			No

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (35); 1b Enter the number of voting members included in line 1a, above, who are independent (35); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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-A 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 (checked), 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 (BRITTANY BURNETT 1765 BROAD STREET AUGUSTA, GA 30901 (706) 724-5544).







**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	3,341,770		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ <u>82,108</u>				
<b>h Total.</b> Add lines 1a-1f . . . . .		3,341,770			

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> PLEDGE PROCESSING FEE		561000	22,905	22,905	
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			22,905			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			3,750			3,750
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss) . . . . .						
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> NET INVESTMENT LOSS FR	900099		-9,719			-9,719	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			-9,719				
<b>12 Total revenue.</b> See Instructions . . . . .			3,358,706	22,905	0	-5,969	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,480,857	2,480,857		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	202,104	54,013	118,331	29,760
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	562,469	170,652	203,434	188,383
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	88,092	21,774	46,747	19,571
<b>9</b> Other employee benefits.	93,182	34,183	24,091	34,908
<b>10</b> Payroll taxes.	58,609	17,213	24,587	16,809
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.	11,865		11,865	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	56,510	31,662	23,748	1,100
<b>12</b> Advertising and promotion.	75,861	20	75,841	
<b>13</b> Office expenses.	38,481	10,606	9,520	18,355
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	87,557	26,793	29,468	31,296
<b>17</b> Travel.	10,797	4,401	1,184	5,212
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	18,933	7,694	6,038	5,201
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.	39,706	14,747	13,563	11,396
<b>22</b> Depreciation, depletion, and amortization.	4,831		4,831	
<b>23</b> Insurance.	2,790	884	1,095	811
<b>24</b> 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):				
<b>a</b> SPECIAL EVENTS	83,417	10,570	37,722	35,125
<b>b</b> MISCELLANEOUS	36,404	31,740	2,957	1,707
<b>c</b> AWARDS	3,567	79	567	2,921
<b>d</b> MEMBERSHIP DUES	3,327	305	2,747	275
<b>e</b> All other expenses	1,304		1,304	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	3,960,663	2,918,193	639,640	402,830
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	184,086	<b>1</b>	88,565
	<b>2</b> Savings and temporary cash investments . . . . .	2,545,829	<b>2</b>	2,168,606
	<b>3</b> Pledges and grants receivable, net . . . . .	1,076,996	<b>3</b>	923,758
	<b>4</b> Accounts receivable, net . . . . .	58,313	<b>4</b>	52,622
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	107,265	<b>9</b>	90,646
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	83,488		
	<b>b</b> Less accumulated depreciation	76,147	10,698	<b>10c</b> 7,341
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	0	<b>15</b>	99,964
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,983,187	<b>16</b>	3,431,502	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	139,173	<b>17</b>	86,584
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	23,306	<b>19</b>	41,863
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,178,044	<b>25</b>	1,129,398
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,340,523	<b>26</b>	1,257,845
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,316,345	<b>27</b>	1,056,054
	<b>28</b> Temporarily restricted net assets . . . . .	1,326,319	<b>28</b>	1,117,603
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,642,664	<b>33</b>	2,173,657	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,983,187	<b>34</b>	3,431,502	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,358,706
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,960,663
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-601,957
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,642,664
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	132,950
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,173,657

**Part XII Financial Statements and Reporting**

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

- 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?  
 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?  
 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?  
 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?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-0566155

**Name:** UNITED WAY OF THE CSRA INC

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

PROGRAM FUNDING ALLOCATIONS USING CONTRIBUTIONS TO THE COMMUNITY INVESTMENT FUND, UNITED WAY OF THE CSRA DISTRIBUTES FUNDS TO 44 HEALTH AND HUMAN SERVICE PROGRAMS AT 23 PARTNER AGENCIES PROGRAM ALLOCATION REQUESTS ARE MADE 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) FINANCIAL STABILITY3) HEALTH

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**Form 990, Part III, Line 4b:**

