

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
2019
Open to Public Inspection

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

- 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) Room/suite
1765 BROAD STREET

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

D Employer identification number
58-0566155

E Telephone number
(706) 724-5544

G Gross receipts \$ 3,352,416

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

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.UWCSRA.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1936

M State of legal domicile: GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
UNITED WAY FOCUSES ON ACHIEVING OUTCOMES IN THREE COMMUNITY IMPACT AREAS DETERMINED TO BE ESSENTIAL IN CREATING LASTING CHANGES AND TRANSFORMING LIVES. THESE AREAS ARE EDUCATION, FINANCIAL STABILITY AND HEALTH.WE STRIVE TO ACCOMPLISH THIS THROUGH AN ANNUAL FUNDRAISING CAMPAIGN WHICH PROVIDES FUNDING TO 43 HEALTH AND HUMAN SERVICE PROGRAMS AT 23 PARTNER AGENCIES. WE SECURE/ADMINISTER GRANTS TO AID LOCAL ORGANIZATIONS IN MEETING COMMUNITY NEEDS, DEVELOP STRATEGIC PARTNERSHIPS AND INITIATIVES, AND PROVIDE A 24 HOUR/7 DAY 2-1-1 INFORMATION AND REFERRAL LINE LINKING LOCAL CITIZENS WITH HEALTH AND HUMAN SERVICES AVAILABLE IN THE COMMUNITY. UNITED WAY POSITIONS ITSELF AS A LEADER IN TARGETING COMMUNITY RESOURCES TO ADDRESS LOCAL NEEDS, EXPAND COLLABORATIONS AND ACHIEVE MEASURABLE RESULTS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** 26

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 26

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) **5** 22

6 Total number of volunteers (estimate if necessary) **6** 1,955

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0

b Net unrelated business taxable income from Form 990-T, line 39 **7b** 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,341,770	3,301,393
9 Program service revenue (Part VIII, line 2g)	22,905	24,733
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,750	26,290
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,719	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,358,706	3,352,416
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,480,857	2,163,663
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,004,456	930,102
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶453,687		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	475,350	561,698
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,960,663	3,655,463
19 Revenue less expenses. Subtract line 18 from line 12	-601,957	-303,047

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,431,502	2,972,962
21 Total liabilities (Part X, line 26)	1,257,845	1,102,352
22 Net assets or fund balances. Subtract line 21 from line 20	2,173,657	1,870,610

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 _____ Date 2020-07-09
BRITTANY BURNETT PRESIDENT
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00358837
Firm's name ▶ ELLIOTT DAVIS LLCPLLC		2020-07-09		
Firm's address ▶ 500 EAST MOREHEAD STREET SUITE 700 CHARLOTTE, NC 28202			Firm's EIN ▶ 57-0381582	Phone no. (704) 333-8881

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,365,869 including grants of \$ 1,365,869) (Revenue \$ 0)
See Additional Data

4b (Code:) (Expenses \$ 293,288 including grants of \$ 293,288) (Revenue \$ 24,733)
See Additional Data

4c (Code:) (Expenses \$ 463,518 including grants of \$ 437,972) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 681,795 including grants of \$ 66,534) (Revenue \$ 0)

4e Total program service expenses ▶ 2,804,470

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 main columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16b with corresponding input fields and checkboxes.

