

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

UNITED WAY OF THE CSRA INC.

EIN or SSN

58-0566155

Name and title of officer or person subject to tax **BRITTANY BURNETT
PRESIDENT/CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>7,796,409.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize SEROTTA MADDOCKS EVANS, CPAS to enter my PIN 20111
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

58143907012

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF THE CSRA INC.	Taxpayer identification number (TIN) 58-0566155
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1765 BROAD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUGUSTA, GA 30904	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

BRITTANY BURNETT

- The books are in the care of ▶ **1765 BROAD STREET - AUGUSTA, GA 30904**

Telephone No. ▶ **706-724-5544**

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

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 2022 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 Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1765 BROAD STREET City or town, state or province, country, and ZIP or foreign postal code AUGUSTA, GA 30904	D Employer identification number 58-0566155 E Telephone number 706-724-5544
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		G Gross receipts \$ 7,796,409.
J Website: WWW.UWCSRA.ORG		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
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

	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF THE CSRA LEADS THE WAY IN IDENTIFYING HEALTH AND HUMAN SERVICE NEEDS AND SECURING THE			
Activities & Governance	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)	3	29	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	19	
	6 Total number of volunteers (estimate if necessary)	6	1003	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,264,945.	7,757,764.	
	9 Program service revenue (Part VIII, line 2g)	39,578.	36,919.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,519.	1,726.	
	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)	8,329,042.	7,796,409.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,029,560.	6,383,726.	
	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)	782,674.	768,351.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	16b Total fundraising expenses (Part IX, column (D), line 25)	433,942.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	332,988.	483,152.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,145,222.	7,635,229.	
19 Revenue less expenses. Subtract line 18 from line 12	183,820.	161,180.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,548,465.	3,230,336.	
	21 Total liabilities (Part X, line 26)	548,773.	1,094,375.	
	22 Net assets or fund balances. Subtract line 21 from line 20	1,999,692.	2,135,961.	

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	7/19/2023
Paid Preparer Use Only	Print/Type preparer's name MICHELLE BENNETT	Preparer's signature	Date
	Firm's name SEROTTA MADDOCKS EVANS, CPAS	Check if self-employed <input type="checkbox"/>	PTIN P00968513
	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 MOBILIZES THE CARING POWER OF OUR COMMUNITY TO MAKE LASTING CHANGE ON THE ISSUES THAT MATTER MOST IN OUR REGION. WE WANT TO ENSURE THAT CHILDREN, YOUNG ADULTS, AND FAMILIES HAVE THE TOOLS AND RESOURCES THEY NEED TO ACHIEVE THEIR MAXIMUM POTENTIAL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 4,873,582. including grants of \$ 4,873,582.) (Revenue \$ 0.) EMERGENCY RENT AND UTILITY ASSISTANCE:

IN ADDITION TO THE USUAL REFERRALS MADE BY 211 INFORMATION AND REFERRAL SPECIALISTS, UNITED WAY OF THE CSRA PARTNERED WITH AUGUSTA-RICHMOND COUNTY'S HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT TO PROVIDE RENT AND/OR UTILITY ASSISTANCE TO RICHMOND COUNTY RESIDENTS IMPACTED BY COVID-19 FOR A SECOND YEAR. FUNDING FOR THIS PROGRAM IS PROVIDED BY THE US DEPARTMENT OF TREASURY'S EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM AS A PART OF THE COVID19 ECONOMIC RELIEF PACKAGE OF THE AMERICAN RESCUE PLAN. SUPPORT FOR FAMILIES INCLUDED UP TO 15 MONTHS IN RENTAL ARREARS, PAST DUE POWER, WATER, AND GAS BILLS AS WELL AS AN ADDITIONAL THREE MONTHS OF PROSPECTIVE RENT IF REQUIRED FOR THE FAMILY TO REMAIN STABLY

4b (Code:) (Expenses \$ 750,952. including grants of \$ 750,952.) (Revenue \$ 0.) GRANT AWARDS FOR LOCAL PROGRAMS:

USING CONTRIBUTIONS FROM THE ANNUAL CAMPAIGN, UNITED WAY OF THE CSRA DISTRIBUTES FUNDS TO 40 HEALTH AND HUMAN SERVICE PROGRAMS AT 28 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 VOLUNTEERS TO ENSURE APPROPRIATE USAGE OF FUNDS. VOLUNTEERS COMPLETE

4c (Code:) (Expenses \$ 304,608. including grants of \$ 275,452.) (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 17 AMERICORPS VISTA MEMBERS WHO SERVE FULL-TIME FOR ONE YEAR WITH AREA SCHOOLS FOR CAPACITY BUILDING IN THE AREA OF PARENT AND COMMUNITY ENGAGEMENT. AMERICORPS VISTAS HELP BUILD HUMAN CAPACITY, FINANCIAL CAPACITY, AND SOCIAL CAPACITY IN HOST SITES AND/OR SCHOOLS WHERE THEY ARE ASSIGNED. UNITED WAY OF THE CSRA RECEIVES SUPPORT FUNDS NECESSARY FOR REGIONAL PROGRAM SUPERVISION AND OVERSIGHT FROM THE CORPORATION FOR NATIONAL COMMUNITY SERVICE. IN 2022, THIS

4d Other program services (Describe on Schedule O.) (Expenses \$ 934,118. including grants of \$ 483,740.) (Revenue \$ 36,919.)

4e Total program service expenses 6,863,260.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		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>		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>		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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>		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>		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>		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>		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>	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>		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>		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>	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>	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>	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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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> See instructions		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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 the 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 line 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 on 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 on 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?		