DONOR DESIGNATIONS UNITED WAY OF THE CSRA EXPENSES \$330,244 REVENUE \$22,905 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 96 LOCAL AGENCIES RECEIVE DONOR DESIGNATED MONIES IN ADDITION TO THOSE RECEIVING ANNUAL ALLOCATIONS 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 HEALTH AND HUMAN SERVICE NONPROFIT ORGANIZATION 3) VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT COMBINED FEDERAL CAMPAIGN OF THE CSRA EXPENSES \$132,646 REVENUE -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, WHICH WAS AUTHORIZED BY PRESIDENT JOHN F. KENNEDY IN 1961, BY FEDERAL EXECUTIVE ORDER 10927 PLEDGES MADE BY FEDERAL CIVILIAN, POSTAL AND MILITARY DONORS SUPPORT ELIGIBLE NON-PROFIT ORGANIZATIONS THAT PROVIDE HEALTH AND HUMAN SERVICE BENEFITS THROUGHOUT THE WORLD

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**Form 990, Part III, Line 4c:**

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 11 AMERICORPS VISTA MEMBERS WHO SERVE FULL-TIME FOR ONE YEAR WITH AREA ELEMENTARY SCHOOLS FOR CAPACITY BUILDING IN THE AREA OF PARENT AND COMMUNITY ENGAGEMENT AMERICORPS VISTAS HELP BUILD HUMAN CAPACITY, FINANCIAL CAPACITY, AND SOCIAL CAPACITY IN HOST SITES AND/OR SCHOOLS WHERE THEY ARE ASSIGNED UNITED WAY OF THE CSRA RECEIVES SUPPORT FUNDS NECESSARY FOR REGIONAL PROGRAM SUPERVISION AND OVERSIGHT FROM THE CORPORATION FOR NATIONAL COMMUNITY SERVICE IN 2018, THIS PROGRAM SERVED 11 RICHMOND COUNTY ELEMENTARY SCHOOLS, ENGAGED MORE THAN 808 VOLUNTEERS AND LEVERAGED OVER \$49,289 OF CASH (GRANTS, DONATIONS AND FUNDRAISING) AND NON-CASH RESOURCES (IN-KIND GOODS AND SERVICES) TO SUPPORT COMMUNITY NONPROFITS, AND IDENTIFIED NUMEROUS PARTNERSHIPS 5 VISTA MEMBERS MOVED INTO EMPLOYMENT AS A DIRECT RESULT OF THEIR VISTA SERVICE

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**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			
TAMEKA ALLEN ..... DIRECTOR	0 50 .....	X						0	0	0
RICHARD BAKER ..... DIRECTOR	0 50 .....	X						0	0	0
TOM BLANCHARD III ..... DIRECTOR	0 50 .....	X						0	0	0
VINCE BROGDON ..... DIRECTOR	0 50 .....	X						0	0	0
CLINT BRYANT ..... DIRECTOR	0 50 .....	X						0	0	0
DEKE COPENHAVER ..... DIRECTOR	0 50 .....	X						0	0	0
BONNIE COX ..... DIRECTOR	0 50 .....	X						0	0	0
RUDOLPH FALANA ..... DIRECTOR	0 50 .....	X						0	0	0
LUTHER FELDER ..... DIRECTOR	0 50 .....	X						0	0	0
FRAN FOREHAND ..... 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 HOLMES ..... DIRECTOR	0 50 .....	X						0	0	0
SCOTT JOHNSON ..... DIRECTOR	0 50 .....	X						0	0	0
JOSEPH KLECHA ..... DIRECTOR	0 50 .....	X						0	0	0
TOM LOWENKAMP ..... DIRECTOR	0 50 .....	X						0	0	0
ROBERT MCELREATH ..... DIRECTOR	0 50 .....	X						0	0	0
DARIN MYERS ..... DIRECTOR	0 50 .....	X						0	0	0
GEORGE NICHOLSON ..... DIRECTOR	0 50 .....	X						0	0	0
JOHN PATTERSON ..... DIRECTOR	0 50 .....	X						0	0	0
KINESHA PONDER ..... DIRECTOR	0 50 .....	X						0	0	0
JESSICA STONE ..... 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			
SHELIA STUBERFIELD ..... DIRECTOR	0 50 .....	X						0	0	0
DOUG WELCH ..... DIRECTOR	0 50 .....	X						0	0	0
REAGAN WILLIAMS ..... DIRECTOR	0 50 .....	X						0	0	0
CHERYL MULVEHILL ..... 2-1-1 ADVISORY COUNCIL CHAIR	0 50 .....	X						0	0	0
JULIE MILLER ..... AGENCY LIASON	0 50 .....	X						0	0	0
CHRIS BIRD ..... BUILDING CHAIR	0 50 .....	X						0	0	0
JORDAN PIERCE ..... CAMPAIGN CO-CHAIR	0 50 .....	X						0	0	0
ANTHONY ROBINSON ..... CAMPAIGN CO-CHAIR	0 50 .....	X						0	0	0
SAMUEL TYSON ..... COMMUNITY INVESTMENT CHAIR	0 50 .....	X						0	0	0
EDWARD ENOCH ..... HR CHAIR	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			
MARK HADDON ..... MARKETING CHAIR	0 50 .....	X						0	0	0
SCOTT PEEPLES ..... NOMINATING COMMITTEE CHAIR	0 50 .....	X						0	0	0
MICHAEL ASH ..... SPECIAL INITIATIVE CHAIR	0 50 .....	X						0	0	0
RUSSELL KEEN ..... STRATEGIC PLANNING CHAIR	0 50 .....	X						0	0	0
SCOTT ELLEDGE ..... BOARD CHAIR	0 50 .....	X		X				0	0	0
RICK EVANS ..... TREASURER	0 50 .....	X		X				0	0	0
LA VERNE GOLD RETIRED 8-9-18 ..... PRESIDENT/CEO	53 00 .....			X				78,039	0	5,316
BRITTANY BURNETT BEGAN 7-23-18 ..... PRESIDENT/CEO	53 00 .....			X				51,351	0	1,906
DEBBIE BROWN ..... DIRECTOR OF FINANCE	45 00 .....			X				72,714	0	19,135