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 (26), 1b (26), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (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 (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA, SC
18 Section 6104 requires an organization to make its Form 1023 (or 1024-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.
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 30904 (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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,301,393				
	g Noncash contributions included in lines 1a - 1f:\$	1g	191,441				
	h Total. Add lines 1a-1f			3,301,393			
Program Service Revenue	2a PLEDGE PROCESSING FEE	Business Code 561000	24,733	24,733			
	b						
	c						
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.		24,733				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		26,290			26,290	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a				
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a				
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			3,352,416	24,733	0	26,290	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,163,663	2,163,663		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	220,386	55,035	139,580	25,771
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	499,284	210,351	75,181	213,752
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	63,527	26,239	21,049	16,239
9 Other employee benefits	91,860	36,386	20,806	34,668
10 Payroll taxes	55,045	20,362	16,421	18,262
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,500		17,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	36,842	34,509	88	2,245
12 Advertising and promotion	53,508	22,677	13,857	16,974
13 Office expenses	47,449	5,875	13,270	28,304
14 Information technology				
15 Royalties				
16 Occupancy	84,953	35,230	19,421	30,302
17 Travel	9,294	3,702	550	5,042
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,334	3,393	3,513	4,428
20 Interest				
21 Payments to affiliates	37,301	15,469	8,527	13,305
22 Depreciation, depletion, and amortization	5,286	2,192	1,208	1,886
23 Insurance	4,371	1,813	999	1,559
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	169,414	157,168	8,175	4,071
b SPECIAL EVENTS	77,595	9,550	34,019	34,026
c MEMBERSHIP DUES	3,848	755	2,818	275
d AWARDS	3,003	101	324	2,578
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,655,463	2,804,470	397,306	453,687
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	88,565	1	41,553
	2 Savings and temporary cash investments	2,168,606	2	1,916,676
	3 Pledges and grants receivable, net	923,758	3	796,136
	4 Accounts receivable, net	52,622	4	2,306
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	90,646	9	64,284
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 88,969		
	b Less: accumulated depreciation	10b 80,053	7,341	10c 8,916
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	99,964	12	143,091
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,431,502	16	2,972,962	
Liabilities	17 Accounts payable and accrued expenses	86,584	17	90,648
	18 Grants payable		18	
	19 Deferred revenue	41,863	19	71,585
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,129,398	25	940,119
	26 Total liabilities. Add lines 17 through 25	1,257,845	26	1,102,352
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,056,054	27	793,552
	28 Net assets with donor restrictions	1,117,603	28	1,077,058
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,173,657	32	1,870,610	
33 Total liabilities and net assets/fund balances	3,431,502	33	2,972,962	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,352,416
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,655,463
3	Revenue less expenses. Subtract line 2 from line 1	3	-303,047
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,173,657
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,870,610

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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 58-0566155

Name: UNITED WAY OF THE CSRA INC

Form 990 (2019)

Form 990, Part III, Line 4a:

PROGRAM FUNDING ALLOCATIONS USING CONTRIBUTIONS TO THE COMMUNITY INVESTMENT FUND, UNITED WAY OF THE CSRA DISTRIBUTES FUNDS TO 43 HEALTH AND HUMAN SERVICE PROGRAMS AT 22 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

Form 990, Part III, Line 4b:

DONOR DESIGNATIONS 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 73 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

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 17 AMERICORPS VISTA MEMBERS WHO SERVE FULL-TIME FOR ONE YEAR WITH AREA 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 2019, THIS PROGRAM SERVED 12 RICHMOND COUNTY SCHOOLS AND 5 COLUMBIA COUNTY SCHOOLS, ENGAGED MORE THAN 1620 VOLUNTEERS AND LEVERAGED OVER \$195,000 OF CASH (GRANTS, DONATIONS AND FUNDRAISING) AND NON-CASH RESOURCES (IN-KIND GOODS AND SERVICES) TO SUPPORT COMMUNITY NONPROFITS, AND IDENTIFIED NUMEROUS PARTNERSHIPS.

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

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

(Code:) (Expenses \$ 225,250 including grants of \$ 14,284) (Revenue \$ 0)

OTHER UNITED WAY OF THE CSRA PROGRAM SERVICES2-1-1 INFORMATION AND REFERRAL PROGRAMTHE CONCEPT OF 2-1-1 AN EASY TO REMEMBER 3-DIGIT DIALING CODE THAT CONNECTS PEOPLE WITH PROFESSIONALLY-DELIVERED INFORMATION AND REFERRAL TO HEALTH, COMMUNITY AND HUMAN SERVICES WAS BORN IN ATLANTA IN 1997 THROUGH THE LEADERSHIP OF UNITED WAY OF GREATER ATLANTA. LOCALLY, 2-1-1 HAS SIGNIFICANT IMPACT ON THE QUALITY OF LIFE THROUGHOUT THE COMMUNITY. IN 2019, UNITED WAY OF THE CSRA'S 2-1-1 INFORMATION AND REFERRAL SPECIALISTS ASSISTED 19,183 CALLERS AND 2-1-1'S WEBSITE EXPERIENCED 44,371 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..