1a	316
1b	0
1c	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 29		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 29		
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 on 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 on 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 on 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				129,011.	0.	19,541.
(2) DEBBIE BROWN DIRECTOR OF FINANCE	45.00			X				82,640.	0.	29,868.
(3) DAVID BELKOSKI BOARD CHAIR	0.50	X						0.	0.	0.
(4) TOM BLANCHARD III DIRECTOR	0.50	X						0.	0.	0.
(5) CLINT BRYANT DIRECTOR	0.50	X						0.	0.	0.
(6) BONNIE COX TREASURER	0.50	X		X				0.	0.	0.
(7) TONY BERNADOS DIRECTOR	0.50	X						0.	0.	0.
(8) EDWARD ENOCH DIRECTOR	0.50	X						0.	0.	0.
(9) REV LUTHER FELDER DIRECTOR	0.50	X						0.	0.	0.
(10) JAY JOHNSON VICE CHAIR	0.50	X						0.	0.	0.
(11) YVONNNE MEEKS DIRECTOR	0.50	X						0.	0.	0.
(12) JOSEPH KLECHA COMMUNITY IMPACT CHAIR	0.50	X						0.	0.	0.
(13) ROBERT MCELREATH DIRECTOR	0.50	X						0.	0.	0.
(14) SAM NICHOLSON DIRECTOR	0.50	X						0.	0.	0.
(15) JOHN PATTERSON DIRECTOR	0.50	X						0.	0.	0.
(16) LELAND ADAMS DIRECTOR	0.50	X						0.	0.	0.
(17) JORDAN PIERCE DIRECTOR	0.50	X		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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TARAK PATEL DIRECTOR	0.50	X						0.	0.	0.
(19) LEIGH TEFFETELLER DIRECTOR	0.50	X						0.	0.	0.
(20) MISSY POLHEMUS DIRECTOR	0.50	X						0.	0.	0.
(21) MARK TAMASI DIRECTOR	0.50	X						0.	0.	0.
(22) DOUG WELCH DIRECTOR	0.50	X						0.	0.	0.
(23) PAIGE WALDEN DIRECTOR	0.50	X						0.	0.	0.
(24) AIMEE HALL AGENCY LIAISON (NON-VOTING)	0.50	X						0.	0.	0.
(25) JERMAINE WHIRL DIRECTOR	0.50	X						0.	0.	0.
(26) ANGELA WILLIAMS DIRECTOR	0.50	X						0.	0.	0.
1b Subtotal								211,651.	0.	49,409.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								211,651.	0.	49,409.

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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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	4,944,337.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,813,427.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 442,231.					
	h Total. Add lines 1a-1f		7,757,764.					
Program Service Revenue	2 a PLEDGE PROCESSING FEE	Business Code	561000	36,919.	36,919.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			36,919.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,726.			1,726.	
	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				7,796,409.	36,919.	0.	1,726.	

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	1,842,227.	1,842,227.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,541,499.	4,541,499.		
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	211,652.	66,480.	117,253.	27,919.
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	351,624.	58,472.	86,063.	207,089.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,508.	29,407.	18,838.	21,263.
9 Other employee benefits	92,025.	43,451.	17,780.	30,794.
10 Payroll taxes	43,542.	9,592.	15,799.	18,151.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,500.		16,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,533.	2,054.		3,479.
12 Advertising and promotion	9,364.	70.	4,979.	4,315.
13 Office expenses	17,829.	1,775.	2,334.	13,720.
14 Information technology				
15 Royalties				
16 Occupancy	83,865.	30,363.	18,113.	35,389.
17 Travel	3,657.	107.	19.	3,531.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,637.	1,327.	3,635.	5,675.
20 Interest				
21 Payments to affiliates	28,540.	13,026.	5,456.	10,058.
22 Depreciation, depletion, and amortization	13,666.	6,710.	2,596.	4,360.
23 Insurance	5,357.	2,517.	1,115.	1,725.
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	163,010.	161,479.	0.	1,531.
b SPECIAL EVENTS	36,114.	8,100.	7,328.	20,686.
c VISTA PROGRAM FEE EXPEN	22,811.	22,811.		
d PRINTING	20,451.	5,836.	2,175.	12,440.
e All other expenses	45,818.	15,957.	18,044.	11,817.
25 Total functional expenses. Add lines 1 through 24e	7,635,229.	6,863,260.	338,027.	433,942.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	37,464.	1	136,176.
	2 Savings and temporary cash investments	1,626,770.	2	1,304,041.
	3 Pledges and grants receivable, net	331,350.	3	461,297.
	4 Accounts receivable, net	309,943.	4	867,336.
	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	54,310.	9	23,656.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 108,962.		
	b Less: accumulated depreciation	10b 75,726.	22,829.	10c 33,236.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	152,888.	12	127,867.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	12,911.	15	276,727.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,548,465.	16	3,230,336.	
Liabilities	17 Accounts payable and accrued expenses	118,795.	17	99,449.
	18 Grants payable		18	
	19 Deferred revenue	29,610.	19	224,359.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	400,368.	25	770,567.
	26 Total liabilities. Add lines 17 through 25	548,773.	26	1,094,375.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,176,551.	27	1,192,327.
	28 Net assets with donor restrictions	823,141.	28	943,634.
	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	1,999,692.	32	2,135,961.
33 Total liabilities and net assets/fund balances	2,548,465.	33	3,230,336.	