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF THE CSRA INC

Employer identification number  
58-0566155

**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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,430,335	4,702,672	3,863,619	3,871,148	3,341,770	20,209,544
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	4,430,335	4,702,672	3,863,619	3,871,148	3,341,770	20,209,544
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						20,209,544

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4	4,430,335	4,702,672	3,863,619	3,871,148	3,341,770	20,209,544
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,151	2,753	3,796	3,605	3,750	17,055
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,603					2,603
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						20,229,202
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	52,359

**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**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.900%
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	99.900%

**16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-0566155

**Name:** UNITED WAY OF THE CSRA INC

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

## Facts And Circumstances Test

Return Reference

Explanation

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2018**  
**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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	
<b>2a</b> Total number of conservation easements	
<b>2b</b> Total acreage restricted by conservation easements	
<b>2c</b> Number of conservation easements on a certified historic structure included in (a)	
<b>2d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

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

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

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - 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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		83,488	76,147	7,341
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				7,341

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
AMOUNTS PAYABLE TO DESIGNATED AGENCIES	199,248
ALLOCATIONS PAYABLE	930,150
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 1,129,398

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	3,075,042
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	41,530	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	5,050	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	46,580
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	3,028,462
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	330,244	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	330,244
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	3,358,706

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	3,544,049
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	41,530	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	4,746	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	46,276
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	3,497,773
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	462,890	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	462,890
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	3,960,663

**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	





## 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 SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IN ADDITION, UNITED WAY HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) UNITED WAY IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2018 AND BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS BEFORE 2014

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CFC REIMBURSEMENTS TO UWCSRA 5,050

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DESIGNATION EXPENSES NETTED AGAINST REVENUE 330,244

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	CFC EXPENSES THAT WERE REIMBURSED TO CSRA 4,746

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	COMBINED FEDERAL CAMPAIGN 132,646 DESIGNATION EXPENSES NETTED AGAINST REVENUE 330,244

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF THE CSRA INC

Employer identification number

58-0566155

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 28
3 Enter total number of other organizations listed in the line 1 table . . . . . 2

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 44 HEALTH AND HUMAN SERVICE PROGRAMS AT 23 PARTNER AGENCIES PROGRAM ALLOCATION REQUESTS ARE MADE 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) FINANCIAL STABILITY 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 96 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, WHICH WAS AUTHORIZED BY PRESIDENT JOHN F KENNEDY IN 1961, BY FEDERAL EXECUTIVE ORDER 10927 PLEDGES MADE BY FEDERAL CIVILIAN, POSTAL AND MILITARY DONORS SUPPORT ELIGIBLE NON-PROFIT ORGANIZATIONS THAT PROVIDE HEALTH AND HUMAN SERVICE BENEFITS THROUGHOUT THE WORLD
PART II	IN ADDITION TO DISTRIBUTIONS REPORTED IN SCHEDULE I PART II, UNITED WAY OF THE CSRA ALSO MADE DISTRIBUTIONS TO 85 AGENCIES THAT RECEIVED LESS THAN \$5,000 AGGREGATE DOLLARS DISTRIBUTED TO THESE AGENCIES TOTALED \$83,056 81