(Code:) (Expenses \$ 456,545 including grants of \$ 52,250) (Revenue \$)

FAMILYWIZE PRESCRIPTION ASSISTANCETHROUGH THE FAMILYWIZE PRESCRIPTION ASSISTANCE CARD PROGRAM, UNITED WAY SAVED THE COMMUNITY \$226,000 IN 2019. 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 40% OR MORE. SINCE ITS LOCAL LAUNCH IN 2009, FAMILYWIZE HAS PROVIDED TOTAL SAVINGS OF \$2,454,285 TO CSRA RESIDENTS.CHRISTMAS CLEARINGHOUSEAS CO-ADMINISTRATOR OF THE CSRA CHRISTMAS CLEARINGHOUSE, UNITED WAY COLLABORATES WITH OVER 23 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 2019, 3,649 INDIVIDUALS IN THE CSRA RECEIVED ASSISTANCE THROUGH CLEARINGHOUSE PARTNERS. 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 2019, 485 VOLUNTEERS COMPLETED PROJECTS AT 31 LOCAL NON-PROFIT AGENCIES, SAVING THESE AGENCIES COUNTLESS DOLLARS AND ALLOWING THEM TO HAVE AN ENHANCED FOCUS ON PROGRAM DELIVERY. OTHER GRANTS AND INITIATIVESTHROUGH OTHER SPECIAL GRANTS, INITIATIVES AND COLLABORATIONS, UNITED WAY POSITIONS ITSELF AS A COMMUNITY LEADER IN ADDRESSING NEEDS. THESE PROJECTS INCLUDE ADDITIONAL FEDERAL, STATE, AND LOCAL GRANTS, SPECIAL ASSISTANCE, COMMUNITY ENGAGEMENT, EARLY CHILDHOOD TRAINING AND EDUCATION, AND A HOST OF OTHER PROJECTS. UNITED WAY SEEKS OUT COLLABORATIONS WITH THE CORPORATE, NON-PROFIT, FAITH-BASED, GOVERNMENT, CIVIC AND EDUCATIONAL COMMUNITIES AND CONTINUALLY ENGAGES NEW PARTNERS AND STRATEGIES.

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

(A) Name and Title	(B) Average hours per week (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			
DR MICHAEL ASH DIRECTOR	0.50	X						0	0	0
MR RICHARD BAKER DIRECTOR	0.50	X						0	0	0
MR TOM BLANCHARD III DIRECTOR	0.50	X						0	0	0
MR VINCE BROGDON DIRECTOR	0.50	X						0	0	0
MR CLINT BRYANT DIRECTOR	0.50	X						0	0	0
MR SCOTT ELLEDGE DIRECTOR	0.50	X						0	0	0
MR EDWARD ENOCH DIRECTOR	0.50	X						0	0	0
DR LUTHER FELDER DIRECTOR	0.50	X						0	0	0
MR SCOTT JOHNSON DIRECTOR	0.50	X						0	0	0
MR JOSEPH KLECHA 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			
MR TOM LOWENKAMP DIRECTOR	0.50	X						0	0	0
MR ROBERT MCELREATH DIRECTOR	0.50	X						0	0	0
MS CHERYL MULVEHILL DIRECTOR	0.50	X						0	0	0
MR SAM NICHOLSON DIRECTOR	0.50	X						0	0	0
MR JOHN PATTERSON DIRECTOR	0.50	X						0	0	0
MR SCOTT PEEPLES DIRECTOR	0.50	X						0	0	0
MS KINESHA PONDER DIRECTOR	0.50	X						0	0	0
MR ANTHONY ROBINSON DIRECTOR	0.50	X						0	0	0
MS JESSICA STONE DIRECTOR	0.50	X						0	0	0
MR DOUG WELCH 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			
MR REAGAN WILLIAMS DIRECTOR	0.50	X						0	0	0
MR DAN ROGERS AGENCY LIASON	0.50	X						0	0	0
MR JORDAN PIERCE CAMPAIGN CHAIR	0.50	X						0	0	0
MR SAMUEL TYSON COMMUNITY INVESTMENT CHAIR	0.50	X						0	0	0
MR CHRIS BIRD MARKETING CHAIR	0.50	X						0	0	0
MR MARK HADDON BOARD CHAIR	0.50	X		X				0	0	0
MS BONNIE COX TREASURER	0.50	X		X				0	0	0
BRITTANY BURNETT PRESIDENT/CEO	53.00			X				117,963	0	10,893
DEBBIE BROWN DIRECTOR OF FINANCE	45.00			X				74,324	0	17,206

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 for instructions and the latest information.