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	7,796,409.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,635,229.
3	Revenue less expenses. Subtract line 2 from line 1	3	161,180.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,999,692.
5	Net unrealized gains (losses) on investments	5	-24,911.
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	2,135,961.

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	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 _____	X	

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,341,770.	3,301,393.	3,259,704.	8,264,945.	7,757,764.	25,925,576.
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	3,341,770.	3,301,393.	3,259,704.	8,264,945.	7,757,764.	25,925,576.
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.						25,925,576.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	3,341,770.	3,301,393.	3,259,704.	8,264,945.	7,757,764.	25,925,576.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	3,750.	7,888.	16,259.	4,879.	1,726.	34,502.
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						25,960,078.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.87 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.84 %
16a 33 1/3% support test - 2022. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 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 on 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 on 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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

2022

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, modified easements, states, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

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 for revenue and assets.

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		108,962.	75,726.	33,236.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				33,236.

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) OTHER ASSETS	276,727.
(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	128,252.
(4) ALLOCATION PAYABLE	375,476.
(5) OTHER LT LIABILITIES	2,906.
(6) CURRENT PORTION OF LEASES PAYABLE	44,360.
(7) LEASE LIABILITY NET OF CURRENT	
(8) PORTION	219,573.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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	7,444,202.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-24,911.
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	8,989.
3	Subtract line 2e from line 1	3	7,435,213.
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	361,196.
c	Add lines 4a and 4b	4c	361,196.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,796,409.

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	7,307,933.
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	7,274,033.
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	361,196.
c	Add lines 4a and 4b	4c	361,196.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,635,229.

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, 2022.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 361,196.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 361,196.

**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

2022

**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 noncash 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)	8,019.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS, AUGUSTA CHAPTER - 1322 ELLIS STREET - AUGUSTA, GA 30901	58-0568699	501 (C) (3)	50,330.	0.			PROGRAM OPERATING COSTS
AMERICAN RED CROSS, AUGUSTA CHAPTER - 1322 ELLIS STREET - AUGUSTA, GA 30901	58-0568699	501 (C) (3)	0.	61.			COVID-19 ASSISTANCE
APPARO ACADEMY 3104 SKINNER MILL ROAD AUGUSTA, GA 30909	20-4497306	501 (C) (3)	517.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
APPARO ACADEMY 3104 SKINNER MILL ROAD AUGUSTA, GA 30909	20-4497306	501 (C) (3)	54,822.	0.			PROGRAM OPERATING COSTS
APPARO ACADEMY 3104 SKINNER MILL ROAD AUGUSTA, GA 30909	20-4497306	501 (C) (3)	0.	1,270.			COVID-19 ASSISTANCE