**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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS AUGUSTA CHAPTER 1322 ELLIS STREET AUGUSTA, GA 30901	58-0568699	501(C)(3)	19,082				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS AUGUSTA CHAPTER 1322 ELLIS STREET AUGUSTA, GA 30901	58-0568699	501(C)(3)	213,718				PROGRAM OPERATING COSTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AUGUSTA TRAINING SHOP INC 1704 JENKINS STREET AUGUSTA, GA 30904	58-0632778	501(C)(3)	10,183				DONOR DESIGNATED FOR GENERAL SUPPORT
AUGUSTA TRAINING SHOP INC 1704 JENKINS STREET AUGUSTA, GA 30904	58-0632778	501(C)(3)	58,817				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOY SCOUTS OF AMERICA GEORGIA-CAROLINA 1450 GREENE STREET SUITE 150 AUGUSTA, GA 30901	58-0566185	501(C)(3)	7,582				DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA GEORGIA-CAROLINA 1450 GREENE STREET SUITE 150 AUGUSTA, GA 30901	58-0566185	501(C)(3)	114,218				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF AUGUSTA 1903 DIVISION STREET AUGUSTA, GA 30901	58-0610382	501(C)(3)	7,485				DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF AUGUSTA 1903 DIVISION STREET AUGUSTA, GA 30901	58-0610382	501(C)(3)	137,515				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES 811 12TH STREET AUGUSTA, GA 30901	58-1368093	501(C)(3)	6,360				DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC SOCIAL SERVICES 811 12TH STREET AUGUSTA, GA 30901	58-1368093	501(C)(3)	10,000				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501(C)(3)	3,599				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501(C)(3)	51,301				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRIST COMMUNITY HEALTH SERVICES PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501(C)(3)	6,594				DONOR DESIGNATED FOR GENERAL SUPPORT
CHRIST COMMUNITY HEALTH SERVICES PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501(C)(3)	59,306				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBIA COUNTY COMMUNITY CONNECTIONS PO BOX 3006 EVANS, GA 30809	58-2658852	501(C)(3)	3,846				DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBIA COUNTY COMMUNITY CONNECTIONS PO BOX 3006 EVANS, GA 30809	58-2658852	501(C)(3)	36,655				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITIES IN SCHOOLS BURKE CTY 229 E 6TH STREET WAYNESBORO, GA 30830	58-1960654	501(C)(3)	6,188				DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITIES IN SCHOOLS BURKE CTY 229 E 6TH STREET WAYNESBORO, GA 30830	58-1960654	501(C)(3)	30,312				PROGRAM OPERATING COSTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EASTER SEALS EAST GEORGIA 1500 WRIGHTSBORO RAOD AUGUSTA, GA 30903	58-1918315	501(C)(3)	1,814				DONOR DESIGNATED FOR GENERAL SUPPORT
EASTER SEALS EAST GEORGIA 1500 WRIGHTSBORO RAOD AUGUSTA, GA 30903	58-1918315	501(C)(3)	56,086				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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)	813				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)	92,187				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY PROMISE OF AUGUSTA 2177 CENTRAL AVENUE AUGUSTA, GA 30904	58-2279801	501(C)(3)	756				DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY PROMISE OF AUGUSTA 2177 CENTRAL AVENUE AUGUSTA, GA 30904	58-2279801	501(C)(3)	20,144				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY Y THE 3570 WHEELER ROAD AUGUSTA, GA 30909	58-0566254	501(C)(3)	8,157				DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY Y THE 3570 WHEELER ROAD AUGUSTA, GA 30909	58-0566254	501(C)(3)	261,843				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIGHTING TO WIN INC 815 PARK CHASE DRIVE EVANS, GA 30809	47-5315340	501(C)(3)	21,502				DONOR DESIGNATED FOR GENERAL SUPPORT