OMB No. 1545-0047
2019
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		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,702,672	3,863,619	3,871,148	3,341,770	3,301,393	19,080,602
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	4,702,672	3,863,619	3,871,148	3,341,770	3,301,393	19,080,602
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						19,080,602

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	4,702,672	3,863,619	3,871,148	3,341,770	3,301,393	19,080,602
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	2,753	3,796	3,605	3,750	7,888	21,792
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						19,102,394
12 Gross receipts from related activities, etc. (see instructions)					12	77,092

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.890 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	99.900 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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

- 1** 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.

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

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

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for held at the end of the year (2a-2d), and questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f 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.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 8,916

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 940,119

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,093,028
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	33,900	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	33,900
3	Subtract line 2e from line 1		3	3,059,128
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	293,288	
c	Add lines 4a and 4b		4c	293,288
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,352,416

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

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

1	Total expenses and losses per audited financial statements		1	3,396,075
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	33,900	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	33,900
3	Subtract line 2e from line 1		3	3,362,175
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	293,288	
c	Add lines 4a and 4b		4c	293,288
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,655,463

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 58-0566155

Name: UNITED WAY OF THE CSRA INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	UNITED WAY IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER 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 MATERIAL UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2019.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DESIGNATION EXPENSES NETTED AGAINST REVENUE 293,288.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DESIGNATION EXPENSES NETTED AGAINST REVENUE 293,288.

Note: To capture the full content of this document as Filed, 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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