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

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

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

Schedule I (Form 990) 2022

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501 (C) (3)	2,159.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AUGUSTA HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501 (C) (3)	19,801.	0.			PROGRAM OPERATING COSTS
AUGUSTA HERITAGE ACADEMY 333 GREENE STREET AUGUSTA, GA 30901	31-1727988	501 (C) (3)	0.	915.			COVID-19 ASSISTANCE
BOY SCOUTS OF AMERICA, GEORGIA-CAROLINA - 4316 THREE J ROAD - EVANS, GA 30809	58-0566185	501 (C) (3)	4,501.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA, GEORGIA-CAROLINA - 4316 THREE J ROAD - EVANS, GA 30809	58-0566185	501 (C) (3)	12,023.	0.			PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF AUGUSTA 624 CHAFEE AVENUE AUGUSTA, GA 30904	58-0610382	501 (C) (3)	7,952.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUB OF AUGUSTA 624 CHAFEE AVENUE AUGUSTA, GA 30904	58-0610382	501 (C) (3)	63,657.	0.			PROGRAM OPERATING COSTS
CHILD ENRICHMENT, INC. P.O. BOX 12036 AUGUSTA, GA 30914	58-1287799	501 (C) (3)	2,809.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHILD ENRICHMENT, INC. P.O. BOX 12036 AUGUSTA, GA 30914	58-1287799	501 (C) (3)	31,755.	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 noncash 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)	3,465.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHRIST COMMUNITY HEALTH SERVICES P.O. BOX 2344 AUGUSTA, GA 30903	20-5404353	501 (C) (3)	42,153.	0.			PROGRAM OPERATING COSTS
CHRIST COMMUNITY HEALTH SERVICES P.O. BOX 2344 AUGUSTA, GA 30903	20-5404353	501 (C) (3)	0.	2,266.			COVID-19 ASSISTANCE
COLUMBIA COUNTY COMMUNITY CONNECTIONS - P.O. BOX 3006 - EVANS, GA 30809	58-2658852	501 (C) (3)	2,453.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBIA COUNTY COMMUNITY CONNECTIONS - P.O. BOX 3006 - EVANS, GA 30809	58-2658852	501 (C) (3)	9,799.	0.			PROGRAM OPERATING COSTS
EASTER SEALS EAST GEORGIA 1930 B HIGHLAND AVENUE AUGUSTA, GA 30904	58-1918315	501 (C) (3)	533.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
EASTER SEALS EAST GEORGIA 1930 B HIGHLAND AVENUE AUGUSTA, GA 30904	58-1918315	501 (C) (3)	22,493.	0.			PROGRAM OPERATING COSTS
FAMILY PROMISE OF AUGUSTA 2177 CENTRAL AVENUE AUGUSTA, GA 30904	58-2279801	501 (C) (3)	8,665.	0.			PROGRAM OPERATING COSTS
FAMILY PROMISE OF AUGUSTA 2177 CENTRAL AVENUE AUGUSTA, GA 30904	58-2279801	501 (C) (3)	0.	36.			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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY Y, THE 1058 CLAUSSEN ROAD, STE. 100 AUGUSTA, GA 30907	58-0566254	501 (C) (3)	1,516.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY Y, THE 1058 CLAUSSEN ROAD, STE. 100 AUGUSTA, GA 30907	58-0566254	501 (C) (3)	72,338.	0.			PROGRAM OPERATING COSTS
FAMILY Y, THE 1058 CLAUSSEN ROAD, STE. 100 AUGUSTA, GA 30907	58-0566254	501 (C) (3)	0.	2,207.			COVID-19 ASSISTANCE
FIRST BAPTIST CHURCH PO BOX 14489 AUGUSTA, GA 30919	58-0644905	CHURCH	15,023.	0.			PROGRAM OPERATING COSTS
FIRST TEE OF AUGUSTA 3165 DAMASCUS RD AUGUSTA, GA 30909	58-2415361	501 (C) (3)	155.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FIRST TEE OF AUGUSTA 3165 DAMASCUS RD AUGUSTA, GA 30909	58-2415361	501 (C) (3)	11,159.	0.			PROGRAM OPERATING COSTS
FORCES UNITED, INC. 701 GREENE STREET, SUITE 104 AUGUSTA, GA 30901	26-1176267	501 (C) (3)	938.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
FORCES UNITED, INC. 701 GREENE STREET, SUITE 104 AUGUSTA, GA 30901	26-1176267	501 (C) (3)	6,824.	0.			PROGRAM OPERATING COSTS
GIRL SCOUTS, CENTRAL SAVANNAH RIVER - 508 SHARTOM DRIVE - AUGUSTA, GA 30907	56-0566130	501 (C) (3)	1,168.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS, CENTRAL SAVANNAH RIVER - 508 SHARTOM DRIVE - AUGUSTA, GA 30907	56-0566130	501 (C) (3)	24,735.	0.			PROGRAM OPERATING COSTS
GOLDEN HARVEST FOOD BANK, INC. 3310 COMMERCE DR AUGUSTA, GA 30909	58-1466516	501 (C) (3)	2,913.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
GOLDEN HARVEST FOOD BANK, INC. 3310 COMMERCE DR AUGUSTA, GA 30909	58-1466516	501 (C) (3)	51,626.	0.			PROGRAM OPERATING COSTS
HINDU TEMPLE SOCIETY P.O. BOX 204264 MARTINEZ, GA 30907	58-1425392	501 (C) (3)	12,095.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE HOUSE P.O. BOX 3597 AUGUSTA, GA 30914	58-2074040	501 (C) (3)	1,227.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