FIRESIDE MINISTRIES (PRESBYTERIAN EVANGELISTIC FELLOWSHIP INC) 226 GREENE STREET AUGUSTA, GA 30901	58-6065089	501(C)(3)	14,175				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRESIDE MINISTRIES (PRESBYTERIAN EVANGELISTIC FELLOWSHIP INC) 226 GREENE STREET AUGUSTA, GA 30901	58-6065089	501(C)(3)	825				PROGRAM OPERATING COSTS
FIRST BAPTIST CHURCH OF AUGUSTA PO BOX 14489 AUGUSTA, GA 30919	58-0644905	501(C)(3)	11,572				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDSHIP COMMUNITY CENTER 1720 CENTRAL AVENUE AUGUSTA, GA 30904	58-1788566	501(C)(3)	895				DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDSHIP COMMUNITY CENTER 1720 CENTRAL AVENUE AUGUSTA, GA 30904	58-1788566	501(C)(3)	80,105				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIRL SCOUTS CENTRAL SAVANNAH RIVER 1325 GREENE STREET AUGUSTA, GA 30901	56-0566130	501(C)(3)	2,064				DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS CENTRAL SAVANNAH RIVER 1325 GREENE STREET AUGUSTA, GA 30901	56-0566130	501(C)(3)	79,436				PROGRAM OPERATING COSTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HINDU TEMPLE SOCIETY PO BOX 204264 MARTINEZ, GA 30907	58-1425392	501(C)(3)	16,981				DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE HOUSE PO BOX 3597 AUGUSTA, GA 30914	58-2074040	501(C)(3)	8,131				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOPE HOUSE PO BOX 3597 AUGUSTA, GA 30914	58-2074040	501(C)(3)	35,769				PROGRAM OPERATING COSTS
INDO AMERICAN CULTURAL ASSOCIATION PO BOX 204716 MARTINEZ, GA 30907	58-1950150	501(C)(3)	6,500				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
METHODIST FAMILY SERVICES AT ST JAMES 439 GREENE STREET AUGUSTA, GA 30901	58-0641241	501(C)(3)	18,000				PROGRAM OPERATING COSTS
RAPE CRISIS & SEXUAL ASSAULT SERV 1350 WALTON WAY AUGUSTA, GA 30901	58-1581103	501(C)(3)	11,223				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RAPE CRISIS & SEXUAL ASSAULT SERV 1350 WALTON WAY AUGUSTA, GA 30901	58-1581103	501(C)(3)	48,777				PROGRAM OPERATING COSTS
RONALD MCDONALD HOUSE CHARITIES AUGUSTA PO BOX 14189 AUGUSTA, GA 30919	58-1509465	501(C)(3)	11,108				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES AUGUSTA PO BOX 14189 AUGUSTA, GA 30919	58-1509465	501(C)(3)	31,392				PROGRAM OPERATING COSTS
SAFE HOMES OF AUGUSTA INC 1276 MERRY STREET AUGUSTA, GA 30904	58-1708717	501(C)(3)	11,304				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAFE HOMES OF AUGUSTA INC 1276 MERRY STREET AUGUSTA, GA 30904	58-1708717	501(C)(3)	80,596				PROGRAM OPERATING COSTS
SALVATION ARMY AUGUSTA GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501(C)(3)	19,524				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY AUGUSTA GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501(C)(3)	120,476				PROGRAM OPERATING COSTS
SENIOR CITIZENS COUNCIL OF GREATER 218 OAK STREET NORTH SUITE L MARTINEZ, GA 30907	58-1519107	501(C)(3)	2,414				DONOR DESIGNATED FOR GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SENIOR CITIZENS COUNCIL OF GREATER 218 OAK STREET NORTH SUITE L MARTINEZ, GA 30907	58-1519107	501(C)(3)	64,586				PROGRAM OPERATING COSTS
ST STEPHEN'S MINISTRY OF AUGUSTA 924 GREENE STREET AUGUSTA, GA 30901	58-1994437	501(C)(3)	15,400				PROGRAM OPERATING COSTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SPEECH AND HEARING CENTER 1430 HARPER STREET SUITE C3 AUGUSTA, GA 30901	58-1581103	501(C)(3)	2,149				DONOR DESIGNATED FOR GENERAL SUPPORT
THE SPEECH AND HEARING CENTER 1430 HARPER STREET SUITE C3 AUGUSTA, GA 30901	58-1581103	501(C)(3)	11,751				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUNG LIFE OF AIKEN 405 YORK STREET NE AIKEN, SC 29801	84-0385934	501(C)(3)	14,144				DONOR DESIGNATED FOR GENERAL SUPPORT