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 33
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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:	PARTNER AGENCY ALLOCATIONS USING CONTRIBUTIONS TO THE COMMUNITY INVESTMENT FUND, UNITED WAY OF THE CSRA DISTRIBUTES FUNDING TO 43 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 73 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
SCHEDULE I, ADDITIONAL INFORMATION	IN ADDITION TO DISTRIBUTIONS REPORTED IN SCHEDULE I PART II, UNITED WAY OF THE CSRA ALSO MADE DISTRIBUTIONS TO 58 AGENCIES THAT RECEIVED LESS THAN \$5,000 AGGREGATE. DOLLARS DISTRIBUTED TO THESE AGENCIES TOTALED \$81,162.26. NOTE: WE ACCRUED \$130,000 AS A PROJECTION FOR ADDITIONAL DESIGNATIONS; HOWEVER, THE DETAIL OF THE DESIGNATIONS WAS NOT RECEIVED BY 12/31/2019.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMBAJI USA - SHREE SHAKTI MANDER 1450 HUIE ROAD MORROW, GA 30260	58-1902318	501(C)(3)	12,500				DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS AUGUSTA CHAPTER 1322 ELLIS STREET AUGUSTA, GA 30901	58-0568699	501(C)(3)	12,469				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS AUGUSTA CHAPTER 1322 ELLIS STREET AUGUSTA, GA 30901	58-0568699	501(C)(3)	181,733				PROGRAM OPERATING COSTS
AUGUSTA TRAINING SHOP INC 1704 JENKINS STREET AUGUSTA, GA 30904	58-0632778	501(C)(3)	4,273				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA TRAINING SHOP INC 1704 JENKINS STREET AUGUSTA, GA 30904	58-0632778	501(C)(3)	53,935				PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA GEORGIA-CAROLINA 1450 GREENE STREET SUITE 150 AUGUSTA, GA 30901	58-0566185	501(C)(3)	15,140				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA GEORGIA-CAROLINA 1450 GREENE STREET SUITE 150 AUGUSTA, GA 30901	58-0566185	501(C)(3)	95,137				PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF AUGUSTA 1903 DIVISION STREET AUGUSTA, GA 30901	58-0610382	501(C)(3)	11,255				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF AUGUSTA 1903 DIVISION STREET AUGUSTA, GA 30901	58-0610382	501(C)(3)	123,258				PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES 811 12TH STREET AUGUSTA, GA 30901	58-1368093	501(C)(3)	7,395				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES 811 12TH STREET AUGUSTA, GA 30901	58-1368093	501(C)(3)	4,508				PROGRAM OPERATING COSTS
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501(C)(3)	2,303				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ENRICHMENT INC PO BOX 12036 AUGUSTA, GA 30914	58-1287799	501(C)(3)	56,227				PROGRAM OPERATING COSTS
CHRIST COMMUNITY HEALTH SERVICES PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501(C)(3)	6,043				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST COMMUNITY HEALTH SERVICES PO BOX 2344 AUGUSTA, GA 30903	20-5404353	501(C)(3)	61,461				PROGRAM OPERATING COSTS
COLUMBIA COUNTY COMMUNITY CONNECTIONS PO BOX 3006 EVANS, GA 30809	58-2658852	501(C)(3)	2,399				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA COUNTY COMMUNITY CONNECTIONS PO BOX 3006 EVANS, GA 30809	58-2658852	501(C)(3)	23,660				PROGRAM OPERATING COSTS
COMMUNITIES IN SCHOOLS BURKE CTY 229 E 6TH STREET WAYNESBORO, GA 30830	58-1960654	501(C)(3)	3,507				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS BURKE CTY 229 E 6TH STREET WAYNESBORO, GA 30830	58-1960654	501(C)(3)	24,878				PROGRAM OPERATING COSTS
EASTER SEALS EAST GEORGIA 1500 WRIGHTSBORO RAOD AUGUSTA, GA 30903	58-1918315	501(C)(3)	1,166				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS EAST GEORGIA 1500 WRIGHTSBORO RAOD AUGUSTA, GA 30903	58-1918315	501(C)(3)	38,757				PROGRAM OPERATING COSTS
FAMILY COUNSELING CENTER OF THE CSRA 3711 EXECUTIVE CENTER DRIVE SUITE 201 MARTINEZ, GA 30907	58-1388519	501(C)(3)	38				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY COUNSELING CENTER OF THE CSRA 3711 EXECUTIVE CENTER DRIVE SUITE 201 MARTINEZ, GA 30907	58-1388519	501(C)(3)	58,928				PROGRAM OPERATING COSTS
FAMILY PROMISE OF AUGUSTA 2177 CENTRAL AVENUE AUGUSTA, GA 30904	58-2279801	501(C)(3)	699				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF AUGUSTA 2177 CENTRAL AVENUE AUGUSTA, GA 30904	58-2279801	501(C)(3)	17,868				PROGRAM OPERATING COSTS
FAMILY Y THE 3570 WHEELER ROAD AUGUSTA, GA 30909	58-0566254	501(C)(3)	600				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY Y THE 3570 WHEELER ROAD AUGUSTA, GA 30909	58-0566254	501(C)(3)	163,540				PROGRAM OPERATING COSTS
FIGHTING TO WIN INC 815 PARK CHASE DRIVE EVANS, GA 30809	47-5315340	501(C)(3)	11,242				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRESIDE MINISTRIES (PRESBYTERIAN EVANGELISTIC FELLOWSHIP INC) 226 GREENE STREET AUGUSTA, GA 30901	58-6065089	501(C)(3)	15,881				DONOR DESIGNATED FOR GENERAL SUPPORT
FIRST BAPTIST CHURCH OF AUGUSTA PO BOX 14489 AUGUSTA, GA 30919	58-0644905	501(C)(3)	4,702				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP COMMUNITY CENTER 1720 CENTRAL AVENUE AUGUSTA, GA 30904	58-1788566	501(C)(3)	661				DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDSHIP COMMUNITY CENTER 1720 CENTRAL AVENUE AUGUSTA, GA 30904	58-1788566	501(C)(3)	46,749				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAPI-GEORGIA ASSOCIATION OF PHYSICIANS OF INDIAN HERITAGE 1021 NORTH HOUSTON ROAD WARNER ROBINS, GA 31093	58-1969688	501(C)(3)	5,000				DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS CENTRAL SAVANNAH RIVER 1325 GREENE STREET AUGUSTA, GA 30901	56-0566130	501(C)(3)	2,509				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS CENTRAL SAVANNAH RIVER 1325 GREENE STREET AUGUSTA, GA 30901	56-0566130	501(C)(3)	61,774				PROGRAM OPERATING COSTS
HINDU TEMPLE SOCIETY PO BOX 204264 MARTINEZ, GA 30907	58-1425392	501(C)(3)	13,590				DONOR DESIGNATED FOR GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HOUSE PO BOX 3597 AUGUSTA, GA 30914	58-2074040	501(C)(3)	5,338				DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE HOUSE PO BOX 3597 AUGUSTA, GA 30914	58-2074040	501(C)(3)	35,845				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDO AMERICAN CULTURAL ASSOCIATION PO BOX 204716 MARTINEZ, GA 30907	58-1950150	501(C)(3)	7,000				DONOR DESIGNATED FOR GENERAL SUPPORT
METHODIST FAMILY SERVICES AT ST JAMES 439 GREENE STREET AUGUSTA, GA 30901	58-0641241	501(C)(3)	4,978				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPE CRISIS & SEXUAL ASSAULT SERV 1350 WALTON WAY AUGUSTA, GA 30901	58-1581103	501(C)(3)	6,797				DONOR DESIGNATED FOR GENERAL SUPPORT
RAPE CRISIS & SEXUAL ASSAULT SERV 1350 WALTON WAY AUGUSTA, GA 30901	58-1581103	501(C)(3)	33,488				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES AUGUSTA PO BOX 14189 AUGUSTA, GA 30919	58-1509465	501(C)(3)	11,955				DONOR DESIGNATED FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES AUGUSTA PO BOX 14189 AUGUSTA, GA 30919	58-1509465	501(C)(3)	25,141				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HOMES OF AUGUSTA INC 1276 MERRY STREET AUGUSTA, GA 30904	58-1708717	501(C)(3)	12,707				DONOR DESIGNATED FOR GENERAL SUPPORT
SAFE HOMES OF AUGUSTA INC 1276 MERRY STREET AUGUSTA, GA 30904	58-1708717	501(C)(3)	67,094				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY AUGUSTA GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501(C)(3)	11,644				DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY AUGUSTA GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501(C)(3)	93,076				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR CITIZENS COUNCIL OF GREATER 218 OAK STREET NORTH SUITE L MARTINEZ, GA 30907	58-1519107	501(C)(3)	2,827				DONOR DESIGNATED FOR GENERAL SUPPORT
SENIOR CITIZENS COUNCIL OF GREATER 218 OAK STREET NORTH SUITE L MARTINEZ, GA 30907	58-1519107	501(C)(3)	41,643				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST STEPHEN'S MINISTRY OF AUGUSTA 924 GREENE STREET AUGUSTA, GA 30901	58-1994437	501(C)(3)	392				DONOR DESIGNATED FOR GENERAL SUPPORT
ST STEPHEN'S MINISTRY OF AUGUSTA 924 GREENE STREET AUGUSTA, GA 30901	58-1994437	501(C)(3)	7,990				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SPEECH AND HEARING CENTER 1430 HARPER STREET SUITE C3 AUGUSTA, GA 30901	58-1581103	501(C)(3)	4,672				DONOR DESIGNATED FOR GENERAL SUPPORT
THE SPEECH AND HEARING CENTER 1430 HARPER STREET SUITE C3 AUGUSTA, GA 30901	58-1581103	501(C)(3)	6,810				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY HEALTH CARE FOUNDATION 1350 WALTON WAY AUGUSTA, GA 30901	58-1343550	501(C)(3)	6,600				DONOR DESIGNATED FOR GENERAL SUPPORT
YOUNG LIFE OF AIKEN 405 YORK STREET NE AIKEN, SC 29801	84-0385934	501(C)(3)	11,804				DONOR DESIGNATED FOR GENERAL SUPPORT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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 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	X		65,934	COST
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 ▶ (SCHOOL SUPPLIES)	X	1	47,010	COST
26 Other ▶ (HYGIENE SUPPLIES)	X	1	19,028	COST
27 Other ▶ ()				
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** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**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 for the latest information.