HOPE HOUSE P.O. BOX 3597 AUGUSTA, GA 30914	58-2074040	501 (C) (3)	25,448.	0.			PROGRAM OPERATING COSTS
KIDS RESTART, INC. P.O. BOX 10001 AUGUSTA, GA 30903	58-2423659	501 (C) (3)	9,516.	0.			PROGRAM OPERATING COSTS
MIRACLE MAKING MINISTRIES P.O. BOX 10044 AUGUSTA, GA 30903	58-2358627	501 (C) (3)	12,725.	0.			PROGRAM OPERATING COSTS
RAPE CRISIS & SEXUAL ASSAULT SERV. 1350 WALTON WAY AUGUSTA, GA 30901	58-1581103	501 (C) (3)	1,758.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPE CRISIS & SEXUAL ASSAULT SERV. 1350 WALTON WAY AUGUSTA, GA 30901	58-1581103	501 (C) (3)	15,437.	0.			PROGRAM OPERATING COSTS
RISE AUGUSTA 1132 DRUID PARK AVENUE AUGUSTA, GA 30904	58-2246930	501 (C) (3)	62.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES AUGUSTA - P.O. BOX 14189 - AUGUSTA, GA 30919	58-1509465	501 (C) (3)	10,105.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES AUGUSTA - P.O. BOX 14189 - AUGUSTA, GA 30919	58-1509465	501 (C) (3)	17,031.	0.			PROGRAM OPERATING COSTS
SAFE HOMES OF AUGUSTA, INC. P.O. BOX 3187 AUGUSTA, GA 30914	58-1708717	501 (C) (3)	6,245.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SAFE HOMES OF AUGUSTA, INC. P.O. BOX 3187 AUGUSTA, GA 30914	58-1708717	501 (C) (3)	38,256.	0.			PROGRAM OPERATING COSTS
SAFE HOMES OF AUGUSTA, INC. P.O. BOX 3187 AUGUSTA, GA 30914	58-1708717	501 (C) (3)	0.	266.			COVID-19 ASSISTANCE
SALVATION ARMY, AUGUSTA, GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501 (C) (3)	3,862.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY, AUGUSTA, GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501 (C) (3)	34,908.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY, AUGUSTA, GA 1384 GREENE STREET AUGUSTA, GA 30901	58-0660607	501 (C) (3)	0.	1,295.			COVID-19 ASSISTANCE
SENIOR CITIZENS COUNCIL OF GREATER 525 ELLIS STREET AUGUSTA, GA 30901	58-1519107	501 (C) (3)	570.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
SENIOR CITIZENS COUNCIL OF GREATER 525 ELLIS STREET AUGUSTA, GA 30901	58-1519107	501 (C) (3)	32,619.	0.			PROGRAM OPERATING COSTS
THE SPEECH AND HEARING CENTER 1430 HARPER STREET, SUITE C3 AUGUSTA, GA 30901	58-1581103	501 (C) (3)	1,580.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE SPEECH AND HEARING CENTER 1430 HARPER STREET, SUITE C3 AUGUSTA, GA 30901	58-1581103	501 (C) (3)	4,828.	0.			PROGRAM OPERATING COSTS
WILKES COUNTY COMMUNITY PARTNERSHIP - P.O. BOX 88 - WASHINGTON, GA 30673	58-2269288	501 (C) (3)	9,689.	0.			PROGRAM OPERATING COSTS
WILKES COUNTY COMMUNITY PARTNERSHIP - P.O. BOX 88 - WASHINGTON, GA 30673	58-2269288	501 (C) (3)	0.	751.			COVID-19 ASSISTANCE
AUGUSTA LOCALLY GROWN 5710 AZALEA DRIVE THOMSON, GA 30824	45-3581329	501 (C) (3)	341.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AUGUSTA LOCALLY GROWN 5710 AZALEA DRIVE THOMSON, GA 30824	45-3581329	501 (C) (3)	6,192.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA LOCALLY GROWN 5710 AZALEA DRIVE THOMSON, GA 30824	45-3581329	501 (C) (3)	0.	659.			COVID-19 ASSISTANCE
COLUMBIA COUNTY COMMUNITY CONNECTIONS - P.O. BOX 3006 - EVANS, GA 30809	58-2658852	501 (C) (3)	0.	156.			COVID-19 ASSISTANCE
EASTER SEALS EAST GEORGIA 1500 WRIGHTSBORO ROAD AUGUSTA, GA 30903	58-1918315	501 (C) (3)	0.	282.			COVID-19 ASSISTANCE
GIRL SCOUTS, CENTRAL SAVANNAH RIVER - 1325 GREENE STREET - AUGUSTA, GA 30909	56-0566130	501 (C) (3)	0.	456.			COVID-19 ASSISTANCE
GOLDEN HARVEST FOOD BANK, INC. 3310 COMMERCE DR AUGUSTA, GA 30909	58-1466516	501 (C) (3)	0.	642.			COVID-19 ASSISTANCE
HOPE HOUSE P.O. BOX 3597 AUGUSTA, GA 30914	58-2074040	501 (C) (3)	0.	1,051.			COVID-19 ASSISTANCE
KIDS RESTART, INC. P.O. BOX 10001 AUGUSTA, GA 30903	58-2423659	501 (C) (3)	0.	220.			COVID-19 ASSISTANCE
RAPE CRISIS & SEXUAL ASSAULT SERV. 1350 WALTON WAY AUGUSTA, GA 30901	58-1581103	501 (C) (3)	0.	20.			COVID-19 ASSISTANCE
RISE AUGUSTA 1132 DRUID PARK AVENUE AUGUSTA, GA 30904	58-2246930	501 (C) (3)	20,693.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RISE AUGUSTA 1132 DRUID PARK AVENUE AUGUSTA, GA 30904	58-2246930	501 (C) (3)	0.	399.			COVID-19 ASSISTANCE
RONALD MCDONALD HOUSE CHARITIES AUGUSTA - 1442 HARPER STREET - AUGUSTA, GA 30901	58-1509465	501 (C) (3)	0.	240.			COVID-19 ASSISTANCE
SENIOR CITIZENS COUNCIL OF GREATER 218 OAK STREET NORTH, SUITE L MARTINEZ, GA 30907	58-1519107	501 (C) (3)	0.	2,422.			COVID-19 ASSISTANCE
BOYS & GIRLS CLUB OF AUGUSTA 624 CHAFEE AVENUE AUGUSTA, GA 30904	58-0610382	501 (C) (3)	0.	737.			COVID-19 ASSISTANCE