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF THE CSRA INC

Employer identification number  
58-0566155

**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	3	67,995	COST OR SELLING PRIC
26 Other ▶ ( MISCELLANEOUS SUPPLIES )	X	0	8,568	COST OR SELLING PRIC
27 Other ▶ ( PRINTED MATERIALS, COLOR ADVERTISEMENTS )	X	2	5,545	COST OR SELLING PRIC
28 Other ▶ ( _____ )				

**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
<b>30a</b> 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>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
<b>b</b> If "Yes," describe in Part II		
<b>33</b> 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

**SCHEDULE O**  
(Form 990 or 990-EZ)**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**  
**Open to Public Inspection**

Department of the Treasury

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 COMMENTS AT THE NEXT REGULARLY SCHEDULED MEETING, THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE VOTES TO APPROVE THE FORM FORM 990 IS THEN FILED WITH THE IRS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 12C</p>	<p>UNITED WAY OF THE CSRA (UWCSRA) HAS A CONFLICT OF INTEREST POLICY ALL STAFF AND BOARD VOLUNTEERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS AND DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS STAFF AND BOARD VOLUNTEERS ARE ASKED TO * AVOID ANY ACTIVITY OR OUTSIDE INTEREST WHICH CONFLICTS OR APPEARS TO CONFLICT WITH THE BEST INTEREST OF UWCSRA * ENSURE THAT OUTSIDE EMPLOYMENT AND OTHER ACTIVITIES DO NOT ADVERSELY AFFECT THE PERFORMANCE OF THEIR UWCSRA DUTIES OR THE ACHIEVEMENT OF UWCSRA'S MISSION * ENSURE THAT TRAVEL, ENTERTAINMENT AND RELATED EXPENSES ARE INCURRED ON A BASIS CONSISTENT WITH THE MISSION OF UWCSRA AND NOT FOR PERSONAL GAIN OR INTERESTS * DECLINE ANY GIFT, GRATUITY OR FAVOR IN THE PERFORMANCE OF UWCSRA DUTIES EXCEPT FOR PROMOTIONAL ITEMS OF NOMINAL VALUE, ANY FOOD, TRANSPORTATION, LODGING OR ENTERTAINMENT UNLESS DIRECTLY RELATED TO UWCSRA BUSINESS * REFRAIN FROM INFLUENCING THE SELECTION OR HIRING OF STAFF, CONSULTANTS OR VENDORS WHO ARE RELATIVES OR PERSONAL FRIENDS, OR AFFILIATED WITH, EMPLOY, OR EMPLOYED BY A UWCSRA PERSON ADDITIONALLY BOARD VOLUNTEERS ARE ASKED TO * REFRAIN FROM TAKING ANY ACTION, OR MAKING ANY STATEMENT, INTENDED TO INFLUENCE THE CONDUCT OF UWCSRA IN SUCH A WAY TO CONFER ANY FINANCIAL BENEFIT ON THEMSELVES, THEIR IMMEDIATE FAMILY MEMBERS OR ANY ORGANIZATION IN WHICH THEY OR THEIR IMMEDIATE FAMILY MEMBERS HAVE A SIGNIFICANT INTEREST AS DIRECTORS OR OFFICERS * DISCLOSE ALL KNOWN CONFLICTS OF INTEREST IN MATTERS BEFORE THE BOARD OF DIRECTORS BOARD MEMBERS OR COMMITTEE MEMBERS SHALL ABSTAIN FROM VOTING ON AN ISSUE OF CONFLICT BOARD MINUTES MUST REFLECT IDENTIFIED CONFLICTS * MEMBERS OF THE BOARD SHALL COMMUNICATE CONFLICTS OF INTEREST IN ONE OF THE FOLLOWING WAYS IN WRITING WHERE CONFLICTS ARE ANTICIPATED OR VERBALLY WHEN ISSUES ARISE GUIDANCE AND DISCLOSURE