OMB No. 1545-0047

2019**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
FORM 990, PART VI, SECTION B, LINE 12C	UNITED WAY OF THE CSRA (UWCSRA) HAS A CONFLICT OF INTEREST POLICY. ALL STAFF AND BOARD VOLUNTEERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS AND DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS. VOLUNTEERS AND STAFF ARE ENCOURAGED TO SEEK GUIDANCE FROM THE PRESIDENT OR THE SR. FINANCE MANAGER CONCERNING THE INTERPRETATION OF A CONFLICT OF INTEREST. IN THE EVENT OF A POTENTIAL CONFLICT, THAT PERSON WILL RECUSE THEMSELVES FROM ALL DISCUSSION AND/OR VOTE ON THE MATTER IN QUESTION.

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 LED 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 TO DETERMINE THE APPROPRIATE COMPENSATION RANGE TO ENSURE REASONABLENESS. 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. ALL DECISIONS ARE DOCUMENTED IN THE MEETING MINUTES. OFFICERS & OTHER KEY EMPLOYEES: THE FINANCE COMMITTEE IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. THE COMMITTEE RELIES UPON AVAILABLE DATA PROVIDED BY THE UNITED WAY WORLDWIDE AND OTHER REGIONAL DATA TO ENSURE COMPENSATION IS REASONABLE. ALL DECISIONS ARE DOCUMENTED IN MEETING MINUTES.</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

Return Reference	Explanation
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 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.