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
EMERGENCY RENT AND UTILITY ASSISTANCE	2162	4,541,499.	0.		

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:

GRANT AWARDS FOR LOCAL PROGRAMS:

USING CONTRIBUTIONS FROM THE ANNUAL CAMPAIGN, UNITED WAY OF THE CSRA

DISTRIBUTES FUNDS TO 40 HEALTH AND HUMAN SERVICE PROGRAMS AT 28 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 IRS FORM

990 AND AUDITS OR REVIEW OF AGREED UPON PROCEDURES 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) CHILDHOOD SUCCESS
- 2) YOUTH SUCCESS
- 3) WORKFORCE DEVELOPMENT
- 4) ACCESS TO RESOURCES

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 113 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

EMERGENCY RENT AND UTILITY ASSISTANCE:

IN ADDITION TO THE USUAL REFERRALS MADE BY 211 INFORMATION AND REFERRAL SPECIALISTS, UNITED WAY OF THE CSRA PARTNERED WITH AUGUSTA-RICHMOND COUNTY'S HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT TO PROVIDE RENT

Part IV Supplemental Information

AND/OR UTILITY ASSISTANCE TO RICHMOND COUNTY RESIDENTS IMPACTED BY COVID-19 FOR A SECOND YEAR. FUNDING FOR THIS PROGRAM IS PROVIDED BY THE US DEPARTMENT OF TREASURY'S EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM AS A PART OF THE COVID-19 ECONOMIC RELIEF PACKAGE OF THE AMERICAN RESCUE PLAN. SUPPORT FOR FAMILIES INCLUDED UP TO 15 MONTHS IN RENTAL ARREARS, PAST DUE POWER, WATER, AND GAS BILLS AS WELL AS AN ADDITIONAL THREE MONTHS OF PROSPECTIVE RENT IF REQUIRED FOR THE FAMILY TO REMAIN STABLY HOUSED. UNITED WAY RECEIVED \$5,486,367 IN 2021 TO ASSIST WITH OUR INTERNAL CAPACITY TO ADMINISTER THE PROGRAM AS WELL AS THE FUNDING FOR THE DIRECT SERVICES TO CLIENTS. AN ADDITIONAL AMOUNT \$7,800,000 MILLION WAS REALLOCATED TO RICHMOND COUNTY AND MADE AVAILABLE TO UNITED WAY OF THE CSRA MIDWAY THROUGH THE YEAR. THIS AMOUNT WAS ONLY AVAILABLE THE DECEMBER, BUT THIS ALLOWED US TO SAVE THE PREVIOUS AWARDED AMOUNT FOR THE 2023 CALENDAR YEAR. IN 2022, WE PROVIDED 1,783 HOUSEHOLDS WITH \$4,541,499.24 IN ASSISTANCE.

RENT AND UTILITY ASSISTANCE IS THE PRIMARY NEED OF THOSE INDIVIDUALS USING THE 211 INFORMATION AND REFERRAL SERVICES. UNITED WAY OF THE CSRA USES ADDITIONAL DONATIONS, SUCH AS PROCEEDS DONATED FROM THE ANNUAL GUITAR PULL EVENT SPONSORED BY BEASLEY BROADCASTING GROUP AND OTHER PRIVATE DONATIONS DESIGNATED FOR THIS SPECIFIC PURPOSE, TO PROVIDE SERVICES TO PEOPLE IN NEED WHO MAY NOT QUALIFY UNDER THE ERA ASSISTANCE PROGRAM SPECIFIC TO RICHMOND COUNTY. THESE FUNDS PROVIDED 377 ADDITIONAL HOUSEHOLDS WITH RENT AND/OR UTILITY ASSISTANCE FOR 2022. THESE HOUSEHOLDS INCLUDED FAMILIES OF RICHMOND COUNTY, BUT ALSO FAMILIES OF SURROUNDING COUNTIES.

SCHEDULE I, ADDITIONAL INFORMATION:

IN ADDITION TO DISTRIBUTIONS REPORTED IN SCHEDULE I PART II, UNITED WAY OF THE CSRA ALSO MADE DISTRIBUTIONS TO 85 AGENCIES THAT RECEIVED LESS THAN

Part IV Supplemental Information

\$5,000 AGGREGATE. DOLLARS DISTRIBUTED TO THESE AGENCIES TOTALED \$40,568.95.

IN ADDITION TO CASH DISTRIBUTIONS, UNITED WAY OF THE CSRA ALSO MADE DISTRIBUTIONS OF FACE MASK AND OTHER PPE ITEMS TO 42 AGENCIES FOR COVID ASSISTANCE FOR AN AGGREGATE TOTAL OF \$8,978.00.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>HYGIENE AND SCH</u>)	X	0	114,498.COST	
26 Other (<u>OTHER</u>)	X	0	47,800.COST	
27 Other (<u>CAMPAIGN</u>)	X	0	2,531.COST	
28 Other (<u>MARKETING</u>)	X	0	1,950.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 3 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) 2022

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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:

RESOURCES THAT ALLOW INDIVIDUALS AND FAMILIES TO ACHIEVE THEIR
POTENTIAL THROUGH: EDUCATION FOR CHILDREN, YOUTH, AND ADULTS; FINANCIAL
STABILITY; AND ACCESS TO RESOURCES TO BUILD HEALTHY LIVES. UNITED WAY
OF THE CSRA HELPS RESIDENTS IN OUR 12 COUNTY COMMUNITY ACHIEVE THEIR
MAXIMUM POTENTIAL. WE WORK HARD TO ENSURE EVERY SINGLE FAMILY HAS
ACCESS TO NEEDED RESOURCES SO THAT EVERYONE HAS THE OPPORTUNITY TO MEET
THEIR GOALS, WHATEVER THEY MAY BE. LEADING FAMILIES FORWARD IS OUR
BLUEPRINT FOR LIFTING STRUGGLING FAMILIES OUT OF POVERTY. OUR
MULTI-STEP APPROACH TRANSFORMS LIVES FROM CHILDHOOD TO ADULTHOOD AND
BEYOND WITH THE TOOLS AND RESOURCES FOR FAMILIES TO MEET THEIR FULL
POTENTIAL.

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

THROUGH OUR ANNUAL FUNDRAISING CAMPAIGN REVENUES, A VARIETY OF GRANTS,
AND THE GIFTS OF CORPORATE DONORS WE PROVIDE FUNDING TO: SUPPORT
CHILDREN AGES 0-11 WITH EARLY LEARNING OPPORTUNITIES AND PRIMARY SCHOOL
READINESS; INTRODUCE YOUTH AGES 12-24 TO CAREER READINESS EXPERIENCES
AS WELL AS MIDDLE AND HIGH SCHOOL EDUCATIONAL SUPPORTS; PROVIDE SKILLS
TRAINING TO ADULTS AND YOUNG ADULTS IN IMPROVE FINANCIAL WELLBEING AND
INCREASE EARNING POTENTIAL; AND INCREASE THE ACCESS TO HEALTH AND
NUTRITIONAL RESOURCES FOR ALL IN OUR COMMUNITY.

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

IN ORDER TO ACCESS THE GREATEST NUMBER OF COMMUNITY MEMBERS, WE PROVIDE
GRANTS FOR 40 PROGRAMS ADMINISTERED BY 28 AGENCIES THROUGH THE 12

Name of the organization

UNITED WAY OF THE CSRA INC.

Employer identification number

58-0566155

COUNTY AREA. OUR ANNUAL GRANT SOLICITATION PROCESS ENSURES THAT THE PROGRAMS WE FUND ARE OF THE HIGHEST QUALITY AND FOCUSED ON THE MOST RELEVANT NEEDS AT THAT TIME.

IN AN EFFORT TO CONTINUE TO CONNECT THE COMMUNITY WITH THE AVAILABLE RESOURCES, AS WELL AS CONTINUE TO FILL GAPS IN SERVICES WHERE POSSIBLE, UNITED WAY OF THE CSRA ALSO HOSTS THE 211 INFORMATION AND REFERRAL SERVICE. OUR 211 INFORMATION AND REFERRAL SERVICE PROVIDES A REPRESENTATIVE TO THE CALLER WITH ACCESS TO OUR DATABASE OF ALL LOCAL RESOURCES. ADDITIONALLY, OUR 211 TEAM IS SUPPORTED BY ADDITIONAL GRANTS AND FUNDING SOURCES THAT ALLOW FOR SERVICES THAT OTHER PARTNERS MAY NOT BE IN A POSITION TO PROVIDE. ONE SUCH RESOURCES IS OUR RIDE UNITED PROGRAM WHICH ALLOWS OUR 211 TEAM TO ORDER A LYFT RIDE FOR THE CALLER IN NEED OF TRANSPORTATION AT NO COST TO THE CALLER. THE CALLER IN IMMEDIATE DANGER OF EVICTION OR UTILITY SHUT OFF MAY ALSO QUALIFY FOR EMERGENCY RENT AND/OR UTILITY ASSISTANCE. OUR 211 TEAM IS TRAINED TO IDENTIFY THE APPROPRIATE SOURCES FOR THIS ASSISTANCE AND PROVIDE INTAKE FOR THAT SERVICE IN REAL TIME. THE 211 INFORMATION AND REFERRAL SERVICE ALLOWS US TO BE MORE THAN A PROVIDER OF GRANTS TO PARTNERS, BUT ALLOWS PROVIDES A LINK FOR DIRECT SERVICES TO THE COMMUNITY.

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

HOUSED. UNITED WAY RECEIVED \$5,486,367 IN 2021 TO ASSIST WITH OUR INTERNAL CAPACITY TO ADMINISTER THE PROGRAM AS WELL AS THE FUNDING FOR THE DIRECT SERVICES TO CLIENTS. THE PROJECT WAS RENEWED IN 2022 AT \$5,046,910.28. AN ADDITIONAL AMOUNT \$7,800,000 MILLION WAS REALLOCATED TO RICHMOND COUNTY AND MADE AVAILABLE TO UNITED WAY OF THE CSRA MIDWAY

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THROUGH THE YEAR. THIS ADDITIONAL AMOUNT WAS ONLY AVAILABLE THE
 DECEMBER, BUT THIS ALLOWED US TO SAVE THE PREVIOUS AWARDED AMOUNT FOR
 THE 2023 CALENDAR YEAR. IN 2022, WE PROVIDED 1,783 HOUSEHOLDS WITH
 \$4,541,499.24 IN ASSISTANCE.

RENT AND UTILITY ASSISTANCE IS THE PRIMARY NEED OF THOSE INDIVIDUALS
 USING THE 211 INFORMATION AND REFERRAL SERVICES. UNITED WAY OF THE
 CSRA USES ADDITIONAL DONATIONS, SUCH AS PROCEEDS DONATED FROM THE
 ANNUAL GUITAR PULL EVENT SPONSORED BY BEASLEY BROADCASTING GROUP AND
 OTHER PRIVATE DONATIONS DESIGNATED FOR THIS SPECIFIC PURPOSE, TO
 PROVIDE SERVICES TO PEOPLE IN NEED WHO MAY NOT QUALIFY UNDER THE ERA
 ASSISTANCE PROGRAM SPECIFIC TO RICHMOND COUNTY. THESE FUNDS PROVIDED
 377 ADDITIONAL HOUSEHOLDS WITH RENT AND/OR UTILITY ASSISTANCE FOR 2022.
 THESE HOUSEHOLDS INCLUDED FAMILIES OF RICHMOND COUNTY, BUT ALSO
 FAMILIES OF SURROUNDING COUNTIES.

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

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) CHILDHOOD SUCCESS
- 2) YOUTH SUCCESS
- 3) WORKFORCE DEVELOPMENT
- 4) ACCESS TO RESOURCES

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

PROGRAM SERVED THE 6 ORGANIZATIONS INCLUDING 4 COLUMBIA COUNTY SCHOOLS, ENGAGED MORE THAN 127 VOLUNTEERS AND LEVERAGED OVER \$30,000 OF CASH (GRANTS, DONATIONS AND FUNDRAISING) AND NON-CASH RESOURCES (IN-KIND GOODS AND SERVICES) TO SUPPORT COMMUNITY NONPROFITS, AND IDENTIFIED NUMEROUS PARTNERSHIPS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