VOLUNTEERS AND STAFF ARE ENCOURAGED TO SEEK GUIDANCE FROM THE PRESIDENT OR THE SR FINANCE MANAGER CONCERNING THE INTERPRETATION OF A CONFLICT OF INTEREST ANY KNOWN OR POSSIBLE CONFLICTS OF INTEREST SHOULD BE DISCLOSED STAFF SHOULD CONTACT A SUPERVISOR, THE SR FINANCE MANAGER OR THE PRESIDENT VOLUNTEERS SHOULD CONTACT THE PRESIDENT REPORTS OF UNDISCLOSED CONFLICTS WILL BE HANDLED IN THE FOLLOWING MANNER * ALL REPORTS WILL BE TREATED IN CONFIDENCE AS MUCH AS THE ORGANIZATION'S DUTY TO INVESTIGATE AND THE LAW ALLOW IF CONFIDENTIALITY CANNOT BE MAINTAINED, THE INDIVIDUAL DISCLOSING THE POSSIBLE CONFLICT WILL BE NOTIFIED * ALL REPORTED CONFLICTS WILL BE INVESTIGATED EXPEDITIOUSLY AND, IF NEEDED, APPROPRIATE ACTION TAKEN BASED UPON THE POLICIES OF THE ORGANIZATION * RETALIATION AGAINST A PERSON WHO SUSPECTS AND REPORTS A CONFLICT IN GOOD FAITH WILL BE TREATED AS AN INDEPENDENT BREACH OF THE CODE * UWCSRA AFFIRMS PROMPT RESPONSE AND FAIR RESOLUTION OF ALL REPORTED CONFLICTS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>PRESIDENT/CEO A SEARCH COMMITTEE WAS ORGANIZED FOR THE PURPOSE OF RECRUITING AND NAMING A PRESIDENT/CEO FOR UNITED WAY OF THE CSRA UPON RETIREMENT OF LA VERNE GOLD ON AUGUST 9, 2018 MEMBERS FROM THE BOARD OF DIRECTORS AND A PARTNER AGENCY REPRESENTATIVE COMPRISED THE COMMITTEE WHICH WAS LEAD BY THE BOARD'S CHAIR OF HUMAN RESOURCES THE COMMITTEE SUBMITTED A REQUEST FOR PROPOSAL TO STAFFING AND RECRUITING COMPANIES FOR THE PURPOSE OF SELECTING A COMPANY TO CONDUCT A NATIONWIDE SEARCH THE AWARDED COMPANY ALONG WITH THE COMMITTEE RESEARCHED AVAILABLE DATA PROVIDED BY THE UNITED WAY WORLDWIDE AS WELL AS OTHER REGIONAL DATA TO DETERMINE THE APPROPRIATE COMPENSATION RANGE BASED ON THE RESULTS OF THE SEARCH, THE COMMITTEE MADE THE RECOMMENDATION TO THE BOARD OF DIRECTORS TO HIRE BRITTANY BURNETT AS THE NEW PRESIDENT/CEO ON MAY 25, 2018 EMPLOYMENT COMMENCED ON JULY 23, 2018 DIRECTOR OF FINANCE THE PROCESS FOR HIRING AND DETERMINING SALARY AND BENEFITS OF THE DIRECTOR OF FINANCE IS THE SAME AS ABOVE WITH THE FOLLOWING EXCEPTIONS THE SEARCH COMMITTEE IS COMPRISED OF THE FINANCE COMMITTEE AS WELL AS THE PRESIDENT/CEO THE BOARD'S TREASURER CHAIRS THE COMMITTEE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE IRS FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	COMBINED FEDERAL CAMPAIGN NET ASSETS ADJUSTMENT 132,950

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART XI LINE 2C	AUDIT COMMITTEE PROCESS THE AUDIT COMMITTEE BELIEVES ITS PROCESSES PERTAINING TO THE OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS IS EFFECTIVE AND DID NOT CHANGE THIS PROCESS IN 2018

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE I PART II	FULL DESCRIPTIONS FOR PURPOSE OF GRANT ASSISTANCE PROGRAM OPERATING COST - A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM THAT IT OPERATES DONOR DESIGNATED FOR GENERAL SUPPORT - AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS