

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF THE CSRA INC. Doing business as		D Employer identification number 58-0566155
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1765 BROAD STREET		E Telephone number 706-724-5544
	City or town, state or province, country, and ZIP or foreign postal code AUGUSTA, GA 30904		G Gross receipts \$ 3,328,468.
	F Name and address of principal officer: BRITTANY BURNETT SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.UWCSRA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1936
			M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY FOCUSES ON ACHIEVING OUTCOMES IN THREE COMMUNITY IMPACT AREAS DETERMINED TO BE ESSENTIAL		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	30	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	30	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	16	
	6 Total number of volunteers (estimate if necessary)	387	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,301,393.	3,259,704.
	9 Program service revenue (Part VIII, line 2g)	24,733.	42,511.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,290.	26,253.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,352,416.	3,328,468.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,163,663.	2,022,135.
	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)	930,102.	961,409.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 433,300.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	561,698.	399,662.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,655,463.	3,383,206.
19 Revenue less expenses. Subtract line 18 from line 12	-303,047.	-54,738.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,972,962.	2,707,680.
	21 Total liabilities (Part X, line 26)	1,102,352.	891,808.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,870,610.	1,815,872.

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 <i>Brittany Burnett</i>		Date 9/15/2021	
	BRITTANY BURNETT, PRESIDENT Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name RICK L. EVANS	Preparer's signature	Date 08/10/21	Check <input type="checkbox"/> if self-employed PTIN P01228206
	Firm's name ▶ SEROTTA MADDOCKS EVANS, CPAS Firm's address ▶ 2743 PERIMETER PARKWAY, BLDG 100 STE 200 AUGUSTA, GA 30909			Firm's EIN ▶ 58-1107697 Phone no. 706-722-5337

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF THE CSRA UNITES PEOPLE AND MOBILIZES COMMUNITY RESOURCES TO CREATE LASTING CHANGES THAT TRANSFORM LIVES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 893,623. including grants of \$ 893,623.) (Revenue \$ 0.) PARTNER GRANTS AWARDED:

USING CONTRIBUTIONS TO THE COMMUNITY INVESTMENT FUND, UNITED WAY OF THE CSRA DISTRIBUTES FUNDS TO 38 HEALTH AND HUMAN SERVICE PROGRAMS AT 26 PARTNER AGENCIES. PROGRAM GRANT 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

4b (Code:) (Expenses \$ 388,207. including grants of \$ 179,631.) (Revenue \$ 0.) 2-1-1 INFORMATION AND REFERRAL PROGRAM:

THE CONCEPT OF 2-1-1 - AN EASY TO REMEMBER 3-DIGIT DIALING CODE THAT CONNECTS PEOPLE WITH PROFESSIONALLY-DELIVERED INFORMATION AND REFERRAL TO HEALTH, COMMUNITY AND HUMAN SERVICES - WAS BORN IN ATLANTA IN 1997 THROUGH THE LEADERSHIP OF UNITED WAY OF GREATER ATLANTA.

LOCALLY, 2-1-1 HAS SIGNIFICANT IMPACT ON THE QUALITY OF LIFE THROUGHOUT THE COMMUNITY. IN 2020, UNITED WAY OF THE CSRA'S 2-1-1 INFORMATION AND REFERRAL SPECIALISTS ASSISTED 20,452 CALLERS. 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.

4c (Code:) (Expenses \$ 775,363. including grants of \$ 750,065.) (Revenue \$ 0.) AMERICORPS*VISTA (VOLUNTEERS IN SERVICE TO AMERICA):

UNITED WAY'S AMERICORPS VISTA PROGRAM, PROJECT UNITE, IS PART OF THE NATIONAL SERVICE PROGRAM DESIGNED SPECIFICALLY FOR THE PURPOSE OF FIGHTING POVERTY. UNITED WAY SERVES AS A REGIONAL INTERMEDIARY AGENCY AND IS ASSIGNED UP TO 21 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 2020, THIS

4d Other program services (Describe on Schedule O.) (Expenses \$ 492,523. including grants of \$ 198,816.) (Revenue \$ 42,511.)

4e Total program service expenses 2,549,716.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 30		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **GA, SC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 - 706-724-5544
1765 BROAD STREET, AUGUSTA, GA 30904

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(1) BRITTANY BURNETT PRESIDENT/CEO	53.00			X				120,473.	0.	20,959.
(2) DEBBIE BROWN DIRECTOR OF FINANCE	45.00			X				78,765.	0.	16,292.
(3) DR. MICHAEL ASH DIRECTOR	0.50	X						0.	0.	0.
(4) RICHARD BAKER DIRECTOR	0.50	X						0.	0.	0.
(5) DAVE BELKOSKI DIRECTOR	0.50	X						0.	0.	0.
(6) CHRIS BIRD MARKETING CHAIR	0.50	X						0.	0.	0.
(7) TOM BLANCHARD III DIRECTOR	0.50	X						0.	0.	0.
(8) VINCE BROGDON DIRECTOR	0.50	X						0.	0.	0.
(9) CLINT BRYANT DIRECTOR	0.50	X						0.	0.	0.
(10) BONNIE COX TREASURER	0.50	X		X				0.	0.	0.
(11) SCOTT ELLEDGE DIRECTOR	0.50	X						0.	0.	0.
(12) EDWARD ENOCH DIRECTOR	0.50	X						0.	0.	0.
(13) DR. LUTHER FELDER DIRECTOR	0.50	X						0.	0.	0.
(14) MARK HADDON BOARD CHAIR	0.50	X		X				0.	0.	0.
(15) JAY JOHNSON DIRECTOR	0.50	X						0.	0.	0.
(16) SCOTT JOHNSON DIRECTOR	0.50	X						0.	0.	0.
(17) ROY KENTON DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JOSEPH KLECHA DIRECTOR	0.50	X						0.	0.	0.
(19) ROBERT MCELREATH DIRECTOR	0.50	X						0.	0.	0.
(20) BARB MCINNIS DIRECTOR	0.50	X						0.	0.	0.
(21) CHERYL MULVEHILL DIRECTOR	0.50	X						0.	0.	0.
(22) SAM NICHOLSON DIRECTOR	0.50	X						0.	0.	0.
(23) JOHN PATTERSON DIRECTOR	0.50	X						0.	0.	0.
(24) SCOTT PEEPLES DIRECTOR	0.50	X						0.	0.	0.
(25) JORDAN PIERCE CAMPAIGN CHAIR	0.50	X						0.	0.	0.
(26) KINESHA PONDER DIRECTOR	0.50	X						0.	0.	0.
1b Subtotal								199,238.	0.	37,251.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								199,238.	0.	37,251.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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 3,259,704.					
	g Noncash contributions included in lines 1a-1f	1g \$ 65,515.					
	h Total. Add lines 1a-1f		3,259,704.				
Program Service Revenue	2 a PLEDGE PROCESSING FEE	Business Code 561000	42,511.	42,511.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		42,511.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		26,253.			26,253.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			3,328,468.	42,511.	0.	26,253.	

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	2,022,135.	2,022,135.		
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	199,238.	35,725.	138,214.	25,299.
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	559,786.	228,053.	97,394.	234,339.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,155.	24,314.	20,285.	23,556.
9 Other employee benefits	77,081.	29,229.	20,634.	27,218.
10 Payroll taxes	57,149.	19,982.	17,580.	19,587.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	15,750.		15,750.	
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 Sch. O.)	38,990.	36,745.		2,245.
12 Advertising and promotion	16,567.	1,152.	7,140.	8,275.
13 Office expenses	6,051.	4,491.	726.	834.
14 Information technology				
15 Royalties				
16 Occupancy	84,459.	34,654.	18,665.	31,140.
17 Travel	1,271.	679.	87.	505.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,962.	1,408.	3,331.	1,223.
20 Interest				
21 Payments to affiliates	42,060.	17,257.	9,295.	15,508.
22 Depreciation, depletion, and amortization	4,692.	1,925.	1,037.	1,730.
23 Insurance	3,990.	1,637.	882.	1,471.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GIFTS IN-KIND	53,592.	40,872.	1,149.	11,571.
b SPECIAL EVENTS	47,612.	7,436.	31,540.	8,636.
c VISTA PROGRAM FEE EXPEN	38,979.	38,979.	0.	0.
d PRINTING	12,062.	1,899.	5,393.	4,770.
e All other expenses	27,625.	1,144.	11,088.	15,393.
25 Total functional expenses. Add lines 1 through 24e	3,383,206.	2,549,716.	400,190.	433,300.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	41,553.	1	11,407.
	2 Savings and temporary cash investments	1,916,676.	2	1,932,435.
	3 Pledges and grants receivable, net	796,136.	3	545,629.
	4 Accounts receivable, net	2,306.	4	8,549.
	5 Loans and other receivables from 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	64,284.	9	54,563.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 88,969.		
	b Less: accumulated depreciation	10b 84,745.	8,916.	10c 4,224.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	143,091.	12	133,174.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	17,699.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,972,962.	16	2,707,680.	
Liabilities	17 Accounts payable and accrued expenses	90,648.	17	73,495.
	18 Grants payable		18	
	19 Deferred revenue	71,585.	19	35,427.
	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	176,157.
	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	940,119.	25	606,729.
	26 Total liabilities. Add lines 17 through 25	1,102,352.	26	891,808.
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	793,552.	27	848,174.
	28 Net assets with donor restrictions	1,077,058.	28	967,698.
	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	1,870,610.	32	1,815,872.
33 Total liabilities and net assets/fund balances	2,972,962.	33	2,707,680.	

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	3,328,468.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,383,206.
3	Revenue less expenses. Subtract line 2 from line 1	3	-54,738.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,870,610.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,815,872.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
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? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,863,619.	3,871,148.	3,341,770.	3,301,393.	3,259,704.	17,637,634.
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	3,863,619.	3,871,148.	3,341,770.	3,301,393.	3,259,704.	17,637,634.
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.						17,637,634.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3,863,619.	3,871,148.	3,341,770.	3,301,393.	3,259,704.	17,637,634.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	3,796.	3,605.	3,750.	7,888.	16,259.	35,298.
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						17,672,932.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)).....	14	99.80 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.89 %

16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 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>		
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>		
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>		
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>		

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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (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 property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported.

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 make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		88,969.	84,745.	4,224.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,224.

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. (Col. (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. (Col. (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	
(2) AMOUNTS PAYABLE TO DESIGNATED	
(3) AGENCIES	146,870.
(4) ALLOCATION PAYABLE	447,160.
(5) OTHER LT LIABILITIES	12,699.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	606,729.

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 FASB 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	3,163,552.
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	3,129,652.
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	198,816.
c	Add lines 4a and 4b	4c	198,816.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,328,468.

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	3,218,290.
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	3,184,390.
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	198,816.
c	Add lines 4a and 4b	4c	198,816.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,383,206.

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.

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)(C). UNITED WAY IS NOT AWARE OF ANY MATERIAL UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 198,816.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 198,816.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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
AMERICAN RED CROSS, AUGUSTA CHAPTER - 1322 ELLIS STREET - AUGUSTA, GA 30901	58-0568699	501 (C) (3)	5,475.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS, AUGUSTA CHAPTER - 1322 ELLIS STREET - AUGUSTA, GA 30901	58-0568699	501 (C) (3)	128,698.	0.			PROGRAM OPERATING COSTS
APPARO ACADEMY 3104 SKINNER MILL ROAD AUGUSTA, GA 30909	20-4497306	501 (C) (3)	37,050.	0.			PROGRAM OPERATING COSTS
AUGUSTA TRAINING SHOP, INC. 1704 JENKINS STREET AUGUSTA, GA 30904	58-0632778	501 (C) (3)	2,647.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AUGUSTA TRAINING SHOP, INC. 1704 JENKINS STREET AUGUSTA, GA 30904	58-0632778	501 (C) (3)	42,539.	0.			PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA, GEORGIA-CAROLINA - 1450 GREENE STREET, SUITE 150 - AUGUSTA, GA 30901	58-0566185	501 (C) (3)	6,567.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **35.**

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

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

Schedule I (Form 990) 2020

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

(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)	55,139.	0.			PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF AUGUSTA 1903 DIVISION STREET AUGUSTA, GA 30901	58-0610382	501 (C) (3)	3,715.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF AUGUSTA 1903 DIVISION STREET AUGUSTA, GA 30901	58-0610382	501 (C) (3)	100,720.	0.			PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF AUGUSTA 1903 DIVISION STREET AUGUSTA, GA 30901	58-0610382	501 (C) (3)	0.	3,400.			COVID-19 ASSISTANCE
CENTER FOR NEW BEGINNINGS, INC. P.O. BOX 1066 WAYNESBORO, GA 30830	51-0533883	501 (C) (3)	5,246.	0.			PROGRAM OPERATING COSTS
CHILD ENRICHMENT, INC. P.O. BOX 12036 AUGUSTA, GA 30914	58-1287799	501 (C) (3)	1,877.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHILD ENRICHMENT, INC. P.O. BOX 12036 AUGUSTA, GA 30914	58-1287799	501 (C) (3)	46,939.	0.			PROGRAM OPERATING COSTS
CHRIST COMMUNITY HEALTH SERVICES P.O. BOX 2344 AUGUSTA, GA 30903	20-5404353	501 (C) (3)	3,566.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHRIST COMMUNITY HEALTH SERVICES P.O. BOX 2344 AUGUSTA, GA 30903	20-5404353	501 (C) (3)	54,214.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

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

(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 P.O. BOX 2344 AUGUSTA, GA 30903	20-5404353	501 (C) (3)	0.	680.			COVID-19 ASSISTANCE
COLUMBIA COUNTY COMMUNITY CONNECTIONS - P.O. BOX 3006 - EVANS, GA 30809	58-2658852	501 (C) (3)	1,679.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBIA COUNTY COMMUNITY CONNECTIONS - P.O. BOX 3006 - EVANS, GA 30809	58-2658852	501 (C) (3)	20,290.	0.			PROGRAM OPERATING COSTS
COMMUNITIES IN SCHOOLS, BURKE CTY 229 E. 6TH STREET WAYNESBORO, GA 30830	58-1960654	501 (C) (3)	1,100.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITIES IN SCHOOLS, BURKE CTY 229 E. 6TH STREET WAYNESBORO, GA 30830	58-1960654	501 (C) (3)	14,192.	0.			PROGRAM OPERATING COSTS
EASTER SEALS EAST GEORGIA 1500 WRIGHTSBORO RAOD AUGUSTA, GA 30903	58-1918315	501 (C) (3)	649.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EASTER SEALS EAST GEORGIA 1500 WRIGHTSBORO RAOD AUGUSTA, GA 30903	58-1918315	501 (C) (3)	35,674.	0.			PROGRAM OPERATING COSTS
FAMILY COUNSELING CENTER OF THE CSRA, - 3711 EXECUTIVE CENTER DRIVE, SUITE 201 - MARTINEZ, GA 30907	58-1388519	501 (C) (3)	238.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY COUNSELING CENTER OF THE CSRA, - 3711 EXECUTIVE CENTER DRIVE, SUITE 201 - MARTINEZ, GA 30907	58-1388519	501 (C) (3)	29,483.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

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

(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)	407.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY PROMISE OF AUGUSTA 2177 CENTRAL AVENUE AUGUSTA, GA 30904	58-2279801	501 (C) (3)	13,044.	0.			PROGRAM OPERATING COSTS
FAMILY Y, THE 3570 WHEELER ROAD AUGUSTA, GA 30909	58-0566254	501 (C) (3)	1,605.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY Y, THE 3570 WHEELER ROAD AUGUSTA, GA 30909	58-0566254	501 (C) (3)	141,148.	0.			PROGRAM OPERATING COSTS
FAMILY Y, THE 3570 WHEELER ROAD AUGUSTA, GA 30909	58-0566254	501 (C) (3)	0.	5,440.			COVID-19 ASSISTANCE
FIGHTING TO WIN, INC. 815 PARK CHASE DRIVE EVANS, GA 30809	47-5315340	501 (C) (3)	9,289.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FIRESIDE MINISTRIES (PRESBYTERIAN EVANGELISTIC FELLOWSHIP, INC) - 226 GREENE STREET - AUGUSTA, GA 30901	58-6065089	501 (C) (3)	7,665.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FIRST BAPTIST CHURCH PO BOX 14489 AUGUSTA, GA 30919	58-0644905	501 (C) (3)	21,493.	0.			PROGRAM OPERATING COSTS
FIRST TEE OF AUGUSTA 3165 DAMASCUS RD AUGUSTA, GA 30909	58-2415361	501 (C) (3)	349.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

Schedule I (Form 990)

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

(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
FIRST TEE OF AUGUSTA 3165 DAMASCUS RD AUGUSTA, GA 30909	58-2415361	501 (C) (3)	16,827.	0.			PROGRAM OPERATING COSTS
FORCES UNITED, INC. 701 GREENE STREET, SUITE 104 AUGUSTA, GA 30901	26-1176267	501 (C) (3)	2,109.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FORCES UNITED, INC. 701 GREENE STREET, SUITE 104 AUGUSTA, GA 30901	26-1176267	501 (C) (3)	9,245.	0.			PROGRAM OPERATING COSTS
FRIENDSHIP COMMUNITY CENTER 1720 CENTRAL AVENUE AUGUSTA, GA 30904	58-1788566	501 (C) (3)	0.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDSHIP COMMUNITY CENTER 1720 CENTRAL AVENUE AUGUSTA, GA 30904	58-1788566	501 (C) (3)	23,705.	0.			PROGRAM OPERATING COSTS
GIRL SCOUTS, CENTRAL SAVANNAH RIVER - 1325 GREENE STREET - AUGUSTA, GA 30901	56-0566130	501 (C) (3)	2,592.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS, CENTRAL SAVANNAH RIVER - 1325 GREENE STREET - AUGUSTA, GA 30901	56-0566130	501 (C) (3)	44,038.	0.			PROGRAM OPERATING COSTS
GOLDEN HARVEST FOOD BANK, INC. 3310 COMMERCE DR AUGUSTA, GA 30909	58-1466516	501 (C) (3)	1,582.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GOLDEN HARVEST FOOD BANK, INC. 3310 COMMERCE DR AUGUSTA, GA 30909	58-1466516	501 (C) (3)	32,747.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN HARVEST FOOD BANK, INC. 3310 COMMERCE DR AUGUSTA, GA 30909	58-1466516	501 (C) (3)	0.	1,360.			COVID-19 ASSISTANCE
HINDU TEMPLE SOCIETY P.O. BOX 204264 MARTINEZ, GA 30907	58-1425392	501 (C) (3)	5,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE HOUSE P.O. BOX 3597 AUGUSTA, GA 30914	58-2074040	501 (C) (3)	1,915.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE HOUSE P.O. BOX 3597 AUGUSTA, GA 30914	58-2074040	501 (C) (3)	34,703.	0.			PROGRAM OPERATING COSTS
KIDS RESTART, INC. P.O. BOX 10001 AUGUSTA, GA 30903	58-2423659	501 (C) (3)	5,397.	0.			PROGRAM OPERATING COSTS
RAPE CRISIS & SEXUAL ASSAULT SERV. 1350 WALTON WAY AUGUSTA, GA 30901	58-1581103	501 (C) (3)	2,710.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
RAPE CRISIS & SEXUAL ASSAULT SERV. 1350 WALTON WAY AUGUSTA, GA 30901	58-1581103	501 (C) (3)	30,170.	0.			PROGRAM OPERATING COSTS
RISE AUGUSTA 1132 DRUID PARK AVENUE AUGUSTA, GA 30904	58-2246930	501 (C) (3)	10,943.	0.			PROGRAM OPERATING COSTS
RONALD MCDONALD HOUSE CHARITIES AUGUSTA - P.O. BOX 14189 - AUGUSTA, GA 30919	58-1509465	501 (C) (3)	2,973.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

(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 - P.O. BOX 14189 - AUGUSTA, GA 30919	58-1509465	501 (C) (3)	28,784.	0.			PROGRAM OPERATING COSTS
SAFE HOMES OF AUGUSTA, INC. 1276 MERRY STREET AUGUSTA, GA 30904	58-1708717	501 (C) (3)	6,268.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SAFE HOMES OF AUGUSTA, INC. 1276 MERRY STREET AUGUSTA, GA 30904	58-1708717	501 (C) (3)	57,597.	0.			PROGRAM OPERATING COSTS
SALVATION ARMY, AUGUSTA, GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501 (C) (3)	5,298.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY, AUGUSTA, GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501 (C) (3)	87,591.	0.			PROGRAM OPERATING COSTS
SALVATION ARMY, AUGUSTA, GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501 (C) (3)	0.	1,360.			COVID-19 ASSISTANCE
SENIOR CITIZENS COUNCIL OF GREATER 218 OAK STREET NORTH, SUITE L MARTINEZ, GA 30907	58-1519107	501 (C) (3)	1,048.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SENIOR CITIZENS COUNCIL OF GREATER 218 OAK STREET NORTH, SUITE L MARTINEZ, GA 30907	58-1519107	501 (C) (3)	39,988.	0.			PROGRAM OPERATING COSTS
SENIOR CITIZENS COUNCIL OF GREATER 218 OAK STREET NORTH, SUITE L MARTINEZ, GA 30907	58-1519107	501 (C) (3)	0.	1,360.			COVID-19 ASSISTANCE

Schedule I (Form 990)

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

(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)	11,534.	0.			PROGRAM OPERATING COSTS
THE COMMUNITY FOUNDATION OF THE CSRA - P.O. BOX 31358 - AUGUSTA, GA 30903	58-2184345	501 (C) (3)	92,461.	0.			COVID-19 ASSISTANCE
THE SPEECH AND HEARING CENTER 1430 HARPER STREET, SUITE C3 AUGUSTA, GA 30901	58-1581103	501 (C) (3)	1,173.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE SPEECH AND HEARING CENTER 1430 HARPER STREET, SUITE C3 AUGUSTA, GA 30901	58-1581103	501 (C) (3)	9,101.	0.			PROGRAM OPERATING COSTS
UNIVERSITY HEALTH CARE FOUNDATION 1350 WALTON WAY AUGUSTA, GA 30901	58-1343550	501 (C) (3)	5,285.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
YOUNG LIFE OF AIKEN 405 YORK STREET, NE AIKEN, SC 29801	84-0385934	501 (C) (3)	8,115.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

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

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

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

PART I, LINE 2:

PARTNER AGENCY ALLOCATIONS:

USING CONTRIBUTIONS TO THE COMMUNITY INVESTMENT FUND, UNITED WAY OF THE

CSRA DISTRIBUTES FUNDING TO 38 HEALTH AND HUMAN SERVICE PROGRAMS AT 26

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.

Part IV Supplemental Information

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 88 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 50 AGENCIES THAT RECEIVED LESS THAN \$5,000 AGGREGATE. DOLLARS DISTRIBUTED TO THESE AGENCIES TOTALED \$47,702.04.

Part IV Supplemental Information

IN ADDITION TO CASH DISTRIBUTIONS, UNITED WAY OF THE CSRA ALSO MADE DISTRIBUTIONS OF FACE MASK TO 36 AGENCIES FOR COVID ASSISTANCE FOR AN AGGREGATE TOTAL OF \$3,400.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ 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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HYGIENE AND S)	X	0	41,264.COST	
26 Other ▶ (CAMPAIGN)	X	0	10,337.COST	
27 Other ▶ (MARKETING)	X	0	8,914.COST	
28 Other ▶ (GIFT CARD)	X	1	5,000.COST	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE CSRA INC.

Employer identification number

58-0566155

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN CREATING LASTING CHANGES AND TRANSFORMING LIVES. THESE AREAS ARE
EDUCATION, FINANCIAL STABILITY AND HEALTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE STRIVE TO ACCOMPLISH THIS THROUGH AN ANNUAL FUNDRAISING CAMPAIGN
WHICH PROVIDES FUNDING TO 38 HEALTH AND HUMAN SERVICE PROGRAMS AT 26
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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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

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

3) HEALTH

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM SERVED THE RICHMOND COUNTY WRAPAROUND SERVICE CENTER AND 5 COLUMBIA COUNTY SCHOOLS, ENGAGED MORE THAN 482 VOLUNTEERS AND LEVERAGED OVER \$250,804 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, LINE 4D, OTHER PROGRAM SERVICES:

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 88 LOCAL AGENCIES RECEIVED DONOR DESIGNATED FUNDS TOTALING \$198,816 IN ADDITION TO THOSE RECEIVING ANNUAL GRANTS. 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

Name of the organization UNITED WAY OF THE CSRA INC.	Employer identification number 58-0566155
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3) VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT

FAMILYWISE PRESCRIPTION ASSISTANCE:

THROUGH THE FAMILYWISE PRESCRIPTION ASSISTANCE CARD PROGRAM, UNITED WAY SAVED THE COMMUNITY \$135,410 IN 2020. THESE FREE-OF-CHARGE PRESCRIPTION DISCOUNT CARDS OFFERED BY UNITED WAY WERE USED BY 1,897 PEOPLE THROUGHOUT FIVE LOCAL COUNTIES. FAMILYWISE 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, FAMILYWISE HAS PROVIDED TOTAL SAVINGS OF \$2,665,291 TO CSRA RESIDENTS.

OTHER GRANTS AND INITIATIVES:

THROUGH OTHER SPECIAL GRANTS, INITIATIVES AND COLLABORATIONS, UNITED WAY POSITIONS ITSELF AS A COMMUNITY LEADER IN ADDRESSING NEEDS. THESE PROJECTS INCLUDE ADDITIONAL FEDERAL, STATE, AND LOCAL GRANTS, SPECIAL ASSISTANCE, COMMUNITY ENGAGEMENT, EARLY CHILDHOOD TRAINING AND EDUCATION, AND A HOST OF OTHER PROJECTS. UNITED WAY SEEKS OUT COLLABORATIONS WITH THE CORPORATE, NON-PROFIT, FAITH-BASED, GOVERNMENT, CIVIC AND EDUCATIONAL COMMUNITIES AND CONTINUALLY ENGAGES NEW PARTNERS AND STRATEGIES. SOME OF THE PROGRAMS PROVIDED IN 2020 INCLUDED RIDE UNITED FOR TRANSPORTATION ASSISTANCE, COVID-RELATED EMERGENCY RENT AND UTILITY ASSISTANCE REFERRALS, AND PARTNERSHIPS WITH AGENCIES SUCH AS GOLDEN HARVEST TO FEEL GAPS WHERE NEEDED TO ASSIST IN THE DISTRIBUTION OF FOOD AND PPE.

EXPENSES \$ 492,523. INCLUDING GRANTS OF \$ 198,816. REVENUE \$ 42,511.

Name of the organization

UNITED WAY OF THE CSRA INC.

Employer identification number

58-0566155

FORM 990, PART VI, SECTION B, LINE 11B:

UNITED WAY OF THE CSRA SENDS ALL BOARD MEMBERS A COPY OF THE IRS FORM 990 FOR REVIEW AND COMMENT. AT THE NEXT REGULARLY SCHEDULED MEETING, THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE VOTES TO APPROVE THE FORM. FORM 990 IS THEN FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

UNITED WAY OF THE CSRA (UWCSRA) HAS A CONFLICT OF INTEREST POLICY. ALL STAFF AND BOARD VOLUNTEERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS AND DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS. 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.

FORM 990, PART VI, SECTION B, LINE 15:

PRESIDENT/CEO - A SEARCH COMMITTEE IS ORGANIZED FOR THE PURPOSE OF RECRUITING AND NAMING A PRESIDENT/CEO. MEMBERS OF THE BOARD OF DIRECTORS AND A PARTNER AGENCY REPRESENTATIVE COMPRISE THE COMMITTEE WHICH IS LED BY THE BOARD'S CHAIR OF HUMAN RESOURCES. DATA IS GATHERED FROM UNITED WAY WORLDWIDE AS WELL AS OTHER REGIONAL SOURCES AND IS REVIEWED TO DETERMINE THE APPROPRIATE COMPENSATION RANGE.

OFFICERS AND OTHER KEY EMPLOYEES: THE PRESIDENT/CEO IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. DATA PROVIDED BY UNITED WAY WORLDWIDE, OTHER REGIONAL SOURCES AND CURRENT ECONOMIC FACTORS ARE USED TO ENSURE COMPENSATION IS REASONABLE. SALARIES

Name of the organization

UNITED WAY OF THE CSRA INC.

Employer identification number

58-0566155

ARE APPROVED BY THE BOARD OF DIRECTORS AS PART OF THE ANNUAL BUDGETING
PROCESS.

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.

PART XI, LINE 2C

THE AUDIT COMMITTEE BELIEVES ITS PROCESSES PERTAINING TO THE OVERSIGHT
OF THE AUDITED FINANCIAL STATEMENTS IS EFFECTIVE AND DID NOT CHANGE
THIS PROCESS IN 2020.