211 INFORMATION AND REFERRAL PROGRAM:

THE CONCEPT OF 211 - 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, 211 HAS SIGNIFICANT IMPACT ON THE QUALITY OF LIFE THROUGHOUT THE COMMUNITY. IN 2022, UNITED WAY OF THE CSRA'S 211 INFORMATION AND REFERRAL SPECIALISTS ASSISTED 23,452 CALLERS AND WEB INQUIRIES. IN ADDITION, 211 PROVIDED SUPPORT TO SPECIFIC AGENCIES THAT OFFERED DIRECT SERVICE IN THE AREA OF EMERGENCY SHELTER, EMERGENCY RENT AND UTILITY ASSISTANCE. PROVIDING A DATABASE OF WIDE-RANGING VOLUNTEER OPPORTUNITIES ASSISTS NON-PROFIT AGENCIES IN EVERY SECTOR OF THE COMMUNITY IN MAINTAINING A SUPPLY OF DEDICATED, ENTHUSIASTIC WORKERS AND DONORS TO FULFILL THE MISSION OF THEIR ORGANIZATION. 211 IS THERE WHEN PEOPLE NEED IT, A VITAL, PROVEN PART OF THE HUMAN SERVICE INFRASTRUCTURE.

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SINGLE CARE PRESCRIPTION ASSISTANCE:

THROUGH THE SINGLE CARE PRESCRIPTION ASSISTANCE CARD PROGRAM (FORMERLY CALLED FAMILYWISE), UNITED WAY SAVED THE COMMUNITY \$265,914 IN 2022. THESE FREE-OF-CHARGE PRESCRIPTION DISCOUNT CARDS OFFERED BY UNITED WAY WERE USED BY 3,098 PEOPLE THROUGH FIVE LOCAL COUNTIES. SINGLE CARE CARDS CAN BE USED BY ANYONE, INSURED OR UNINSURED, FOR PRESCRIPTIONS AND OFFER AN AVERAGE SAVINGS OF APPROXIMATELY 40% OR MORE. SINCE ITS LOCAL LAUNCH IN 2007, SINGLE CARE HAS PROVIDED A TOTAL SAVINGS OF \$3,059,957.68 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 IMPACTS MADE IN 2022 INCLUDE THOSE LISTED HERE.

* PARTNERSHIPS WITH THE PRIVATE SECTOR, AS WELL AS THE RICHMOND COUNTY, COLUMBIA COUNTY, BURKE COUNTY AND WILKES COUNTY SCHOOL SYSTEM, SUPPORTED OUR ANNUAL STUFF THE BUS BACK TO SCHOOL EVENT. DONORS CONTRIBUTED 29,956 SCHOOL SUPPLY ITEMS VALUED AT \$68,510. THESE ITEMS WERE SENT DIRECTLY TO THE SCHOOL SYSTEMS FOR DISTRIBUTION BY THE

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COUNSELORS AND SOCIAL WORKERS TO CHILDREN IN NEED.

* THE AMERICORPS VISTA MEMBERS COLLECTED 17,676 HYGIENE PRODUCTS VALUED AT \$23,469.50 FROM THE COMMUNITY AT LARGE TO SUPPORT LOCAL SHELTERS. THE HYGIENE PRODUCTS ARE PUT INTO PERSONAL CARE KITS FOR HOMELESS OR TRANSIENT INDIVIDUALS COMING INTO THE SHELTERS WITH NO PERSONAL ITEMS. THESE ITEMS ARE VITAL TO A PERSON'S HEALTH AND OVERALL SENSE OF WELL-BEING.

* OUR 211 TEAM REACHES OUT TO BOMBAS EACH YEAR FOR DONATIONS OF SOCKS. THESE SOCKS AND ARE GIFTED TO THE LOCAL SCHOOL SYSTEMS FOR CHILDREN TO RECEIVE WHEN NEEDED. IN 2022, BOMBAS PROVIDED 10,000 PAIRS OF SOCKS, 600 UNDERWEAR, AND 360 T-SHIRTS. THIS ALLOWED FOR US TO ALSO PROVIDE SOCKS TO THE LOCAL HOMELESS SHELTER.

* UNITED WAY RECEIVES FUNDS FROM A GRANT AND LYFT PARTNERSHIP CALLED RIDE UNITED. THIS ALLOWS THE 211 TEAM TO RESERVE LYFT RIDES FOR CALLERS IN NEED OF TRANSPORTATION. IN 2022, 741 LYFT RIDES WERE PROVIDED FOR PEOPLE IN NEED OF TRANSPORTATION TO JOBS, MEDICAL APPOINTMENTS, AND SCHOOL.
EXPENSES \$ 934,118. INCLUDING GRANTS OF \$ 483,740. REVENUE \$ 36,919.

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.

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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 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.

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FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT BEEN CHANGED.

PROVISIONS FOR UNCOLLECTIBLE PLEDGES:

A PROVISION FOR UNCOLLECTIBLE PLEDGES IS COMPUTED BASED UPON A HISTORICAL AVERAGE ADJUSTED FOR MANAGEMENT ESTIMATES OF CURRENT ECONOMIC FACTORS AND APPLIED TO THE ACCOUNTS RECEIVABLE BALANCE AT YEAR END.

INCLUDED IN PLEDGES RECEIVABLE ARE THE FOLLOWING UNCONDITIONAL PROMISES TO GIVE AT DECEMBER 31, 2022:

2021 FALL CAMPAIGN	\$300,879
2022 FALL CAMPAIGN	343,068
LESS PROVISION FOR UNCOLLECTIBLE PLEDGES	(182,650)
NET CAMPAIGN PLEDGES RECEIVABLE	\$461,297